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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

JAN 24 1955
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CIRCULATION

In This Issue—

Lumbar Nuclear Herniation and Resulting Physical Impairment

Recurrent Sternocleidomastoid Tumor: A Case Report

An Improved Method for Skin Graft Coverage of Extensive Burns

Request for Information

Delegates Report on A.M.A. Action

Civil Defense Improvised Hospital

Closed Circuit TV Show on Heart Disease Scheduled for February 9

Contents on Page 2

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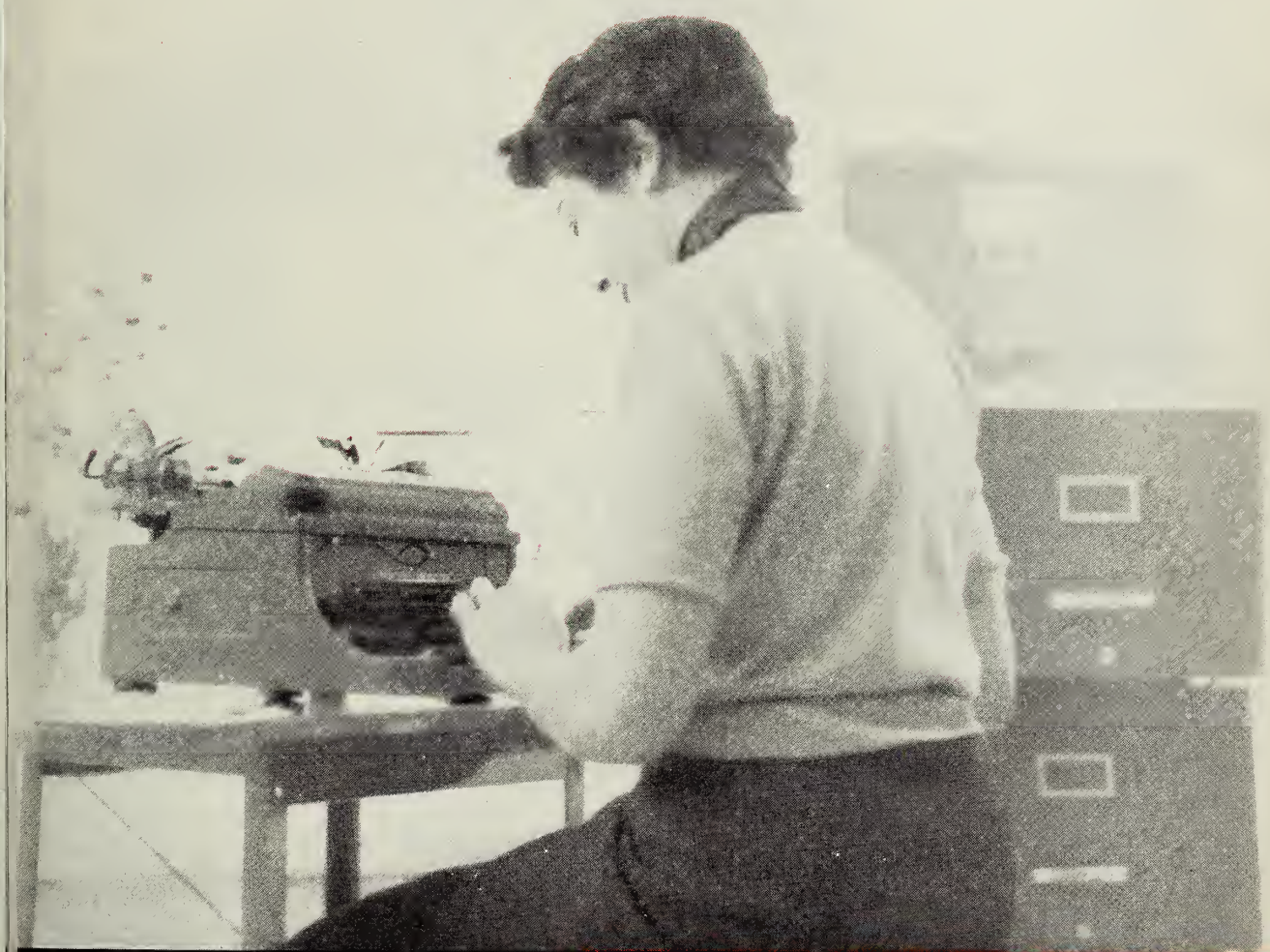
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January 1955

of the INDIANA STATE MEDICAL ASSOCIATION

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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

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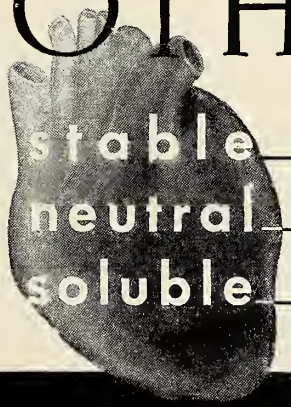
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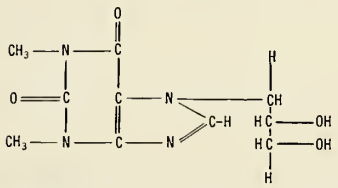
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Associate Editor

AN AGE-OLD SUBJECT

Geriatrics has now held a prominent place in current medical literature for several years, but the search for the cause and cure of old age is actually "age-old." In its August number, the *Texas State Journal of Medicine* has published a very fine symposium on aging and the aged. One of these articles, by Robert A. Hettig, M.D., Associate Professor of Internal Medicine, Baylor University, is concerned with physiologic mechanisms of aging. Only a few portions of this are quotable out of context, but the following seem worth while:

One of the basic problems in studying the effects of age has been to separate the factors which are due to prolonged life alone from those which may be the result of stresses, illnesses, and traumas. On the other hand practical studies of human aging must take into account that both hereditary and environmental factors are to be included in the composite state which is clinically recognized as senility. Anton Carlson[2] has said: "The debate on heredity vs. the strain and the accidents of living as the cause or causes of aging is from now on a waste of time and paper. It is not an either/or. Evidence now at hand shows conclusively that both play a role in the aging process of man and animals."

* * *

Despite these difficulties in separating aging from disease processes there remains a group of progressive changes which have not as yet been shown to be due to specific diseases. The most important of these follows:[1, 2]

1. Gradual retardation of cell division, cell growth, and tissue repair.

2. Gradual retardation in the rate of oxidation of tissues (lowering of the basal metabolic rate).

3. Cellular atrophy, degeneration, and fatty infiltration.

4. Increased cell pigmentation.

5. Gradual decrease in tissue elasticity and degenerative changes in elastic tissue.

6. Progessive degeneration and atrophy of the nervous system, including impaired vision, hearing, attention, memory, and mental endurance.

7. Gradual impairment of the factors which in the normal person in his earlier years maintain a fairly constant internal environment for the cells and tissues (homeostasis).

Then follows a discussion of aging in the different body systems, including remarks about two systems which maintain their youth better than the rest:

Equally mysterious is the ability of certain organ systems to function as efficiently in old age as in youth. Except for minor alterations the gastrointestinal tract of the aged never seems to cause death simply by wearing out, and despite its ability to produce several millions of cells daily throughout life, the hematopoietic system rarely fails to function simply because it is old.

Then follows his candid resume of theories, and conclusion:

THEORIES OF AGING

So far we have been dealing with certain basic physiologic and histologic alterations which occur in aging, but we have not dealt with the question of prime importance: What sets off the process of aging in the first place? This question has been asked ever since the world was young. Expeditions have crossed oceans in quest of magic potions which would provide eternal youth. Alchemists concocted noxious mixtures guaranteed to ward off senility. Yet even today with all of our scientific acumen we are no closer to the solution of the problem than were our more primitive forebears.

In recent years several attractive theories of aging have been promoted, but none of them have been proved correct. One hears the oft repeated phrase that man "is as old as his arteries." Certainly arteriosclerosis with its attendant vascular insufficiencies is a common factor of aging, but what of the senile person who demonstrates but little sclerosis? He is no blooming rose. The correlation between age and vascular status is highly imperfect. Hence we must look elsewhere.

Another attractive hypothesis is that old age is a gradual failure of the endocrine glands. This theory gained impetus from the fact that the ovarian failure of the human female at the menopause precedes senescence by but a few years. However, if ovaries are surgically removed in youth, there is little evidence of premature aging and no shortening of the life span.

Myxedema and senility are often compared because of a superficial resemblance of the skin, hair, and musculature, but the administration of thyroid hormone to the aged person produces no rejuvenation. Likewise the administration of pituitary extracts and adrenal hormones has failed to turn back the inroad of time. Even the popular craze of sex hormone injections of recent years has not prevented anyone from becoming old. It is obvious that no single endocrine gland is responsible for the multitudinous changes of senility, and unless these glands interact in some unknown manner it seems unlikely that senescence ever will be considered an endocrinopathy.

* * *

Our state of knowledge is much as if we had a few pieces fitted together in an immense jigsaw puzzle. These bits fall in place, but we cannot visualize the entire picture as yet. This is not surprising when it is considered that despite the tremendous energy which has been poured into the research of growth and development of the young, we still have no clear concept of that process in toto. Aging should be considered as the logical sequence of growth and development, and through correlating research studies of both ends of this problem a far greater understanding of the essential nature of life and of living is bound to result.

Evidently this field of research is wide open!

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Gastroscopy, Two Weeks, March 21.
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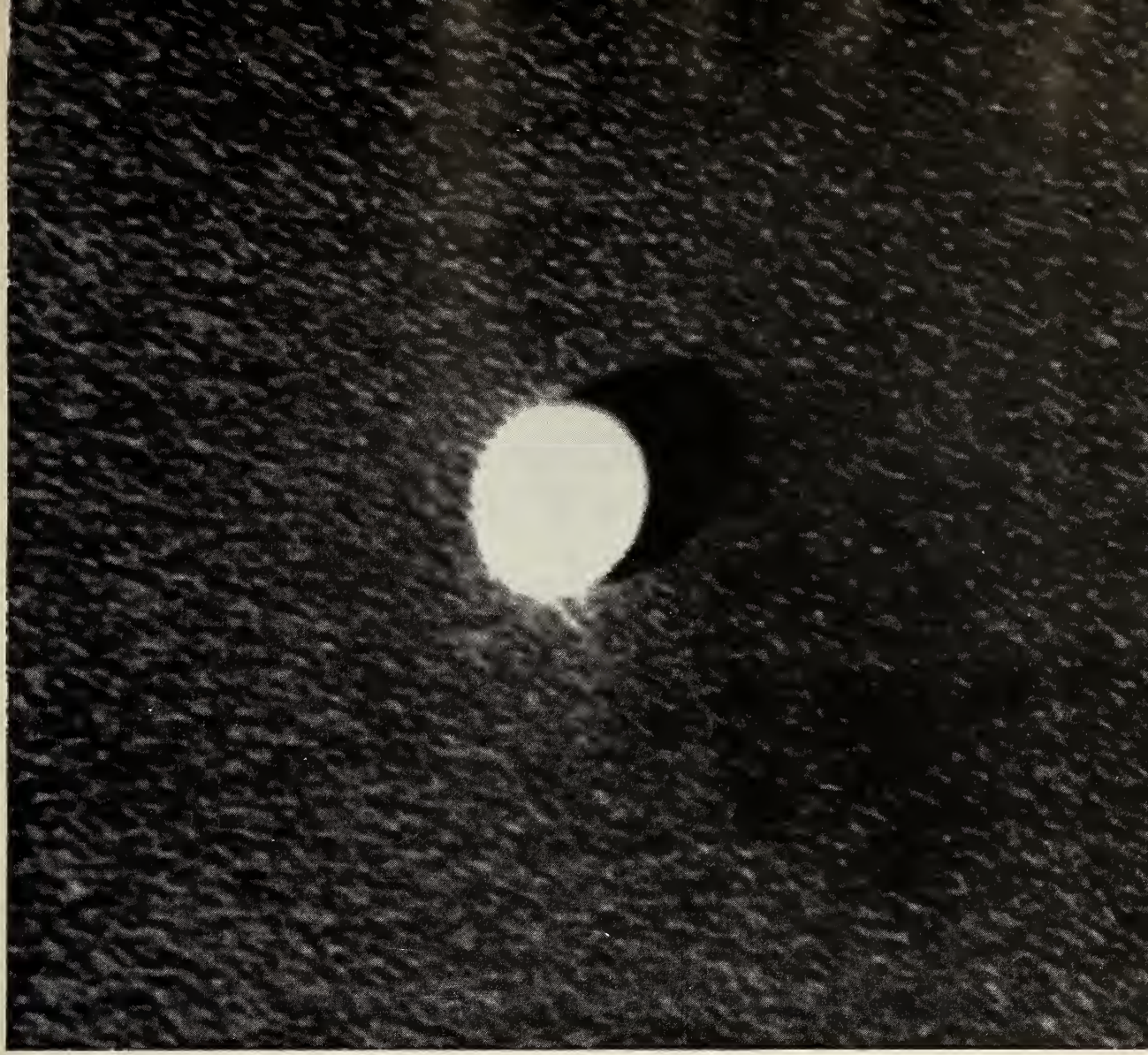
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New Closed Circuit Medical TV Show February 9 Will Concern Heart Disease

"VIDECLINIC"—A SPECIAL CLOSED-CIRCUIT TELEVISION PROGRAM to bring new advances in medicine to physicians quickly will be presented coast to coast on February 9 by the American Medical Association.

Dr. George F. Lull, secretary-general manager of the A.M.A., announced the program recently. The telecast is expected to be viewed by nearly 18,000 doctors in at least 30 cities, the largest single closed-circuit television audience of its kind.

In making the announcement, Dr. Lull said this program will bring the full array of modern television techniques—live television, "remote pickups" from medical centers, and adequate film coverage—to the service of medical education for the first time.

Projected as the "Medical Journal of the Air," the new program will visually demonstrate new advances in medicine and will help bridge the gap between the time a scientific paper is presented at a medical meeting and the time it comes to the attention of the practicing physician through normal publication channels.

The program, presented by the American Medical Association in cooperation with Smith, Kline & French Laboratories, a Philadelphia pharmaceutical house, will be shown at 7:30 p.m. C.S.T., Wednesday, Feb. 9. It will be telecast over the "Telesession" facilities of Theater Television, Inc., New York.

LOCAL SOCIETIES HOSTS

The local county medical society will be invited to act as host in each city where the telecast is scheduled for showing in hotel auditoriums.

The program will concern heart disease, a problem of increasing importance to our aging population.

"Medical progress is accelerating at a tremendous rate," Dr. Lull said. "Only by grasping the new communications opportunities such as closed-circuit television can the physicians of this country keep abreast adequately with all the new advances.

"Complete clinical presentations of patients and techniques are needed for this critical medical education job, not simply lectures or panels. For example, when the discovery of cortisone was announced it caused a deluge of questions. What a wonderful thing it would have been to have used closed-circuit television as a means of instantly relaying this life-saving information to the nation's doctors."

Francis Boyer, president of Smith, Kline & French, said "our long experience with color television for doctors alone, and with the 'March of Medicine' for the general audience has convinced us that there is still a need for a more intensive use of the television medium at the professional level.

"We are gratified to have the cooperation of the American Heart Association for its help in this particular program concerning heart disease as we undertake to pioneer this new service to the doctors of America. We feel that SKF can make a real contribution to the cause of medical care by setting a pattern and a precedent for this type of television program."

Since 1949, Smith, Kline & French has pioneered in exploring black and white and color television for medical audiences throughout the country. And, beginning in June of 1952, the firm initiated with the A.M.A. the first of a series of network medical television shows, "March of Medicine."

The following cities are tentatively scheduled to receive the "Videclinic" program: Boston, New York, Brooklyn, Detroit, Cincinnati, Chicago, Baltimore, Cleveland, Philadelphia, Pittsburgh, Providence, Washington, Indianapolis, Louisville, Albany, Troy, Schenectady, Buffalo, Dayton, Toledo, Youngstown, St. Louis, Milwaukee, Los Angeles, San Francisco, Houston, New Orleans, Atlanta, Dallas, Denver and Birmingham. Other cities may be added prior to telecasting time.

NOT ARTHRITIS BUT ARTHRALGIA...

If the patient complaining of aching joints is a woman between 37 and 54 years of age, it is highly possible that she is suffering from arthralgia rather than arthritis.[1] It has been estimated that arthralgia occurs in about 40 per cent of women with estrogen deficiency, and is exceeded in frequency only by symptoms of emotional or vasomotor origin.[2] In fact, arthralgia may be as indicative of declining ovarian function as the classic menopausal hot flushes.

Arthralgia, however, is just one of a vast number of distressing but ill-defined symptoms that may be precipitated by the loss of estrogen as a "metabolic regulator." Other good examples are insomnia, headache, easy fatigability, and tachypnea.

Because these symptoms sometimes occur years before or even long after cessation of menstruation, they are not always readily associated with estrogen deficiency, and the tendency may be to treat them with medications other than estrogen. Obviously, sedatives and other palliatives cannot be expected to produce a satisfactory response if an estrogen deficiency exists. Only estrogen replacement therapy will correct the basic cause of the disorder.

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1. Greenblatt, R. B., and Kupperman, H. S.: M. Clin. North America *30*:576 (May) 1946. 2. McGavack, T. H., in Goldzieher, M. A., and Goldzieher, J. W.: Endocrine Treatment in General Practice, New York, Springer Publishing Company, Inc., 1953, p. 225.

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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

DOCTORS AND GOD

Any doctor "who lacks faith in the Supreme Being" has no right to practice medicine.

That challenging, unequivocal assertion by Dr. ELMER HESS, president-elect of the American Medical Association, coupled with other things that he had to say about spiritual values, comes as a rebuke to those who somehow take it for granted that medical science and spiritual beliefs are strangers. Actually, one complements the other—or should!

Dr. HESS made his convictions clear in an address at the recent annual meeting of the Southern Medical Association. "A physician who walks into a sickroom is not alone," the Erie, Pa., doctor told his colleagues.

"He can only minister to the ailing person with the material tools of scientific medicine—his faith in a higher power does the rest."

"Our medical schools are doing a magnificent job of teaching the fundamentals of scientific medicine. However, I'm afraid that the concentration on basic science is so great the teaching of spiritual values is almost neglected." It is not, we believe, neglect through choice.

Offhand we could name no physician of our acquaintance who would admit atheistic convictions or who would attempt to claim that the knowledge he possessed was all-sufficient. On the contrary, two of the greatest surgeons we have ever been privileged to know not only had a complete faith in the existence of a Supreme Being, but were utterly convinced that human life had continuity reaching beyond the grave. Needless to say, they enriched the lives of all to whom they ministered.

If the healing arts have divine origin, as we believe they do, every doctor is a healer of souls as well as bodies. He could scarcely be one without being the other, and we are grateful to Dr. HESS for what amounts to both a profession and confession of faith and one which will be of extraordinary comfort to all who look to the man of medicine for help and guidance.

—**Memphis Commercial Appeal**

NURSE'S JOB COMES FIRST

Nurses in the Indiana State Nurses' Association have formally taken a stand against the use of the strike as a device in labor negotiation. Both their stand and the reason for it are highly commendable.

The nurses' resolution classes the strike as an action which would be "inconsistent with nurses' responsibilities to patient." There could hardly be better expression of awareness of a duty toward fellow man which rises above the mechanics of self-advancement.

The labor strike is, after all, a matter of mechanics. It is a device for forcing attention to the demands of a labor organization. The nurses have publicly recognized the fact that if they used such a device they would be exposing their patients to the consequences of lack of care—possibly to death —for the sake of coercing management in labor negotiation. That, say the nurses, is not for them. We're proud of their decision, and they can be proud of it, too.

Workers in a number of other fields are in a similar position. Other hospital employes, policemen, firemen and utility workers are among those who cannot walk off their jobs en masse without imperiling the safety of others. Therefore the strike is an impossibility for any of these groups whose members recognize and appreciate their responsibilities.

There is not, there cannot be any "right to strike" where a strike would interfere with services which are essential to public health or safety. Those who go into those fields of work take on more than just a job; they take on an obligation.

—**Indianapolis Star**

DOCTORS AND VA

The St. Joseph County Medical society should be warmly commended for introducing a resolution against treatment in United States Veterans' administration jurisdiction of cases not involving conditions attributable to service in the armed forces. The Indiana State Medical association house of delegates also manifested a high public service standard when it adopted the St. Joseph county

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society resolution. It was not a lackadaisical state association delegates' performance.

The issue of treatment of non-service connected disability cases was extensively and heatedly debated in the meeting in Indianapolis. In other words the pressure on the house of delegates to refrain from an attempt to discourage an abuse that is unfair to taxpayers was remarkably strong. The strongest argument against adoption of the St. Joseph society resolution was that the "relationship between the medical profession and the VA would be impaired." Existing indications were that the relationship already was impaired and that the VA was responsible for that.

Most, if not all, taxpayers recognize an obligation to finance medical treatment for veterans whose disabilities are traceable to military service. Neither legally nor morally, however, are the taxpayers obligated to finance medical service for veterans whose need of treatment is not a result of military service and who can finance non-VA medical treatment. It has been established that declarations of inability to pay made by some applicants for VA medical service have been false but that the official checking system has been defective. Taxpayers have been forced to finance VA medical treatment for some veterans who did not deserve it.

Congress should re-examine the basic statute with a view to strengthening it for justice to the taxpayers. "If a man signs a pauper's oath," a member of the house of delegates stated, "then the VA's hands are tied. They have to take the veterans' word for it. They cannot carry out an extensive investigation (under existing law.)" This presumably is not the majority legislative intent; it probably was an oversight when the measure was enacted. Now that it has been emphasized dramatically by the attitude of so many Indiana doctors veterans' administration officials should ask the administration to recommend an amendment that would facilitate detection and prosecution of chiselers.

The St. Joseph County Medical society and the majority in the Indiana State Medical association house of delegates have acted ethically from the professional viewpoint. They have also proved that they have more than casual interest in the taxpayers' welfare and in the standards of the VA. It is to be hoped that this Indiana medical demonstration will have extensive, enduring effects so that chiseling is discouraged and waste of money collected from taxpayers decisively reduced.

—South Bend Tribune

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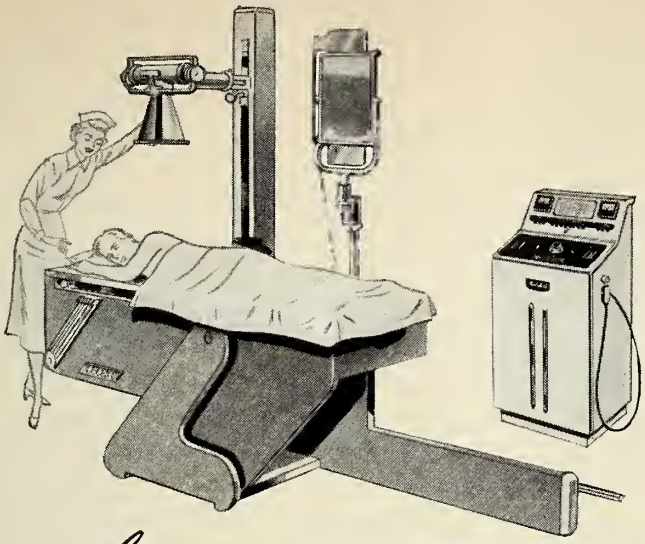
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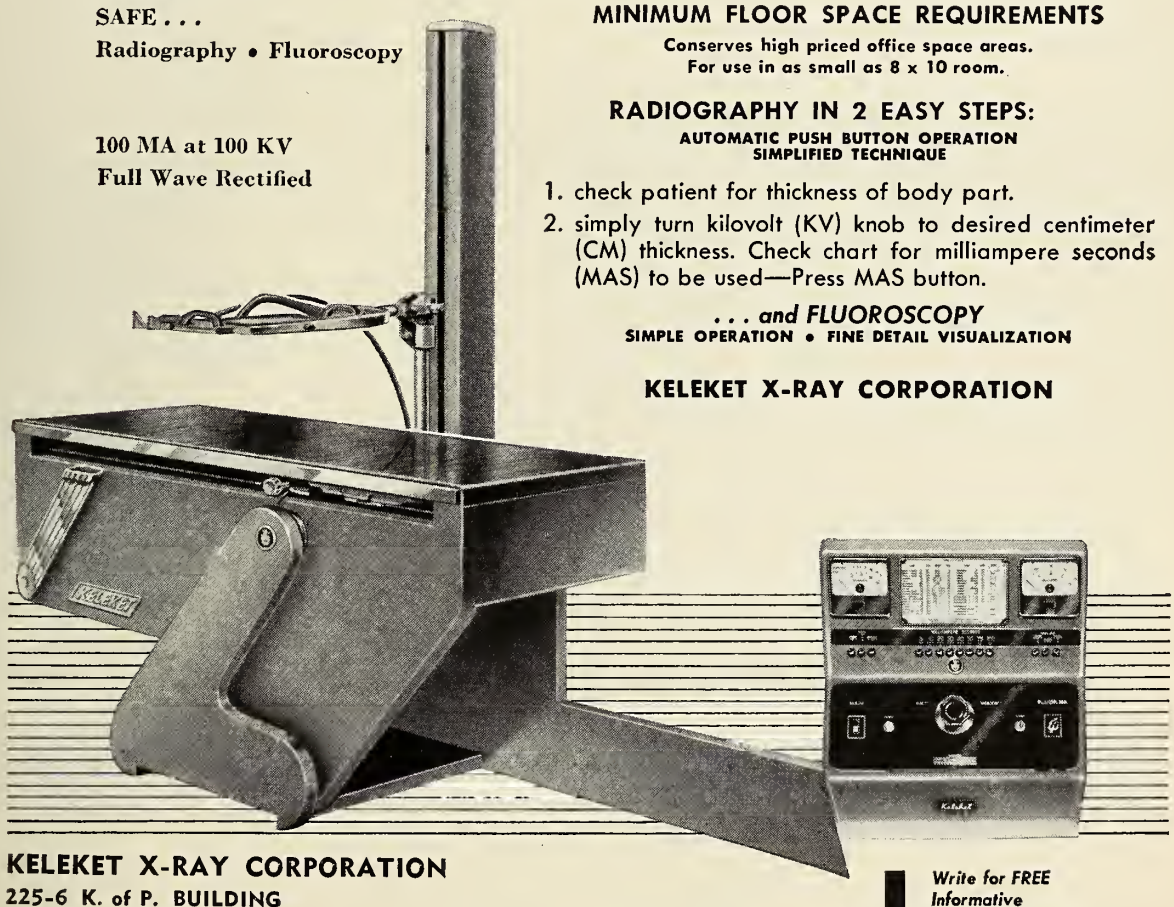
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Workshop Planned on Use of TV in Postgraduate Medical Education

THE COUNCIL ON MEDICAL EDUCATION and Hospitals of the A.M.A. is planning a program on the subject of "The Potential Use of Television in Postgraduate Medical Education" to be presented as a full-day working conference on February 5, 1955, in the Ballroom of the Palmer House, Chicago. This is expected to be the first of a series of annual "workshop" type conferences on one particular aspect of postgraduate medical education. Television is the subject of the first meeting because of the extreme interest in this medium that has been shown recently, as well as its pertinence to the future of postgraduate education. The program is planned in such a way as to present both the educational and technical aspects of the subject, so that medical educators and medical society, hospital and specialty society representatives at the meeting will be able to obtain a broad picture of the medium and help them to determine whether or not it is something they might use in their own programs, and if so the problems involved in its use.

Following a keynote address by Dr. John Cline, the morning session will be devoted to considerations of the purely educational aspects of the medium. The afternoon session will deal with technical considerations and financing. The participants will be drawn from the fields of general education, television, industry, medicine, medical education, pertinent government agencies and others. It is planned to have a number of demonstrations in the afternoon session using actual camera chains and receiving equipment. Following the session it will be possible for the audience to examine these and observe some of them in further action, and visit a local television station in action.



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President Receives Lahey Award For Interest in Medical Education

FOR HIS DEMONSTRATED INTEREST in medical schools, and his efforts to bring them financial support from non-governmental sources, President Eisenhower has been honored with the first Frank H. Lahey award. The award is a memorial to the late Dr. Lahey of Boston, past president of the A.M.A., who was a leader in the movement to keep medical schools solvent without federal aid. The presentation was made at the White House by S. Sloan Colt of New York, president of the National Fund for Medical Education. It was sponsored by the American Medical Association and the Association of American Medical Colleges, as well as the Foundation.

The National Fund collects money from non-government sources for distribution to medical schools "with no strings attached". While he was president of Columbia Mr. Eisenhower was largely responsible for getting the fund under way. The American Medical Association, state societies and individual physicians are heavy contributors.

In accepting the award, the President said he believes medicine "is one profession we don't want to get under the dead hand of bureaucracy". He declared: "Quite naturally, I am very proud to receive an award from such an Association, from such a group. There is an added distinction because it bears the name of one of our greatest professionals and our greatest citizens. On the other hand, Mr. Colt, I rarely felt quite so unworthy of receiving an award because my part in the organization of this National Fund was really getting someone else to do the work. It would be far more fitting this morning if I were presenting this to you, because you have been President of the Association from the beginning. But I can say this: I don't know of any group that is doing more necessary and worth-while work than making certain that our medical schools have ample funds from private sources to keep running, because this is one profession we don't want to get under the dead hand of bureaucracy."

Present at the White House ceremony, in addition to Mr. Colt, were Mrs. Lahey, Dr. Walter B. Martin, president of the A.M.A., and Dean Vernon H. Lippard of Yale Medical School, who represented the medical schools.

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Lumbar Nuclear Herniation and Resulting Physical Impairment

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THE RELATIONSHIP between lumbar nuclear herniation and low back and sciatic pain is now well established. Diagnosis of rupture, prolapse, protrusion, herniation, or retropulsion of the intervertebral disc is now so commonplace that it is difficult to remember that this condition has been commonly recognized only during the past 20 years. However, lumbago and sciatica have been household words for many centuries and it seems reasonably certain, although perhaps not yet universally accepted, that disc lesions are the most common cause of low back and sciatic pain.

The discovery of the relation between lumbar nuclear herniation and the lumbago-sciatica problem was not the result of any single investigation but represented the combination of many years of medical observation and progress to that point of understanding where definitive measures could be taken.

The discs, themselves, were described in the first printed textbook of anatomy by Vesalius in 1543. Shakespeare in 1698 wrote "Thou cold sciatica cripple our senators that their limbs may halt as lamely as their manners". In 1764 the sciatica problem was clearly discussed by an Italian, Dr. Cotugnio, and for many years this problem was known as Cotugnio's disease. Charles Bell (1824) pictured a ruptured disc in a remarkable monograph. The spinal deformities related to the problem were discussed by Laseque, Charcot, and Brissot in the middle of the 19th century. In 1857, Virchow gave a complete description of the structure and blood supply of the disc and its propensities for rupturing and producing a small tumor in the spinal canal. In 1858, Von Luschka discussed the referred pain of disc injury and Kocher in 1896 described the postmortem findings of fatal episodes of thoracic disc rupture with paraplegia. Goldthwait, in 1911, discussed a typical nuclear retropulsion at the lumbo-sacral level and related it to clinical findings and treatment. In the same year Middleton and Teacher (of Glasgow) described a classical case of lumbar nuclear herniation.

Shortly after this splendid beginning road blocks to understanding were established by those men who discussed and described such lesions as



Figure 1

enchondromata of the spinal canal and idiopathic neuritis of the sciatic nerve. Such concepts crowded out the earlier investigation and for some 25 years progress was scant. In the early thirties Schmorl and Beadle intensively investigated the anatomy and pathology of the intervertebral disc and made many important contributions. In 1929 Dandy of this country added interesting observations on surgical cases. In describing the lesion he said "It bulges dorsally into the spinal canal as a tumor and by compressing the roots of the cauda equina causes motor and sensory paralysis, loss of reflexia, and of rectal and vesical control. This lesion undoubtedly offers pathologic basis for so called sciatica".

The present understanding of this problem in America is due in large measure to the splendid work of Mixter and Barr at Massachusetts General Hospital. This combination of neurosurgeon and orthopaedic surgeon together with their pathologist, Kubick, pioneered the modern concept and in 1934 presented to the profession a paper which remains a milestone. Subsequent studies by these men and many others have added still more to our understanding.

Preliminary to discussing the disability resulting from nuclear herniation something should be said about the structure of the nucleus pulposus. This small gelatinous body (nucleus pulposus) and its semi-elastic casing (the annulus fibrosus) constitute the disc which rests between the vertebral bodies. The nucleus has an interesting natural history. Taking origin with some of the notochordal elements it is fashioned in such a manner as to provide a ball-bearing joint which very adequately distributes body weight and with its annulus provides resilience and motion. By the tenth year of life the annulus fibrosus, or casing of the disc, has developed into a compact retaining structure. The nucleus within is slowly maturing and beginning to take on adult form and function. By the third decade of life the disc has reached a high-water mark at which maximum elasticity and fluidity are obtained. The swelling process reaches its maximum and from this point onward a steady loss of fluid occurs which characterizes the aging process. By the fourth decade of life it appears that the body is attempting to make the disc a solid fibrocartilaginous mass and this process continues throughout the remainder of life. Nuclear degeneration and herniation appear most commonly in the young middle-aged group from 30 to 40 years of age, after the nucleus has passed its maximal fluid content. At this age there is beginning deterioration of general body musculature and the heavy stress of occupational, recreational, and accidental nature produce strain patterns within the ligamentous supporting structure of which the annulus fibrosus is an essential part. All nuclear herniations should be related to this natural history of development and degeneration as well as to microtraumata, macrotraumata, and fatigue strains.

A large number of lumbar nuclear herniations are encountered in an average orthopaedic practice and the increment over a period of years brings a total group of several thousands to consider. The majority of these are managed by conservative measures. Efforts to evaluate the nature of these individuals and the results of their care have shown variation of such degree that generalization impresses us as being dangerous.

Diagnosis of a lumbar nuclear herniation can be made upon careful history, physical examination, comprehensive x-ray study, and the gross and microscopic study of the tissue found at

surgery. Nuclear herniations may be graded in a I, II, III manner in terms of severity of clinical symptoms and signs and according to the degree of actual herniation found at surgery. (Figure 1). Occasionally, there is complete extrusion or sequestration of nuclear fragments into the spinal canal.

X-ray studies in the AP, lateral and oblique diameters reveal bone and joint structures through the well-pictured shadows of the bone. The use of contrast media to throw shadows upon the film such as air, lipiodol, pantopaque, and abrodil represent something quite different, and here it has been observed that although increasingly refined techniques are available, very real error is possible. Such errors include false positives reflecting upon structural changes and technical errors; and false negatives which fail to reveal the pararhizal pressure of a protruded disc upon the more lateral course of the sciatic roots (Figure 2). These combined errors amount to some 16-34% of any large series of cases and for this reason there are many surgeons who prefer for lumbar nuclear herniation studies, the combination of history, physical findings, routine x-ray studies, and the progress record to determine for them the occasion for operative interference.

At surgery, saline under pressure can be instilled in the manner of the discography described by Swedish surgeons, and gradation can be made in a quantitative sense of the degree of degeneration of the nucleus and annulus fibrosus. Discography consists of inserting a spinal puncture needle within the substance of the nucleus and instilling a contrast medium visible on the x-ray. This and the more routine myelography are not without error and are not without danger. Not all of such contrast media are retrieved and their continued presence is dangerous to those patients who react unfavorably to the presence of such media within their spinal canal. For this reason many conservative men avoid the use of both myelography and discography.

Treatment of the patient with nuclear herniation has often been categorized as conservative or operative; or as treatment for the acute, the recurrent, the persisting, and the residual problem. Most of such divisions are arbitrary and fail to consider the all-important fact that treatment is personalized for the individual patient and his adaptive behavior to the stresses of his life.

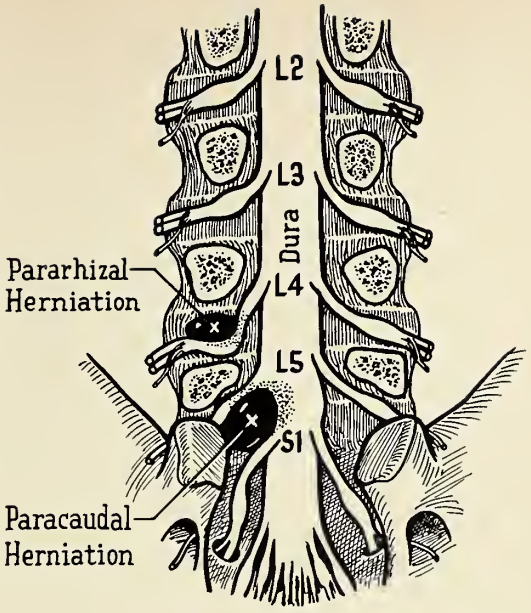


Figure 2

Common denominators are required before general statements can be made and so in this discussion it is assumed that the patient is of good general health and was previously able to perform ordinary labor in the manner of his own young middle-aged group. Here a mild nuclear herniation seen early is treated by rest in bed over a sufficiently long period of time (usually several weeks) to secure the relief of pain and muscle spasms. Following such initial rest, which may or may not be accompanied by flexion positioning and exercises, there comes a period of support and restricted activity. During this period careful watch is made for the development of neurologic deficits. If all major lumbar spine sprains could be treated by such an initial period of rest followed by support and restricted activity, it is the opinion of orthopaedic surgeons that many of the serious nuclear herniation problems would not develop.

The recurrent problem which comes from the stress of heavy occupational demands or accidental injury can and should be treated by the same principles of rest, support, and restricted activity. Should symptoms subside and no danger signs of neurologic deficit occur, it is entirely proper to anticipate healing. In acute and recurrent attacks of this clinical syndrome, satisfactory recovery will occur in 30-40% of all cases to such a degree that normal activity is possible. Another large percental group (30-40%) will have some persisting back weakness and occa-

sional bouts of sciatic pain. Such cases can enjoy normal activity with mild restriction and in my opinion should continue under conservative management.

Persistent cases of extreme and disabling back and sciatic pain with neurologic deficits in the areas of motor, sensory, and reflex behavior should become candidates for operative treatment. This operative treatment should be individualized in accordance with the bone and joint structure found in the individual and with some regard for the occupational demands of the patient. In reference to the controversy as to the place of spine fusion in this program, it should be admitted at the very beginning that not all spine fusions are found to become firm and solid. As high as 25-30% of most series of spine fusions are unsound and such an unsound spine fusion represents in itself a painful and disabling problem. Removal of the nucleus pulposus at the time of surgery may be the only surgical operation required in a given instance. However, more and more thought is being given to the thinning of the disc space that occurs at the site of nuclear absence. Recommended procedures include foramenotomy, facet fusion, sound posterior fusion, and intervertebral body fusion. These must be chosen on the basis of the individual judgment of the surgeon and much end-result study is needed before the final word can be given in terms of proper choice of techniques.

There remains a large residual group of patients who have been treated by surgical means and continue to be disabled. Some of these represent mistaken diagnosis, others represent inadequate surgery, and undoubtedly a few represent psychopathic personalities including those who malinger. Their management is difficult and often disappointing.

When this matter of prognosis is discussed, it should be stated that no spine which has undergone a nuclear herniation ever returns to complete normalcy, and it is unlikely that any surgical procedure yet devised can improve upon normal anatomic structure. To be sure an abnormally formed spine may be made stronger by surgical reconstruction. Such a spine should never have been considered normal in the beginning. These abnormal spines are properly rejected for heavy manual labor upon pre-employment examination because the incidence of sprain, nuclear herniation, arthritic degeneration, and resultant disability are greatly increased. A generous experience in the field of disability evaluation revealed the average end-result of mild nuclear herniation treated conservatively to be permanent impairment of the total man ranging from 12-37%; whereas the more severe type of nuclear herniation treated by surgery has given a permanent impairment of the total man ranging from 20-43%.

Study of some of the local experience has brought forth the report of excellent results in 63% of a series of 165 cases and in another series including several operators satisfactory results were noted in 62% of 100 cases. A large insurance company once stated that in terms of resuming previous employment the result of operative treatment of nuclear herniation was only 35% satisfactory. Such statistics leave much to be desired in terms of what they really mean and say. In my opinion, it is rare for a severe case of lumbar nuclear herniation to recover to more than 85% of normal. Such a target as an end result is explained to the patient and operative intervention is not undertaken unless the total impairment of the person is greater than 25-30%.

Physical disability and its rating are difficult to consider. Were we to think of the activity of man divided, as did Alvarez, into work, play, love and worship, there would very quickly be apparent many variables. The physical qualities, intelligence, moral intent, and vocational opportunity of any individual vary widely, and so it is necessary to reach some common denominator of consideration for all men. This has been on the level of manual labor according to most laws and rating tables. Disability has, therefore, been stated as total or partial, and impairment related to flat legal schedules based on the Compensation Law for amputation, permanent disability, or loss of life. Such tables do not take into consideration the handicaps that age or disability might create in terms of re-employment, re-education, and re-adjustment. But rough measures that they are, they do represent some means of evaluating the impairment present in any given patient. Deviations in all such schedules must be made in regard to aggravation of known defects or disease. The factors of age and occupational variance are humane considerations frequently honored by enlightened employers, underwriters, and more recently in certain government schedules.

Complicated schedules and bases for evaluation have been described and some have real value for individual cases. For example: one man likes to attribute various percental ratings to factors of motor ability, such as agility or speed 10%; coordination of leg and trunk 20%; power and leverage 20%; security and control 10%; endurance 10%; safety 10%; and job prestige 10%. In a negative manner: slowness, awkardness, weakness, insecurity, fatiguability, safety risk, or impaired chance of re-employment would all amount to measurable factors in the determination of disability of temporary nature or impairment of the total person when such disability is a permanent thing.

The role of a doctor in impairment evaluation is complex. He is asked "Does the impairment result from an injury?" This he cannot always answer because the mechanism of injury is based upon the statement of the patient, witnesses, and the health records of the employer. Since the doctor is not a witness of the injury, he must accept essentially hearsay evidence as to the mechanism of injury and endeavor to relate this to the other findings. His opinion referable to the mechanism of injury is of a very general nature for it is altogether possible that the same physical injury could be sustained as the result of many different mechanisms.

The question as to whether and what treatment is to be provided is more purely medical and such decisions are quite within the province of the physician but must always be tempered by the desires of the patient. Should the patient desire not to have treatment, it is entirely within his right to refuse treatment and no one can force him to comply with prescribed medical or surgical care.

The question of how long it takes for an injury to heal is medical in nature and often difficult to determine. Here again the patient's point of view has to be considered and there is no doubt that much "feather bedding" occurs at this point. However, reasonably accurate tests can be made and end points of total and partial disability periods can be determined. This not infrequently involves the observation of others beside the physician (family, employer, and underwriters may all participate in such determinations).

The question of permanent loss of ability to work is very difficult to determine. Estimates are made on the basis of physical findings, x-ray studies, progress records, and observation on the job. Loss of ability to work may not be as great as one would think in considering the pathology and nature of the operative procedure for the margin of compensatory skill and adaptive behavior is often generous. The gradual return to full work capacity with variation in job assignments helps in this process and decreases the tendency of the patient to malinger, exaggerate, or entertain legal controversy. Evaluation of such permanent impairment by the physician should include all possible thought and effort toward the total rehabilitation of the patient in terms of re-training, re-adjustment, and re-employment.

Recurrent Sternocleidomastoid Tumor: A Case Report

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IN 1950, THE PROBLEM of a recurrent tumor involving the right sternomastoid was presented to me. A prior diagnosis of probable sarcoid had been made. The material of the past 10 years in an excellent medical school library did not report any tumor or swelling of the sternomastoid muscles of the neck in the adult. Mention was made of desmoid tumors and one case reported,[1, 2, 3]. In infants, hematoma with fibrous tumor and wryneck developing later have been noted,[4]. There have been no cases of hematoma or myorrhexis of the sternomastoid reported during that time. It is the purpose of this paper to report a case of myorrhexis and myohematoma of the right sternomastoid muscle.

Case Report

Mr. I. H., age 71, was first seen by another physician in September, 1950. He was a foreman in the yard of a lumber company. He first noted a lump, which appeared suddenly, a few days previously, in the mid-right neck accompanied by mild chill and slight fever. This first episode followed an unexpected lift on a door frame as it was falling from a truck. He was hospitalized. The mass was opened, the contents evacuated, and the cavity curetted. At this time, an x-ray of the chest was said to show aortic arteriosclerosis and some "hilar accentuations". The microscopic report of the biopsy was reported 9-26-50 as follows: "Tissue which is heavily infiltrated with lymphocytes and polymorphonuclear leucocytes. Marked vascular engorgement with hemorrhage with area of extravasation into the tissue. Some areas contain spindle shaped cells with large spindle shaped nuclei. There is an increase in fibrous tissue". The impression was: "Chronic inflammatory process suggestive of sarcoid". He was given penicillin daily for two weeks and then released from the hospital. In October, 1950 the swelling had all resolved and only the scar was left.

The swelling reappeared in the same area on October 22, 1950 with general symptoms of chills and fever. He was first examined by me on October 25, 1950. He stated that he had had no prior serious illness. His father died age 94 of "old age". His mother died at age 65 of "dropsy". One brother has a mild diabetes, another rheumatoid arthritis and still another an undefined heart disease. Systemically he had one problem of prostatism.

On physical examination, his weight was 171 pounds, blood pressure in both arms 130/70, temperature 99.0, pulse 64. Examination of the head was not remarkable. In the neck, there was a firm mass 5 x 8 cm. in the right sternocleidomastoid muscle in the mid portion. The left neck was completely normal. There was a tendency of the mass to push the trachea to the left. An incisional scar extended over the mass. The accompanying photograph will illustrate the appearance of the patient and the mass as they were first seen. The apex of the heart was 11 cms. from the mid sternal line in the fifth intercostal space. The heart tones were of good quality, there was a soft systolic murmur at the apex. Otherwise there were no murmurs and no thrills. The lungs were clear to auscultation and percussion. Examination of the abdomen was entirely normal. There were no masses, no tenderness and no hernia. On examination of the rectum—internal hemorrhoids were found and a large nodular prostate was palpated. Examination of the extremities showed the presence of varicose veins. Neurological examination was not significant. A biopsy of the mass in the sternocleidomastoid muscle was advised.

The laboratory examination of the patient was as follows: The urinalysis was negative. Exami-

nation of the blood: White blood count 14,550: red blood count 5,750,000; Hemoglobin 15 gms.; Hematocrit 42; Differential count. Bands: 11, Polys: 45, Lymphs: 27, Monos: 4, Eosinophiles: 2. Platelets appeared normal. Electrocardiogram was normal. Serological test for syphilis was negative. A biopsy specimen was obtained on 10-31-50. The sections showed tissue that was primarily composed of muscle. In one area, there was a mass of dense fibrous connective tissue. In addition, there was extravasated blood and a spotty inflammatory infiltrate in which lymphocytes predominate. No foreign body giant cells were identified. The tissue diagnosis at this time was hemorrhage into muscle and fibrous connective tissue with the reaction of a mild non-specific inflammation.

Following exploratory biopsy, without further treatment, the mass resolved and there followed a period of quiescence. On February 7, 1951 he was awakened in the night with an aching in the neck. He thought some swelling was present and that he had an elevated temperature. During the next 24 hour period he noted recurrent swelling of the mass in the right sternocleidomastoid muscle. On examination, again there was the firm nodular mass connected to the incisional area over the sternomastoid muscle. This was hard and rock-like. The patient's temperature was normal. Again, the question of what caused the possible rupture of the sternomastoid came about. A repeat biopsy was recommended. This biopsy was carried out 2-17-51 and again the same report was obtained. In fact, the full report from the Director of the Clinical Laboratory and Pathology Department at the Indiana University Medical Center is as follows: "The first slide of 9-26-50 is the one which we had not had the opportunity of seeing previously. It is true that this section does show necrosis but we believe the evidence for sarcoidosis is not good. In connection then with our later series of slides in October of 1950 and again in February of 1951 we believe the process to be essentially the same in the entire series. There is an inflammatory reaction throughout which is rather mild and mixed with a great deal of hemorrhage. The clinical story here we believe to be of importance and the fact that recurring trauma is possible seems to us to offer the correct explanation of these slides. It is our opinion, therefore, that the



Mass in right sternomastoid muscle. October 25, 1950

inflammatory changes are non-specific and the direct result of trauma rather than being due to sarcoidosis". Later, on 3-10-51 the patient was again seen, stating that following the use of a lever with the right hand the mass had reoccurred again. The patient was again seen on 4-21-51 with the recurrence of a small amount of swelling in this area. We had considered this rupture number five.

At this time, following a conference with the employers of this man, and with a serious discussion of the problem with the patient, it was decided that the patient should not do work connected with lifting or straining or pushing involving the sternocleidomastoid muscle. Thereupon he was placed in a supervisory capacity and for the past three years has not had a recurrent episode of swelling or rupture of the sternocleidomastoid muscle.

DISCUSSION

In this instance one sees a mass of recurrent variety accompanied by chills, pain in the area with a generalized aching. The white blood count is somewhat elevated with no change in the differential count. Differential diagnosis includes

hydroma of the neck, the occurrence of branchial cyst, tuberculous abscess, lymph adenopathy, sarcoid, myositis, aneurysm or an esophageal diverticulum.

A hematoma spreading in the tissues of the sternomastoid is rather unusual in the adult. The infant, however, may show this condition in the immediate post partum period following difficult delivery. In a survey of the medically indexed literature over a period of ten years it has been impossible to find a record of such an occurrence in an adult male.

BIBLIOGRAPHY

1. Green, Chas. C.: Desmoid Tumor of the Sternomastoid Muscles, Archives of Surgery, 50:304-6, June, 1945.
2. Musgrove, James E., McDonald, John R.: Extra Abdominal Desmoid Tumors; Archives of Pathology, 45:513-540, April, 1948.
3. Berl, Ebner L.: Klin, Wochenschr. 17:528. 1880. (Desmoid located in Rt. Sterno Cleido Mastoid Muscle)
4. Chandler, Fremont A.: Sternocleidomastoid Hematoma at Birth leading to Wryneck et al. The Journal of Bone and Joint Surgery, July, 1948.

HIGH FREQUENCY SOUND WAVES USED TO EASE PAIN

High frequency sound waves have been used to relieve the unbearable pain of patients suffering advanced malignant diseases, a physician said recently.

Dr. P. A. Lindstrom, of the University of Pittsburgh School of Medicine, said ultrasonic radiation to seal off a small portion of the brain was used in 17 patients as a substitute for similar treatment previously undertaken by surgery.

He said results of the tests indicated that the technique also could replace this type of surgery in patients with some mental diseases, eliminating certain unfavorable side-effects of surgical lobotomy. There were no complications or ill effects from ultrasonic treatment, and studies of the brain showed no apparent tissue damage.

Ten of the 17 patients, who had been suffering excruciating, uncontrollable pain, had practically complete relief for weeks to months after treatment and were able to discontinue previously heavy narcotic medication. Four other patients felt decreased pain and were comfortable a good deal of the time and one case was a failure.

Dr. Lindstrom said a major advantage was that there was little apparent tissue damage in the brain as may occur in surgical lobotomy. He made his report in the October Archives of Neurology and Psychiatry, published by the American Medical Association.

An Improved Method for Skin Graft Coverage of Extensive Burns*

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HAROLD M. TRUSLER, M.D.

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THE ULTIMATE OBJECTIVE in the treatment of burns is the earliest possible healing with the minimum of residual deformity. In this paper we are not concerned with the complex regimen of modern burn therapy, but are presenting an improved method of skin grafting extensive third degree burns.

In any burn the healing problem depends primarily upon the size and depth of the thermal injury. The former classification of Dupuytren who described seven degrees of burn is no longer of practical significance. Burns are classified clinically into three major groups or degrees.

First degree burns are those which are characterized by erythema of the skin surface, they involve only the most superficial layers.

Second degree burns manifest erythema and immediate vesicle formation and involve not only the epidermis, but also portions of the dermis in varying depth.

Third degree burns are characterized initially by a charred, tanned, or dead white appearance, here there is full thickness destruction of the skin and injury to a variable extent of the subcutaneous or deeper tissues.

First or second degree burns will heal spontaneously provided they do not become infected. In third degree burns, however, all epithelial elements are destroyed. Small third degree burns will heal by cicatrization; large areas will not heal in a satisfactory manner without the aid of skin grafting.

* Publication aided in part by a grant from the James Whitcomb Riley Memorial Association.

GENERAL CONSIDERATIONS OF SKIN GRAFTING

Numerous methods have been described concerning the optimum type of graft to be used[1, 2, 3]. One of the earliest methods for grafting extensive skin loss was the pinch graft, the small deep graft as advocated by Davis[4, 5]. The small islands of full thickness skin tapering to epidermic thickness at the edge would often "take" on wounds where other grafts had failed. This was a simple and easy type of graft to use, but it is no longer advocated. It has several distinct disadvantages which may be avoided by modern grafting methods. The little islands of skin create an alligator hide appearance to both the donor and recipient sites; also the donor area once used is no longer suitable as a donor site for any subsequent type of graft.

The Ollier-Thiersch or thin razor graft consists of a thin split layer of skin containing the epidermis and only the very tips of the papillae of the dermis. It is not, as one is often led to believe, an epidermic graft. Because of its very nature and thinness, this type of graft will "take" in a high percentage of cases. Originally these grafts were cut by shaving a thin layer of skin from the donor site with a sharp razor, hence the name. Later special types of knife blades were developed for the specific purpose of obtaining larger and more uniform pieces of skin. Examples are the Ferris Smith skin graft knife and the Blair-Brown skin graft knife.

Recently several types of skin graft machines or dermatomes have become available, among these are the Padgett-Hood, the Reese, the

Brown, the Barker Vacutome and others. These mechanical aids have made it possible to remove split skin grafts of uniform thickness and larger area. The various dermatomes, like any mechanical devices, are likely to get out of order unless kept in good repair. More important, these devices are not foolproof. Experience is necessary to acquire the technique of their use.

In spite of the advances in mechanical devices for cutting split thickness skin grafts, many burns become grafting problems. Because of improved burn therapy with better understanding of fluid balance and more adequate control of toxemia and sepsis, the survival rate has increased and many patients with extensive third degree burns become healing problems. These patients usually have inadequate donor site remaining for grafting purposes. As a result of this problem, homologous skin grafts, i.e. grafts taken from other individuals are being used in order to save lives. In spite of a somewhat widespread belief, these homografts do not remain as permanent living transplants, except in the case of identical twins. Homografts initially "take" well, but do not survive as a rule more than 10 or 12 weeks, they often slough completely in a much shorter time. They are used only as skin dressing and as a life saving procedure; not as a definitive type of permanent graft.

In patients who have incurred extensive third degree burns and consequently have limited donor sites available, this remaining skin must be used to the best advantage in order to obtain coverage. Often donor sites must be allowed to heal and be reused. We are presenting the method we employ in the skin grafting of extensive burns. This method is applicable in children as well as in adults.

Before one should attempt the grafting of a burned area in any case, it is necessary that the recipient site be a healthy granulating wound to insure optimum conditions for survival and growth of the skin graft. Neglect of this consideration is undoubtedly one of the chief causes for failure of successful skin grafting. A skin graft will not survive on a recipient surface where the granulations are chronically infected and hypertrophic or indolent and atrophic. Furthermore, skin grafts will not survive on an old granulating wound with a base of avascular scar tissue. If the recipient site is unhealthy it is necessary to create conditions which will nurture the graft. Usually the most satisfactory method is surgical debridement of the unhealthy tissues down to a normal base thus allowing formation of a flat healthy granulation surface. This normally takes from four to seven days.

Furthermore, to have a successful skin graft

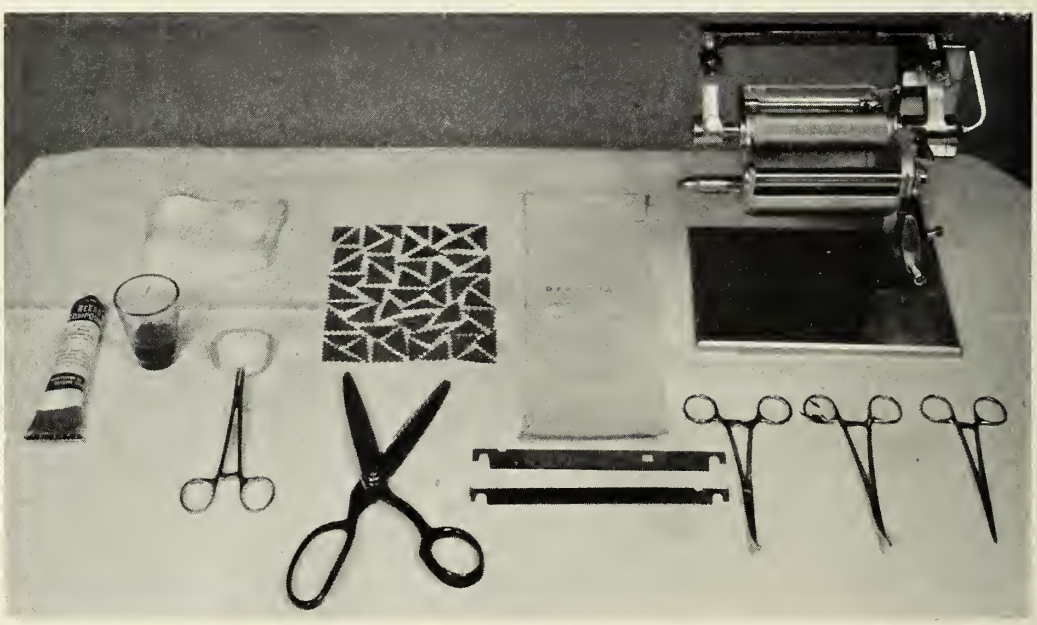


Fig. 1. Reese adhesive compound, applicator, pinking scissors, Reese Dermatape cut according to the improved technique, standard Reese Dermatape, Reese Blade and shim and the Reese Dermatome.

The portion of the tape which normally holds the graft is cut into triangles to demonstrate the increase in surface coverage afforded by this specific technique.

"take" it is necessary that the general condition of the patient be optimum for healing. The serum proteins should be adequate, hemoglobin normal and the local as well as the systemic infection under control.

In an attempt to obtain maximum utilization of the available donor site, a number of techniques have been developed. These methods have made use of the basic unit commonly referred to as the "stamp graft". J. P. Webster[6] advocated cementing the stamps of skin to film; Roberts and Schnaubel[7] used vaseline gauze contact fixation for stabilizing the individual "stamps". Glanz and Trusler[8] utilized nylon backing. Gabarro[9] used heavy glued paper as fixation for the split graft. Lewis[10] recently reiterated the use of "patch grafts" in the treatment of burns. We would like to add to the already known methods our technique in the use of the stamp graft.

TECHNIQUE OF GRAFTING

We use the Reese dermatome with the Dermatape backing as the mechanism for obtaining the skin grafts. By this means the normal skin tension is maintained insuring maximal use of all

Fig. 2.

A. Preoperative photo of 3rd degree burns of the entire circumference of both legs and feet excluding the soles.

B. The left leg illustrates coverage obtained by the use of regular stamps as described in this paper.

C. Posterior view of same patient. Both legs were grafted simultaneously, both completely healed.

D. Same patient while healing demonstrating more rapid healing and uniform appearance of left leg with identical postoperative care.





Fig. 3. Entire circumference of this forearm and upper arm grafted according to this technique. Note smooth contour, though serrations are still discernible approximately 10 months after grafting.

donor skin. The use of the Dermatape backing which is firmly adherent to the donor skin facilitates the handling of the stamp grafts. The Dermatape backing not only prevents the grafts from rolling or curling, but maintains the split skin flat with normal skin tension, thus expediting the procedure. We believe that the method of cutting the stamp, the size and pattern of the stamps are important considerations in the maximal utilization of available skin.

Each Reese Dermatape furnishes approximately thirty-two square inches of split skin, an area four by eight inches. The Dermatape, to which the skin graft is adherent, is cut into strips one inch wide, thus creating eight strips in a complete drum of split skin. Each strip is then cut into squares one inch on a side which in turn is cut in half, diagonally producing a triangular stamp. In cutting these stamps we use pinking scissors,[11] which are illustrated among the instruments used in this operation. This type of scissor is used in order to create a regularly serrated edge on the edge of the individual triangular stamp; this increases the peripheral length over twenty-five per cent. The effect of these serrations not only increases the peripheral length, but eliminates to a large degree the straight line contracted scars which often occur between the grafts. The serrated edge offers the effect of a multiple Z-plasty. When these stamps are placed on the recipient site about one quarter of an inch apart, the surface coverage is increased 100 per cent. In a 4 by 8 inch sheet graft the total peripheral edge is 24 inches, however, utilizing the stamps in the fashion described above increases the peripheral edge to 256 inches.

DISCUSSION

When the grafts are placed at one-quarter inch intervals, the final result is smooth and uniform with a minimum of scarring. If the donor site is not adequate for coverage of the burn area, the grafts should not be scattered widely, but should be placed at the standard interval for complete optimum healing. After the donor site has healed, it may be reused if necessary to complete the grafting procedure. We feel that here the use of a thin graft is indicated to assure early healing of the donor site and subsequent reuse of the donor site. According to our experience in small children the average thickness of skin used is .008 inches and in adults .012 inches. However, there can be no hard and fast rule concerning the determination of the optimum thickness of the graft for it varies with age, sex, and race of the patient.

Another advantage of using the above procedure is that the application of the stamp graft can be done quickly without prolonged anesthesia, a consideration of great importance in the individual whose general condition is poor. It is our policy to limit the total anesthetic time in patients with severe burns to a maximum of one hour, which is usually enough time to cut and apply four drums of split skin. The anticipated "take" of "stamp grafts" approaches 100 per cent whereas the "take" in a "sheet graft" in a similar area may be variable and often disappointing.

The application of the grafts to the recipient area is rapid and simple since no sutures are required to fix them in position. After they are placed on the granulations the entire area is covered with a fine layer of wrung out vaseline gauze. Then several thicknesses of saline soaked gauze pads are molded over the surface. These dressings are then fixed into position by a circular dressing of kerlix gauze or pressure roll for purposes of gentle compression and increased bulk. The outer dressing consists of an elastic type bandage to stabilize the underlying dressings.

In spite of the numerous procedures which have been described for grafting burns,[12, 13] we feel that the present day problem is somewhat more pressing than the treatment advocated a few years ago. Primarily the present problem is

different in that the survival rate of major burns is higher, consequently, there are many situations requiring skin grafts of the burned areas with a relative scarcity of donor site skin. It is for this reason that we feel that the above described technique is worth consideration to obtain maximum utilization of a minimal donor site.

BIBLIOGRAPHY

1. Brown, J. B., and McDowell, F.: Massive Repairs of Burns with Thick Split Skin Grafts. Ann Surg., 115:658, 1942.
2. Trusler, H. M. and Bauer, T. B.: Observations of the Local Treatment of Burns. Quart. Bull. Ind. U. Med. Cent. 8:4, 75, 1946.
3. Sheehan, J. E.: Tissue Grafting, Am. J. Surg., 61:339, 1943.
4. Davis, J. S.: Small Deep Grafts. Ann. Surg., 89:902, 1929.
5. Davis, J. S.: Small Deep Grafts. Am. J. Surg., 47:280, 1940.
6. Webster, Jerome P.: Film Cemented Skin Grafts. Surg. Clin. N. A., 24:251, 1944.
7. Roberts, W. M. and Schaubel H. J.: Vaseline Gauze Contact Fixation of Split Thickness Skin Grafts. Am. J. Surg., 67:16, 1945.
8. Glanz, S. and Trusler, H. M.: The Application and Use of Nylon Backing with Split Skin Grafts, Plastic and Reconst. Surg., 8:94, 1951.
9. Gabarro, P.: A New Method of Grafting. British Med. J., 1:723, 1943.
10. Lewis, G. K.: The Use of the Patch Graft in Extensive Burns, Plastic and Reconst. Surg., 12: 116, 1953.
11. Glanz, Sanford: Personal Communication.
12. Kitlowski, E. A.: The Treatment of Burns, Surg. Clin. N. A., 22:5, 1501, 1942.
13. Macomber, W. B. and Patton, H. S.: Burns of the Extremities, Am. J. Surg., 73:684, 1947.

THE MYTH OF THE COMMON MAN

Among the delusions offered us by fuzzy minded people is that imaginary creature, the common man. It is dinned into us that this is the century of the common man. The whole idea is another cousin of the soviet proletariat. The uncommon man is to be whittled down to size. It is the negation of individual dignity and a slogan of mediocrity and uniformity. The common man dogma may be of use as a vote getting apparatus. It supposedly, proves the humility of demagogs. The greatest strides of human progress have come from uncommon men and women. You have perhaps heard of George Washington, Abraham Lincoln, or Thomas Edison. They were humble in origin, but that was not their greatness. The humor of it is that when we get sick, we want an uncommon doctor. When we go to war, we yearn for an uncommon general or admiral. When we choose the president of a university, we want an uncommon educator. The imperative need of this nation at all times is the leadership of the uncommon men or women. We need men and women who cannot be intimidated, who are not concerned with applause meters, nor those who sell tomorrow for cheers today. . . . A nation is strong or weak, it thrives or perishes upon what it believes to be true. If our youth is rightly instructed in the faith of our fathers; in the traditions of our country; in the dignity of each individual man, then our power will be stronger than any weapon of destruction that man can devise.

—Herbert Hoover, at West Branch, Iowa, on the occasion of his 80th birthday celebration, August 10, 1954.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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REQUEST FOR INFORMATION

THE TIME TO START PLANNING for the annual convention is immediately after the last one. Planning is already in the formative stages for the 1955 convention to be held in French Lick next October.

The officers of the association and the committees concerned with the convention program are looking for opinions, likes and dislikes, and suggestions. They are requesting that members write the Executive Secretary and express themselves in regard to any changes which they favor and, of course, they would be glad to hear of any elements of the program which are especially popular.

The scientific program of the 1954 convention featured a number of 10-minute presentations. Information is sought as to whether longer talks, 15 minutes or 20 minutes, are more satisfactory.

The committees are also eager to know whether the symposium or panel type of presentation is most desired, or whether straight essay type talks are to be encouraged.

The association has returned to sectional programs during the past few years, after holding several conventions with only general programs. The section meetings have been very well attended and seem to be popular. An expression of opinion from the membership on this subject would be welcomed.

The instructional courses continue to be an important part of the educational program. Recommendations as to any changes or modifications in this department are desired.

And, while you are writing, you might as well include any suggestions you may have concerning the non-scientific portion of the convention. This is a good time, while the last very fine meeting is in mind, to jot down a few suggestions and desires for the next one.

ARMED FORCES MEDICAL MANPOWER

THE DEFENSE DEPARTMENT has announced that it is requesting the induction of 1275 physicians during the month of April 1955. This is more than twice the number called up last December, and will probably constitute the last call under the present Doctor Draft Act. Most of the doctors in the April induction will be from Priority III—physicians not educated at government expense and who have served no time on active duty.

Selective Service is presently conducting a survey of medical manpower—its most extensive medical survey to date. By this it plans to determine the number of physicians who are obligated by the regular draft, and to pinpoint their Selective Service classification. This information will be useful when Congress considers the regular draft and the Doctor Draft Act, both of which expire next June 30.

The likelihood of obtaining enough doctors through the regular draft will no doubt be one of the major considerations in determining the need for continuation of the doctor draft. Economy of medical personnel has reduced the overall demand considerably, but this has been in effect for some time. Whether cessation of active fighting will affect the total required is doubtful.

In the meantime the Defense Department is interested in obtaining applications for commissions from the non-veteran physicians who are obligated by the regular draft. The Doctor Draft Act specifies that its inductees will be offered commissions. The law governing the regular draft does not, and if it is reenacted in its present form will not carry this provision, and doctors who are called in without a previously arranged commission could conceivably be required to serve two years as enlisted men.

There has been some delay on the part of prospective inductees, apparently because of the feeling that the Doctor Draft will not be continued. Whether it is or not, all doctors under obligation to the regular draft will do well by applying for commission in one of the medical corps.

Guest Editorial:

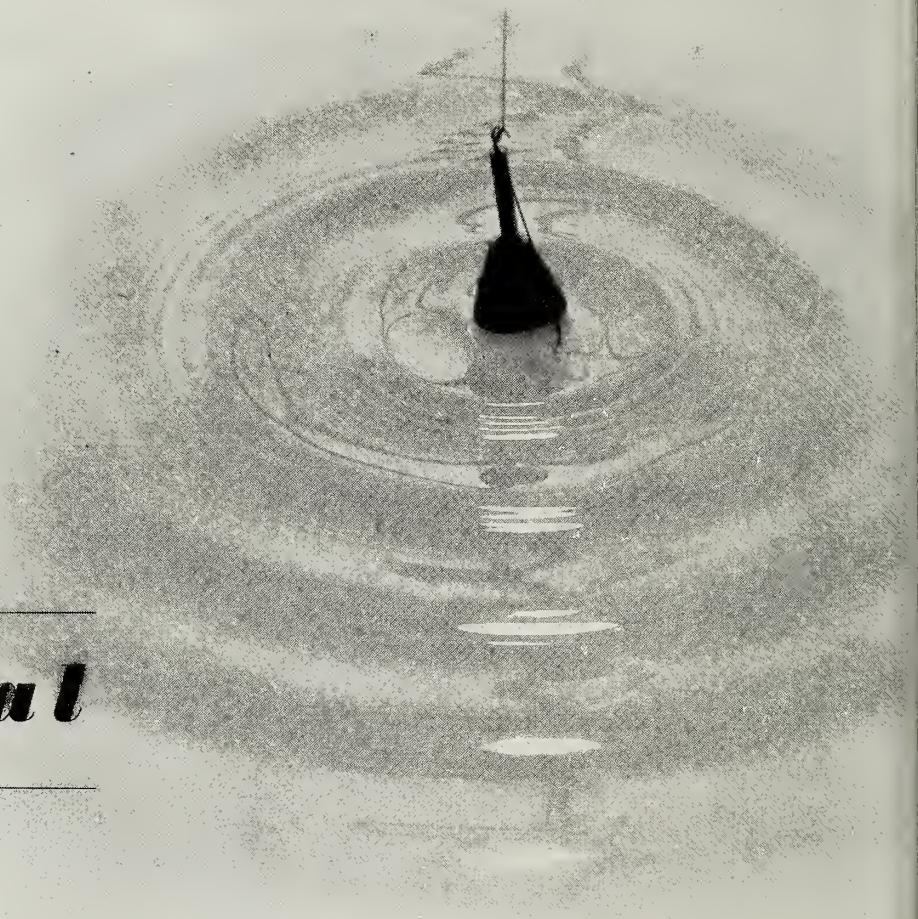
OF CIGARETTE SMOKING — OF LUNG CANCER

THE GREAT INTEREST in the relationship between cigarettes and lung cancer led us to ask two members of our editorial staff to write on this question. There was no collusion between them. Each retired to his ivory tower and put his thoughts on paper. We decided to combine these papers into one editorial. We made no changes except to delete a little material to avoid repetition. You will see that the union of these two articles really makes a homogeneous whole.

This modern world is a world of marvels. It is not a great exaggeration to class among these marvels the increase in cigarette smoking in the last half century or more.

Cigarette smoking was certainly in poor repute in the 1890's. A real "he-man" smoked a pipe, cigar, or chewed tobacco. To the public, at large, a typical male cigarette smoker was an effeminate type of fellow. As for the women, few of them smoked unless they were of the very low social grade or were wicked. There is no need to tell you of the present picture.

None of the great industries realized quicker or more thoroughly the absolutely irresistible power of advertising and publicity than did the tobacco



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manufacturers. They had increased cigarette smoking very materially before the First World War. Then there was a tremendous upsurge. It was almost as important to get cigarettes to the AEF as it was to get ammunition, and from then on the flood has been, until recently, irresistible.

Then something dire happened—we are speaking now from the viewpoint of the cigarette industry. Anesthesia and surgical techniques developed so that the interior of the chest began to be examined more and more, and with the cooperation of the pathologists it was soon realized that cancer of the lung, instead of being a rare condition, was a common one. Naturally this situation was inquired into. As everybody knew, cigarette smoking and coughing were associated and it was not remarkable that lung conditions and smoking were soon examined statistically. Dr. Evarts A. Graham of St. Louis, who was a pioneer in surgery and lung cancer, was soon impressed by the relationship between this and cigarettes, and early issued a report that there seemed to be a case of cause and effect.

The evidence also is strong that smoking has an adverse effect upon the arteries. Possibly pipes and tobacco may not plead innocent here, but cigarettes once again have to take their share of the guilt. We have not the knowledge of the exact statistics right with us, but it would seem that in quantities consumed cigarettes must lead.

These are the two arguments stressed in the campaign against cigarette smoking. It would seem to us that the effect on the nervous system is fully as strong an argument. There is a vicious circle here — cigarette smoking makes people nervous—nervousness makes people smoke cigarettes. We think that a large part of cigarette smoking is simply a nervous reaction. It is much like the sucking of the thumb by children. In fact, psychiatrists have advanced the argument that sucking a cigarette and sucking a thumb are one in the same subconscious reaction.

It is surprising that cigarettes have the widespread popularity they do. In themselves they are distasteful to a non-smoker. The habit must be acquired. A natural repugnance to the aroma and the initial vertiginous and nauseating effects have to be overcome. In spite of this, each new generation cannot wait to sneak a smoke behind a barn, under stairs, or in the privy. One wonders how much juvenile delinquency can be laid at the door of cigarette smoking; how much loss of ambition; loss of powers of concentration; how much unnatural stress on the less important aspects of education in our high school students can be attributed to the early cigarette smoking which now is common.

The evidence has long been that cigarette smoking has a direct deleterious effect and possibly in some instances a distinct etiological relationship to peptic ulcer, peripheral vascular disease, and disorders of nervous systems. The psychological block it produces initially in our youths has not as yet been evaluated. Let us hope it soon will be.

To add to the list of serious organic disease significantly related to cigarette smoking, we can now add cancer of the lung. It makes no difference now that all-conclusive proof of cigarette smoking as a sole factor in the cause of carcinoma of the lung has not been established. Such a conclusion may never be warranted. There is direct and conclusive proof that cigarette smoke contains carcinogenic agents. Experiments with tars obtained from ordinary cigarettes have produced carcinoma in 44 per cent of 81 mice when applied to the backs of these rodents. Controls did not cause cancer in this experiment. As scientists we must accept this fact at this time.

There are now sufficient statistics to show that an overwhelming per cent of people with cancer of the lung have been cigarette smokers. There is more cancer of the lung in heavier smokers than light smokers; there is a relative insignificant incidence of carcinoma of the lung in non-smokers. The carcinogenic agents in cigarette smoke may not cause cancer of the lung, but they now must be considered as an important factor. A factor which must be present before cancer of the lung will occur.

With cancer of the lung increasing alarmingly each year, with it now being the most common cancer in the male, the indications are that unless we change something, our pattern of living perhaps, it will continue to increase and be more devastating. If we accept the popular Cohn theory of Cancer Etiology, i.e., irritation causing growth of a previous embryonic cell arrest, we cannot be surprised at the increase of cancer of the lung.

There are enough respiratory irritants in the

air without adding concentrated carcinogenic agents in the form of cigarette smoke.

The increased incidence of lung cancer has occurred during the great industrial development of the world. It has accompanied the mechanization of farm equipment, the increase in automobile and other automotive exhaust fumes, the increase in the use of petroleum and its products for heating, air travel, etc. Quite possibly all of these have contributed carcinogenic agents to the air. But the evidence seems to be that if they do, they have far less effect on non-smokers than they do on smokers. It is conceivable that statistics may show that the chances of a non-smoker or a smoker getting carcinoma of the lung to vary with the quality of the industrial smokes and automotive exhaust fumes, or home or business oil consumption, in any given locality.

Regardless of this possibility, the horror remains that cigarette smoking is indicted, as the *sine qua non* in this treacherous assault on our physical integrity.

With this present knowledge acceptable, the tenacity with which people cling to cigarette smoking as a prop for their stability is indeed surprising. It is equally surprising that there are physicians who refuse to accept the evidence available and fail to lend moral support to those who are looking for intelligent guidance.

As physicians, as scientists, it would seem that we have but one course to follow at this time. We should accept the evidence, so advise our patients, being mindful and perhaps hopeful that all of this furor will result in the discovery, isolation and removal of the carcinogenic factors in cigarette smoke.

Let's admit it, as of now the filthy weed is harmful.

—The Rhode Island Medical Journal

COUNTY OFFICERS CONFERENCE JANUARY 23

Plans were being completed as THE JOURNAL went to press for the Annual County Officers Conference of Indiana State Medical Association in Indianapolis on January 23.

The Sunday morning session will be devoted to discussion of legislation and public relations; a speaker of national prominence will address the luncheon meeting; and the afternoon session will feature a panel discussion by representatives of the Joint Commission on Accreditation of Hospitals. Speakers will be from the American Medical Association, the American Academy of General Practice and the American College of Surgeons. Time will be allotted for questions from the floor.

Notices were to be sent as the full agenda was completed, James A. Waggener, executive secretary said.

Mark January 23 on your calendar NOW!

The Woman's Auxiliary

REPORTS TO I. S. M. A.

In this, the first month of the year 1955, all auxiliary members join me in wishing the members of the I.S.M.A. a new year filled with prosperity, happiness, and good health!

With only four months left in our administration, it might be well to take stock, and see how nearly we are reaching our objectives.

We know that our members are working on our goal of $5.00 per member for the American Medical Education Foundation, and, trying to reach our quota for TODAY'S HEALTH.

When the new Congress convenes, we shall try to keep abreast of all legislation affecting the medical profession, and our basic freedoms, at both the State and National levels.

In Civil Defense, we are all too prone to believe "It can't happen to us". Perhaps in the months to come, we can alert ourselves to the danger that confronts us, and learn all the ways and means which have been provided for us to protect ourselves. This information has been obtained after long and patient study, after many tests, and at great expense. We should try to avail ourselves of it.

In the field of Public Relations, there is much to be done. The members of the Auxiliary wait for their advisory committee, and the members of the Medical Society, to lead the way. The individual members of the medical profession are so busy taking care of the sick and injured, the halt and the blind, that they are prone to neglect this important function.

As State President of the Auxiliary, I receive copies of letters which have been mailed to all county Medical Society presidents from the A. M. A. office, asking them to release many important publicity items to the newspapers. Yet, I study the papers, and find no mention of these subjects, which would serve to keep the general public informed on many facets of the work of the medical profession. Yet, as one of our members once put it, every doctor has an interested and educated "secretary" in the person of his wife. The Auxiliary was organized to help you! I wonder if you are overlooking the possibilities of using us in the field of public relations?

It is my hope that each county Auxiliary will sponsor at least one Public Relations program this year. I'm sure the county Medical Societies can do no less. For these, it might be easy to interest your various women's organizations or men's service clubs, which are always on the lookout for program material. You might suggest the various films available from the A. M. A., such as the one on "Breast Self Examination," or any of the other forty, or more, films prepared for the public, for schools, and for different age groups, which may be obtained from the Committee on Medical Motion Pictures, A. M. A.

Then there are the following new films which are made for TV, top-notch shows, expertly produced, professionally performed, each dealing with a medical subject of popular appeal: "Operation Herbert", "A Life to Save", "What to Do" (Series of twelve), and "Your Doctor". If your medical society hasn't time to arrange for these showings, perhaps you could ask your auxiliary president, or her committee chairman, to do it for you.

Remember, if you wish to combat the unfavorable publicity which has appeared in recent magazines, you must keep *favorable* publicity before the public. The general public is, I believe, favorably disposed toward the medical profession, but it needs to be kept informed!

Shall we work together for more and better Public Relations in 1955?

Mrs. Harry C. Harvey,
President

The President's Page

JANUARY makes the New Year a reality; the month in which our state legislature meets to enact laws affecting us as citizens of this great state. It is rumored there will be bills dealing with the workmen's compensation laws, the Medical Registration Act, and with some action taken on the so-called home rule amendment. As citizens we should enlighten ourselves, our patients, and our legislators on our considered thinking. It is difficult for legislators to acquaint themselves expertly on all the facets of legislation usually presented during any one session.

We must make it clear we stand for equal rights in the healing arts so long as we do not penalize the public by inferior training. Our Board of Medical Registration and Examination was not conceived nor has it been operated for the benefit of the practitioners of the healing arts, but primarily for the safety of our citizens.

It should be remembered that while we stand for free choice of physicians in the practice of medicine the introduction of a third party who pays the bills complicates the picture. Provisions must be made that will permit the workman to have an easier opportunity to select a doctor of his own choosing. Management, however, has provided for protection in emergencies and in cases requiring specialized care.

Home rule must be considered carefully lest we make such a law a part of the Constitution and find it does not set out specifically the safeguards and provisions to prevent the unscrupulous from taking advantage of it.

The American Medical Association's 8th Clinical Meeting was well attended and a total of 32 resolutions was introduced. Seaborn P. Collins, national commander of the American Legion, in an address to the House of Delegates of the A.M.A. made it perfectly clear that continued talks on a national level are necessary and desirable to consummate a program for veterans care. This certainly is in keeping with my position in regard to state level talks with the veterans groups. Men of good will with similar objectives can certainly enlarge their islands of understanding to the advantage of all concerned.

Mrs. Hobby reiterated the government's determination to push the reinsurance program in the next year. Mr. Faulkner, president of the Woodmen Accident and Life Insurance Company made a stirring talk in rebuttal to the government's reinsurance proposals. I would advise each and every member to acquaint himself with the pros and cons on this important issue.

The House of Delegates of the A.M.A. approved a 13-man commission under the chairmanship of Dr. Leonard W. Larson, Bismarck, North Dakota, to make a detailed study of the various types of prepay plans through which the American people receive medical service. This will be an exhaustive study of the nature, operation of, quality, legal and ethical aspects of medical care as provided by professional and commercially sponsored plans of health insurance.

With the complexities of our present social and governmental systems it behooves all of us as individual doctors to keep enlightened on the trends lest we lose that something which has made our country great.

W. L. Bottenus M.D.

"Emulation in the sense of a laudable ambition is founded on humility for it implies that we have a low opinion of our present and think it necessary to advance and make improvements."—B. Hall.

Delegates Report on A. M. A. House of Delegates Action

INDIANA'S FOUR SPOKESMEN TAKE ACTIVE PART

ACTION of the ISMA House of Delegates instructing certain resolutions be referred to the A.M.A. House of Delegates batted sixty-six and two-thirds, with two of the three resolutions being approved by the A.M.A. A recommendation made during the annual session in San Francisco asking the A.M.A. to begin tape recording of the scientific lectures made during the Annual and Interim sessions was reported on by the Board of Trustees who requested another six months to complete their study. A final report is to be made at the Atlantic City meeting in June.

The resolution introduced from Allen County regarding the Essentials of an Approved Internship was presented to the A.M.A. House and the Reference Committee report recommended the resolution not be adopted with the House concurring in their recommendations.

The Lake County resolution calling for changes in methods of Accreditation of Hospitals so the Staff would have full knowledge of the inspection and would be apprised of the findings, was presented and the reference committee reported a substitute resolution which was adopted. The action as adopted is as follows: "RESOLVED, that the Secretary of the American Medical Association be directed to request that the Joint Commission on the Accreditation of Hospitals supply a copy of the letter of notification regarding the results of the survey of each hospital to the Hospital Administrator, to the Chief of the Professional Staff and to the Chairman of the Governing Board of the Hospital."

The Delaware-Blackford Society resolution on Physician-Hospital Relationships was approved by the A.M.A. House of Delegates.

CONSIDER MANY SUBJECTS

Geriatrics, medical ethics, internships, grievance committees, hospital accreditation, osteopathy, the doctor draft law, state-subsidized medicine and malpractice insurance problems were among the major subjects of discussion and action by the House of Delegates at the American Medical Association's Eighth Clinical Meeting held November 29—December 2 in Miami.

During the meeting the A.M.A. Board of Trustees also announced the appointment of a 13-member Commission to make a comprehensive survey of the various types of plans through which the American people receive medical services. The Commission, headed by Dr. Leonard W. Larson of Bismarck, North Dakota, member of the Board of Trustees, will begin work immediately and will require at least a year to complete its survey.

Named as the 1954 General Practitioner of the Year was Dr. Karl B. Pace of Greenville, North Carolina, whose selection by a special committee of the Board of Trustees was announced at the opening session of the House of Delegates on Monday by Dr. Dwight H. Murray of Napa, California, Board Chairman. Dr. Pace received the medal and citation, presented annually for community service by a family doctor, from Dr. Walter B. Martin of Norfolk, Virginia, President of the American Medical Association, immediately after the announcement.

Other highlights of the opening session were addresses by Dr. Martin; Mr. Seaborn P. Collins, National Commander of the American Legion; Mrs. Oveta Culp Hobby, Secretary of Health, Education and Welfare, and Mr. Edwin J. Faulkner, President of the Woodmen Accident and Life Company of Lincoln, Nebraska.

Mr. Collins told the House that he is willing to appoint qualified Legion representatives on a committee to take part in joint Legion-A.M.A. study of veterans' hospitalization. Later during the meeting the Board of Trustees announced appointment of a three-man committee to meet with the Legion on the issue of veterans' medi-

cal care. The members of the A.M.A. committee are Dr. Elmer Hess, Dr. David Allman and Dr. Louis Orr.

Registration toward the end of the third day of the Clinical Meeting included 3,167 physicians; 3,441 guests including residents, interns, nurses and others, and approximately 900 exhibitors and exhibitors' guests — for a grand total of more than 7,500. Final total registration at the 1953 Clinical Meeting in St. Louis was 7,716.

NEW A.M.A. GERIATRICS UNIT

The House of Delegates passed a Pennsylvania resolution which directed that the A.M.A. Board of Trustees "consider the creation of an organization on geriatrics within the present structure of the American Medical Association, the purpose of which shall be (1) to develop and assist committees on geriatrics and gerontology originating from constituent state associations and component county societies of the American Medical Association; (2) to act as a liaison between such state and county committees so there shall be a free flow of information between all levels of organized medicine in the subject of geriatrics; (3) to make available to the American people such facts, data and opinions concerning the subject of geriatrics as may be considered of value in alleviating social and medical problems created by the increasing population of older age groups; and (4) to perform such other duties as will improve and advance the medical care rendered to people of the older age group."

MEDICAL ETHICS

Accepting a recommendation in a report of the Council on Constitution and Bylaws, the House amended Section 7 of Chapter I of the Principles of Medical Ethics so that it now reads as follows on the subject of patents and copyrights:

"A physician may patent surgical instruments, appliances and medicines or copyright publications, methods and procedures. The use of such patents or copyrights or the receipt of remuneration from them which retards or inhibits research or restricts the benefits derivable therefrom is unethical."

In another action involving medical ethics, the House rejected a Kansas resolution which would have removed Section 8 of Chapter I from the Principles of Medical Ethics. The Reference Committee on Miscellaneous Business, in recommending disapproval of the resolution, said that "the American Medical Association would fail to assume a vital responsibility if no provision is included in the Principles of Medical Ethics regarding the problem of ownership of drug stores and dispensing of drugs by physicians . . . It is possible that some phases of this principle are susceptible of amendment or change, but certainly the entire principle should not be discarded."

REPORT ON INTERNSHIPS

Acting on the report of the Ad Hoc Committee on Internships, the House accepted a recommendation of the Reference Committee on Medical Education and Hospitals that "the data and judgments of the Ad Hoc Committee on Internships will provide valuable guidance to the Council on Medical Education and Hospitals and with this in view it is recommended that the report be referred to the latter for their further study and guidance." Following are a few excerpts from the report of the Ad Hoc Committee on Internships:

"It is our opinion that graduates of foreign medical schools should be considered for intern appointment in approved hospitals only when there is satisfactory evidence that:

"1. Language difficulties will not seriously impair the program.

"2. The same educational standards are applied to graduates of foreign schools as to graduates of approved American medical colleges.

"3. The appropriate state licensing board approves. . . .

"The Committee believes that the present standards detailing only the number of annual admissions, autopsy rate, number of beds and assignment of an intern to from 15 to 25 beds, are without significant meaning unless and until every local situation is reviewed 'on the grounds' and with full opportunity for discussion between the representative of the accrediting body and representatives of the hospital's governing board and its medical staff. . . .

"Had the 'two-thirds rule' remained a require-

ment and been rigidly applied to the two consecutive intern years 1952-3 in combination with 1953-4 it would have removed 448 hospitals, cancelled 4,205 internships to which 784 students were matched in those years and reduced the number of internships available to 6,766. . . .

"The committee suggests consideration of some requirement based on filling a percentage of approved internships and a time limit to eliminate some of the unhealthy aspects of the present situation. The following requirement is recommended: Any internship program which in two successive years does not obtain one-fourth of its stated intern complement be disapproved for internship training.

"As applied to the figures for 1952-3 in combination with 1953-4, this requirement would have removed 277 hospitals, cancelled 2,139 internships to which 80 students were matched in those years and reduced the number of internships available to 8,832."

GRIEVANCE COMMITTEES

In order to improve efficiency and maintain high standards in the operation of grievance or mediation committees, the House endorsed the principles of two similar resolutions introduced by the Colorado and Mississippi delegations and asked the Board of Trustees to appoint a committee to study and report on recommended standards for the operation of such services. Both resolutions had emphasized the valuable public service aspects of grievance committees and had suggested that the committee appointed by the Board of Trustees be composed of representatives from constituent societies in which grievance committees have been effective and useful.

OSTEOPATHY

The House concurred in the following supplementary report of the Board of Trustees on the osteopathic situation:

"Contingent on the receipt of the report from the Committee to Study the Relations Between Osteopathy and Medicine of its 'on campus' observations of osteopathic schools, the House of Delegates in June, 1954, agreed to hold in abeyance any action on this important subject until this meeting.

"The Committee, after meetings and extensive negotiations with the American Osteopathic Association, has now made final arrangements for visiting five of the six schools of osteopathy, and these plans have been approved by the Board of Trustees.

"It is the recommendation of the Board, therefore, that consideration of this matter be held in abeyance by the House of Delegates until the June, 1955, meeting, at which time the Committee expects to have a complete report of its findings concerning the nature, scope and quality of education in schools of osteopathy."

THE DOCTOR DRAFT LAW

The Reference Committee on Medical Military Affairs considered several reports and resolutions involving the doctor draft law, and then proposed the following policy statement which was adopted by the House of Delegates:

"(A) That on the basis of current information the House of Delegates commend and express itself as being in complete accord with the Board of Trustees and its Council on National Defense that the 'Doctor Draft Law' should not be extended after June 30, 1955, and that the House of Delegates further express its confidence in the ability of the Board of Trustees and its Council on National Defense to properly handle any new situation which may develop in regard to this highly complex and involved problem.

"(B) That the Board of Trustees and its Council on National Defense continue to study the problem of providing the best possible medical service for members of the armed forces and that they make recommendations to the Department of Defense at the earliest possible time for a more permanent solution to the problem, giving special attention to the further development of a career medical corps with adequate compensation therefor."

STATE-SUBSIDIZED MEDICINE

Most controversial issue at the Miami meeting was a resolution on "Policy on Medical Practice by Tax Supported Medical Schools," introduced by the Mississippi State Medical Association. This resolution provided that:

"The American Medical Association reaffirm its unalterable opposition to socialized and state

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Dramamine has become accepted in the control of a variety of clinical conditions characterized by vertigo and is recognized as a standard for the management of motion sickness.

Vertigo, according to Swartout, is primarily due* to a disturbance of those organs of the body that are responsible for body balance. When the posture of the head is changed, the gelatinous substance in the semi-circular canals begins to flow. This flow initiates neural impulses which are transmitted to the vestibular nuclei. From this point impulses are sent to different parts of the body to cause the symptom complex of vertigo.

Some impulses reach the eye muscles and cause nystagmus; some reach the cerebellum and skeletal muscles and righting of the head results; others activate the emetic center to result in nausea, while still others reach the cerebrum making the person aware of his disturbed equilibrium. *Vertigo may be caused by a disease or abnormal stimuli of any of these tissues involved in the transmission of the vertigo impulse, including the cerebellum and the end organs.*

A possible explanation of Dramamine's action is that it depresses the overstimulated labyrinthine structure of the inner ear. Depression, therefore, takes place at the point at which these impulses, causing vertigo, nausea and similar disturbances, originate. Some investigators have suggested that Dramamine may have an additional sedative effect on the central nervous system.

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The site of Dramamine's action is probably in the labyrinthine structure.

*Swartout, R., III, and Gunther, K.: "Dizziness:" Vertigo and Syncope, GP *8*:35 (Nov.) 1953.

subsidized medicine regardless of the form which it may assume, and

"The House of Delegates of the American Medical Association is of the opinion that these principles should be considered by constituent and component medical societies together with all other facts pertinent to the local situation in all controversies arising in the employment of medical faculty by state (tax) supported medical schools and be fully considered in effecting action within the framework of this policy."

The Reference Committee on Medical Education and Hospitals agreed with that portion of the resolution regarding "unalterable opposition to socialized medicine" but recommended that the resolution be referred, without approval or disapproval at this time, to the Council on Medical Service which currently is studying the various aspects of this subject. The House adopted the reference committee's recommendation.

MALPRACTICE INSURANCE

Two resolutions and a Board of Trustees supplementary report—all dealing with the problems and difficulties in obtaining satisfactory professional liability insurance—were considered together by the Reference Committee on Insurance and Medical Service. The House of Delegates accepted the reference committee report which said: "Inasmuch as the Board of Trustees has reported that there is in progress a study on the subject, we feel that we can well await the recommendations that the Board is planning to make at the next session. Due to the apparent emergency aspect of the problem, the Board of Trustees is urged to report to the membership as soon as possible, through its component societies, on the progress of this urgent study."

OPENING SESSION

Dr. Walter B. Martin, A.M.A. President, declared at the opening session that "medicine belongs to the people" and physicians are "merely the purveyors" of medical care. Dr. Martin stressed that physicians have an obligation to the people that "goes beyond our own private practice and into the community," and he also emphasized the importance of "continued effort to meet the medical needs of the low-income and other non-insurable groups."

Mr. Collins, the American Legion National Commander, said that "we are citizens first and doctors and veterans second," as he urged removal of the veterans' medical care issue "from the area of name-calling and propaganda." The American Legion, he declared, neither expects nor wants the Government to give carte blanche entitlement to medical care to all veterans.

Mrs. Hobby, presenting the case for the Eisenhower Administration's health reinsurance proposal, said: "The health reinsurance proposal represents what we believe to be a necessity. It offers opportunity for self-help without subsidy." Mr. Faulkner, however, expressed the opinion that the reinsurance program, "would be foredoomed to disappoint its proponents," and he declared that voluntary health insurance can bring satisfactory protection "to practically all of our people" without a Federal reinsurance program.

AWARDS AND CONTRIBUTIONS

At the closing session of the House of Delegates the American Medical Association received a citation for pioneering in helping to bring educational television to the American public. James Keller, chairman of the Miami Citizens Committee for Educational Television, presented the award on behalf of the National Citizens Committee for Educational Television. Dr. Martin accepted the citation for the A.M.A.

At the same session the Utah State Medical Society, represented by Dr. George M. Fister of Ogden, presented a check for $10,355 to the American Medical Education Foundation to aid in relieving the financial plight of the nation's medical schools. The contribution was received by Dr. Louis H. Bauer, president of the foundation, who also announced that a check for $1,000 had been contributed by the Southern Medical Association.

1957 CLINICAL MEETING

Philadelphia was chosen as the place for the 1957 Clinical Meeting, the dates of which will be announced later. Invitations also had been received from Denver, Detroit, Mexico City and Washington, D.C. The Clinical Meeting will be held in Boston in 1955 and in Seattle in 1956.

(Please turn to page 97)

Distinguished Johns Hopkins Surgeon Accepts Ball Visiting Professorship

THE THIRD ANNUAL SERIES of George A. Ball Visiting Professorships in Surgery will be inaugurated January 9, at the Indiana University School of Medicine with the arrival of Dr. Warfield M. Firor, distinguished surgeon, teacher and research leader.



Dr. Firor

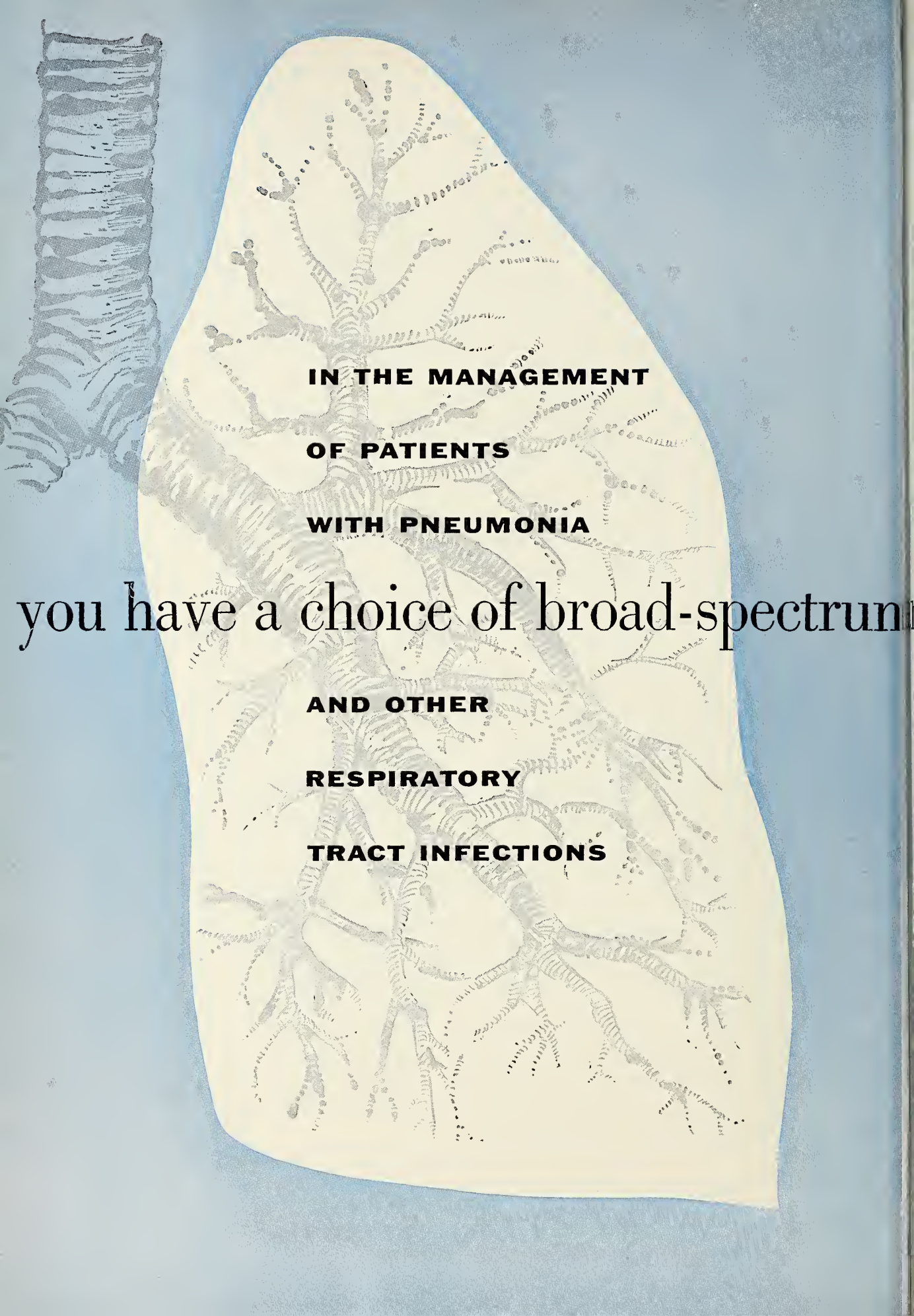
A noted member of the Johns Hopkins School of Medicine faculty for the past quarter of a century, Dr. Firor will spend the week of January 9 on the Medical Center campus where he will participate in surgery ward rounds, clinics and conferences with both students and staff. In addition he will address the Indianapolis Medical Society meeting on January 11 discussing, "Present Status of Intestinal Antisepsis."

In addition to his work in the fields of both general and pediatric surgery, Dr. Firor has made a number of significant contributions through his research. His studies have included the mechanism of death in tetanus and disturbances of the adrenal gland resulting from adrenal insufficiency. In addition to the various professional honors which Dr. Firor has received, he has served as secretary of both the American Board of Surgery and the American Surgical Association.

The School of Medicine is fortunate, said Dr. Harris B. Shumacher, Jr., chairman of the Department of Surgery, in having Dr. Firor accept appointment as a Visiting Surgeon and contribute his skills to the teaching program. His visit will be stimulating to both students and staff, continuing the inspiration which has resulted from others who have held the Visiting Professorship during the past two years.

The Visiting Professorship was established in 1952 by Indiana University and the James Whitcomb Riley Memorial Association as a tribute to George A. Ball, prominent Muncie industrial and civic leader. Mr. Ball served on the University's Board of Trustees for several years and has been a leader in the Memorial Association's activities for the construction and support of the Riley Hospital as a memorial to the Hoosier Poet.

In the first year following the establishment of the Visiting Professorship, four distinguished leaders in the field of neurosurgery came to the campus, including Dr. Paul C. Bucy and Dr. Percival Bailey of the University of Illinois, Dr. R. Eustace Semmes, University of Tennessee, and Dr. Franc D. Ingraham of Harvard Medical School. Last year the visiting professorship was held by Dr. I. S. Ravdin, University of Pennsylvania; Dr. Philip Sandblom, University of Lund, Sweden, and Dr. Emile F. Holman, Stanford University.



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1. *O'Regan, C., and Schwarzer, S.: J. Pediat. 44:172 (Feb.) 1954.*
2. *Waddington, W. S.; Bergy, G. G.; Nielsen, R. L., and Kirby, W. M. M.: Am. J. M. Sc. 228:164 (Aug.) 1954.*

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Dr. Lull Explains Basic Philosophy And Legislative Policy of A.M.A.

THE "WASHINGTON INSURANCE NEWSLETTER", in its October 2nd issue, carried an article written by Dr. George Lull, Secretary and General Manager of the American Medical Association. The article was written with the purpose of explaining to the laity the legislative policy of the A.M.A.

It is reproduced in full, first because it is a concise and lucid presentation of basic philosophy and second, because it contains a detailed discussion of two legislative problems which will probably continue to be issues during the next session of Congress.

Dr. Lull said:

As a guest writer, appreciative of the opportunity to make use of these columns, I should like to outline the general philosophy underlying the legislative policies of the American Medical Association. Then I should like to discuss briefly the A.M.A. position on some of the specific proposals which have attracted major attention during the 83rd Congress.

To begin with, the A.M.A. holds as a basic premise that this nation's unparalleled scientific and socio-economic progress in the field of medical care is a direct result of the traditional American system calling for solution of problems by voluntary methods rather than by governmental direction. At the same time, the A.M.A. also recognizes that there are certain areas of activity in which government action may be either necessary or desirable to protect the public health or to promote the most efficient mobilization of medical resources.

The A.M.A., therefore, is willing to support any sound legislative proposal which it believes would aid in the expansion and improvement of the nation's medical system while at the same time avoiding the dangers of government control over either the recipients or suppliers of medical service.

However, the Association will continue to oppose any legislative proposals which it believes would impede the nation's medical progress, undermine the free practice of medicine and lead either directly or indirectly to government regulation of physicians, patients, hospitals, medical schools, medical insurance plans or any other elements in the country's existing medical care system.

With this general background in mind, it should be emphasized that the A.M.A. endorsed the principles and objectives of the Eisenhower health program and gave active support to most of the specific proposals in that program. For example, the Hill-Burton Act amendments, designed to promote the construction of rehabilitation centers, nursing homes, diagnostic and treatment centers and hospitals for the chronically ill, were supported and suggestions were made for improving the legislation. The same was true of the proposals for revamping the public health grants-in-aid program.

Unfortunately, however, those controversial items which the A.M.A. opposed received considerably more attention, both in and out of Congress, than the many bills which the Association supported. Therefore, I should like to outline briefly the reasons for our opposition to the Administration's *reinsurance* proposal and to two of the proposed changes in the *Social Security Act.*

Reinsurance

The stated purpose of the reinsurance proposal is to "encourage and stimulate private initiative in making good and comprehensive health services generally accessible on reasonable terms." While in complete agreement with that objective, the A.M.A. opposed the reinsurance bills for these reasons:

1. *The mechanism* suggested would not accomplish the stated purposes of the bills.

2. *The phenomenal progress of the health insurance industry* makes federal intervention not only unnecessary but a dangerous intrusion into a successful area of private enterprise.

3. *"Reinsurance" would not make health insurance more attractive* to persons who can afford to pay premiums and have not done so. It would not make health insurance available to the indigent unless the government provides a subsidy for the purpose of selling insurance at less than the cost of servicing the contract.

4. *The program, without subsidy,* would not make health insurance available to any additional groups of geographic areas that voluntary insurers cannot reach.

5. *Most insurance authorities agree* that the extent of health insurance liability is such that a federal reinsurance program is absolutely unnecessary.

6. *The bills would give the Secretary* of the Department of Health, Education and Welfare an extensive but unjustified regulatory control over the nation's health insurance industry.

Social Security Amendments

The A.M.A. took a position on only two provisions in the bill to amend the Social Security Act—(1) the proposed compulsory coverage of physicians under Title II of the Act and (2) the so-called "waiver of premium" section to preserve the insurance rights of individuals with extended total disability. The Association opposed those two provisions, which were of direct medical interest, but took no position on the bill as a whole, which would be outside its province.

Compulsory Coverage—The A.M.A. House of Delegates on at least three occasions in the recent past has expressed strong opposition to compulsory coverage, but it has made clear that it does not oppose voluntary coverage for any physicians who might desire it. We oppose compulsory coverage because: (a) most physicians do not retire until after the age of 74 and therefore would not benefit; (b) group treatment does not apply logically to physicians, whose lives and training emphasize individual activity, and (c) there is no sound reason for compulsory coverage of a group against their expressed wishes.

The Jenkins-Keogh Bills—As an alternative to compulsory coverage under Social Security, the A.M.A. actively supports the Jenkins-Keogh bills, which would provide tax deferment benefits designed to stimulate the establishment of retirement pension plans by self-employed persons and by many employed persons not now covered by company plans. In the opinion of the A.M.A., these bills will provide for the development of a voluntary pension program which is equitable, free from compulsion and attuned to the retirement needs of physicians. Moreover, these bills will eliminate certain discriminations and inequities which exist under present tax laws by extending the tax deferment privilege to the country's ten million self-employed and also to millions of employees who work for companies without private pension plans.

Waiver of Premium—This section of the Social Security amendments provides a waiver of Social Security taxes for those totally and permanently disabled, with the disability to be determined by medical examinations carried out under government regulations. The A.M.A. opposed this section because it could become an entering wedge for the regimentation of the medical profession by creating a mechanism for the adoption of a federal cash permanent and total disability benefit program which in turn could lead to a full-fledged system of compulsory sickness insurance. This section, therefore, cannot be appraised solely as an isolated, detached effort to provide some measure of aid to disabled workers.

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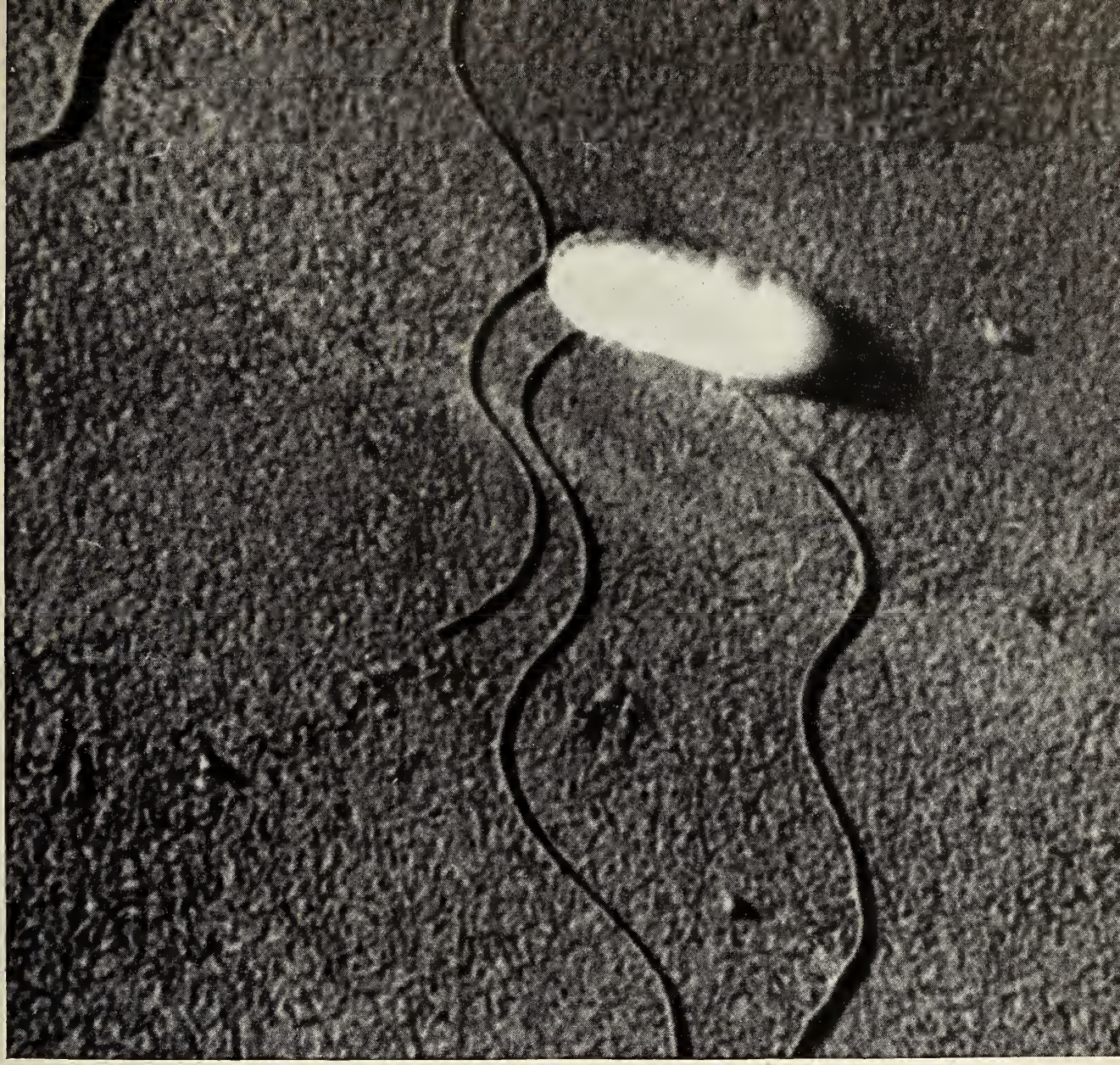
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The County Medical Society Secretary

DAVID L. ADLER, M.D.
Columbus

THIS ARTICLE is intended primarily for the great majority of county medical societies which do not have paid executive secretaries but must depend on one of their physician members to accept the position. It is generally agreed that the Secretary is the most important officer of his society. It follows, then, that it is imperative for county societies to elect secretaries who will perform faithfully and well the manifold tasks inherent in the office. The success the local society will achieve in its year's work is directly proportional to the time, effort and skill employed by its secretary. It appears apropos, therefore, to summarize briefly the functions of the office, the obligations of the secretary and the duty of the society to elect a man able and willing to represent his group in this vital capacity.

It has been all too common for county medical societies to elect as their secretary each year the newest physician in the community. This is a tragic mistake. The physician just entering the practice of medicine knows little or nothing of organized medicine. He does not know his new colleagues. He is so concerned with establishing a practice that extra-curricular activities must be kept to a minimum. He may resent his selection as secretary, deeming it a penalty imposed on him. He has no tradition behind him of his medical society's affairs. He feels lost. He desperately wishes to get on his feet before assuming to conduct the affairs of his group. The county society should not prostitute the office of secretary by selecting the neophyte. It is a job for the initiated.

Who then should the society elect as its secretary? Is the office so exalted that only a few can meet the requirements? Can we expect small county societies to find in their midst a colleague possessed of the proper attributes? I believe every society can find a man who can do the job. He should, first and foremost, be willing to serve. I place this above all, because no matter how able the man, if his heart isn't in his work, the job he does will be inferior. Better by far to elect not so able a man but one who sincerely wants the office and strives to do his best. The society should keep its secretary in office for five years. He will become more valuable with each passing year. The secretary should be one, preferably, who writes easily. The minutes of the deliberations of his society must be set down accurately, so that any one reading the minutes will understand the written word. Vagueness, poor choice of words, errors in grammar, misspellings have no place in the minutes. The minutes constitute the official record of the society. As such, they have a value transcending their being read at the next regular meeting of the group. The Secretary, as official spokesman for his society, will be expected, from time to time, to write articles for the local newspapers. This fosters good public relations and also serves the useful purpose of informing the laity. Articles in the lay press, written by laymen, are sometimes inaccurate and slanted. An article by a physician, with no axe to grind, should be truthful and informative. The secretary can contribute much to good public relations in this way.

The secretary should have some ability as a public speaker. He will do much of the talking at society meetings. He will inevitably be called upon by civic groups in the community for talks. He should impress them favorably not only with his medical knowledge but also with his ability to conduct himself well on the podium. There will be occasions when the secretary will have the opportunity of informing laymen of the thoughts of organized medicine in socio-economic and political fields. The secretary usually will be the best informed physician on these matters. He receives all the pertinent material from the A.M.A. and his state association. He must make it his business to indoctrinate himself so that he can creditably relay this information to interested people.

Permit me to summarize briefly some of the obligations of the secretary.

1. He should be diligent in the collection of

local, state and national dues. He should know exactly what the various dues are and be prepared to defend them. He should badger his colleagues ceaselessly so that all pay dues promptly. It is all too common for doctors to procrastinate in paying their dues. The secretary should read the list of those members who have paid their dues, at each county society meeting. Those names not read obviously haven't yet paid. He should not read the list of those who have not paid, for this might embarrass the delinquent members. The same purpose can be accomplished by being diplomatic, and using "reverse English". There will be some members who will not want to pay A.M.A. dues. It is the secretary's responsibility to convince these doctors of the advantages A.M.A. membership confers and of the deep responsibility each doctor has to support the activities of the A.M.A. Accurate records of membership must be kept and proper forms promptly forwarded to the state association.

2. He should keep accurate financial records so that the society may always know its correct bank balance. Slip-shod accounting methods make for trouble and endless strife. The correct bank balance should be read at each meeting and income and outgo itemized. In this way all will know the financial details of the secretary's office. I am assuming, of course, that the secretary is also the treasurer of his society. A division of these two offices is not recommended for societies having a membership of 75 or less.

3. He should have the minutes of the meetings typed, dated and signed. They should be in a loose-leaf book, and one page should be devoted to each meeting. The minutes should be long enough to reflect accurately the transactions of the meetings. The minutes should be dictated to his secretary the day after the meeting. In this way nothing of importance will be inadvertently omitted. The member attendance record should be included. A summary of the scientific program should form a part of the record.

4. He should prepare for the meeting by collecting all the correspondence that has come in during the month. Copies of his own letters should be available and a short summary of all correspondence prepared for delivery. He should prepare, for the president, an itemized list of subjects to be discussed. It is wise for the secretary and the president to meet informally a day or two before the meeting so that pertinent material can be digested and an agenda prepared. The secretary should always have at each meeting a copy of the constitutions of his local society and the state association. He also should have with him a copy of the principles and ethics of the A.M.A. He should include in the minutes book the minutes of the meetings of the previous two years. Frequently questions will arise when it will be necessary to refer to previous minutes. He should have with him the list of current committees so that the president can know at a glance their composition. The secretary should re-read his minutes periodically to familiarize himself with past actions. He should be a self-appointed gadfly to goad committees to action. He should inquire, from time to time, of the various committee chairmen, what the status of their committee work is.

5. He should send written notices of scheduled meetings at least three days before the assigned date. He should place notices of these meetings on the bulletin boards of the various local hospitals. He should personally contact as many of his colleagues as practicable to insure their attendance. He should make all arrangements necessary for the success of the meeting. This includes selecting the meeting place, going over the dinner arrangments with the manager of the hotel, restaurant or country club, and seeing to it that nothing arises to mar the occasion.

6. If a guest speaker is scheduled to address the group, the secretary personally should instruct him how to locate the meeting place. He should introduce him to the president and other members of the society. He should ascertain in advance whether slide or movie projectors and screen will be required. He should make sure proper electrical outlets are available if needed.

7. The secretary should have available all memos, letters, pamphlets, etc. received from the state association and the A.M.A. office so that any member can get information needed for the preparation of speeches, etc. A list of films and recordings available on loan should be readily accessible to his colleagues.

8. The secretary should be careful in checking the credentials of new physicians submitting applications for membership in the local society. He should check the references given to make sure the society admits to its ranks only those deserving of membership. All pertinent informa-

tion should be kept permanently in a separate folder and made available to the censor committee.

9. The secretary should be prompt in honoring requests from his state association and the A.M.A. for any information they desire. He should cooperate to his fullest extent with the officers of other local county medical societies who may need information or advice.

10. The secretary should attend as many meetings as possible of state and national groups which pertain to his office. A summary of his experiences should be given at the next regular meeting of his society.

11. The secretary should be something of a parliamentarian. He should bring to all meetings a copy of Roberts' Rules of Order.

In conclusion, permit me to reminisce. I have been secretary-treasurer of the Bartholomew-Brown County Medical Society for the past six years. I have seen the secretary's job increase in importance as physicians have been projected into the national scene by attacks from within and without. I have come to realize that only in unity is there strength and that the future of American medicine will be determined, in large measure, by the extent to which physicians awake to their responsibilities. There is more to the practice of medicine than the healing art alone. Physicians must be ever alert to the dangers of regimentation. Bureaucratic control will inevitably come if we refuse to face the problems confronting us. A good secretary can do much, at the grass roots level, to stimulate both his colleagues and his lay friends to a new consciousness of the profession.

If county medical societies continue to elect as their secretaries unwilling, lazy or inept colleagues, they perform a disservice to themselves and their profession. An able secretary is a "gift of the gods." Honor him for his unselfish devotion and often unrequited labor. He is serving you. Choose him well.

QUOTES:

MR. NEIL McELROY, President, Proctor and Gamble Company—"Medical schools demand highest priority. As teaching centers they are at the heart of the medical sciences, as they are an indispensable source of medical research and progress. The lives of our fellow men cannot be placed in the hands of incompetent doctors. And we must never permit medicine to become a government 'commodity'."

DR. W. W. BAUER, Director, A.M.A. Bureau of Health Education—"Direct selection of specialists by patients is an error which can lead only to disappointment. If all patients were to be served by specialists, these doctors would waste their valuable time seeing patients outside their specialized scope, and the referral of patients back and forth would constitute a parade beggaring description."

SIDNEY C. PRATT, M.D., President, Montana Medical Association—"Organized medicine is the mortar that cements 160,000 individual physicians into a solid fortress. This intact structure has a dual purpose—to protect the health of 160,000,000 inhabitants and to present a solid bulwark against external forces. Individual, loose bricks can be tossed around by a child; bricks well cemented together can resist cannon fire."

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Signs of vestibular damage appear in cats treated with Distrycin as much as 100 per cent later than in animals given the same amount of streptomycin.



Cat treated with streptomycin shows no nystagmus after whirling.



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On dosage of 1 Gm. per day for 120 days, ototoxicity was as follows*:

	Vestibular damage % of patients		
	Mild	*Moderate*	*Total*
Streptomycin	12	6	18
Dihydrostreptomycin	6	0	6
Distrycin	0	0	0

	Cochlear damage % of patients		
	Mild	*Moderate*	*Total*
Streptomycin	0	0	0
Dihydrostreptomycin	12	3	15
Distrycin	0	0	0

**Heck, W.E.; Lynch, W.J., and Graves, H.L.: Acta oto-laryng. 43:416, 1953.*

Distrycin dosage is the same as for streptomycin. In tuberculosis the routine dose is 1 Gm. twice weekly, in conjunction with daily para-aminosalicylic acid or Nydrazid (isoniazid). In the more serious forms of tuberculosis, Distrycin may be given daily, at least until the infection has been brought under control.

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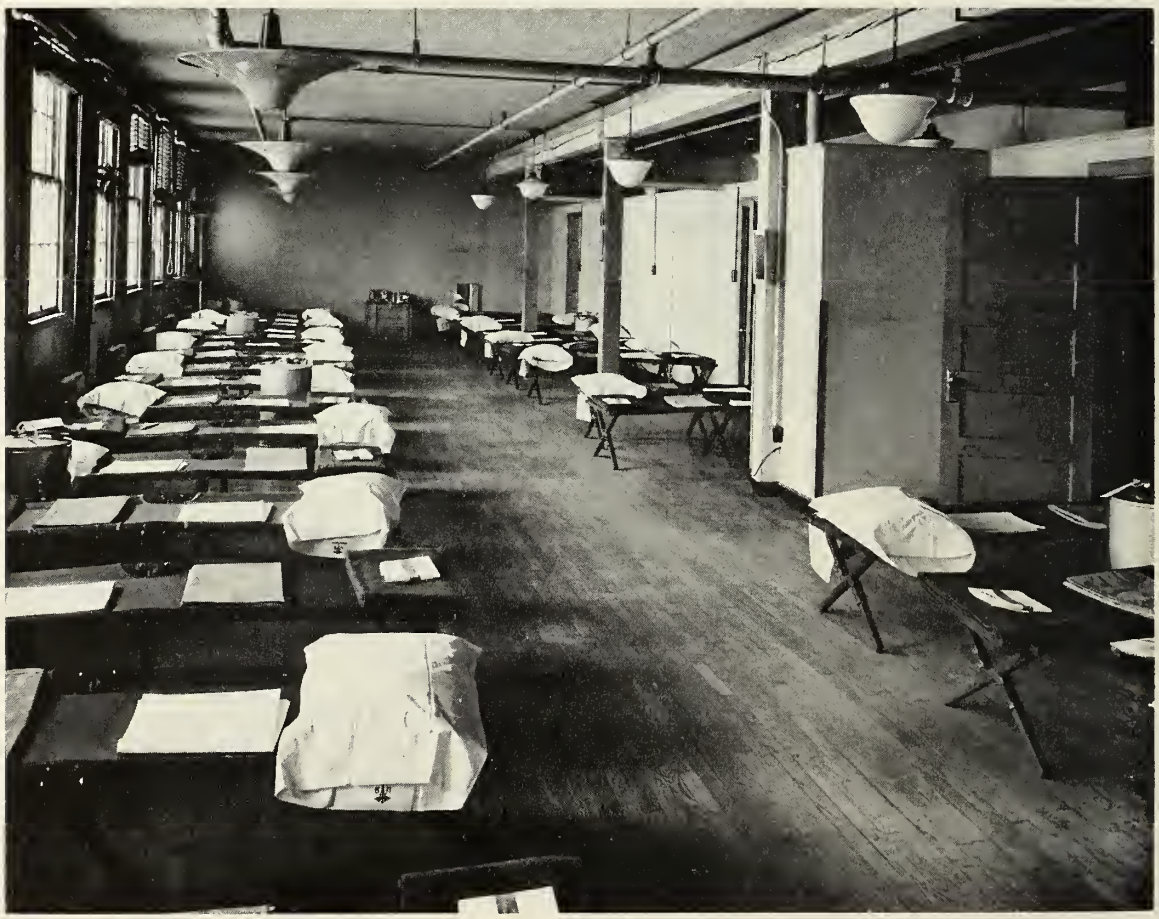
IMPROVISED HOSPITALS will be necessary for the care of casualties of an atomic attack, even though the attack does not destroy any of the permanent hospitals now in existence.

The provision of equipment and supplies for such hospitals has been one of the major problems of medical civil defense. Estimates of living casualties from the bombing of a city vary from 30,000 to 50,000. Most of these casualties would be capable of salvage and their lives might be saved if they could be cared for in some type of hospital.

The Federal Civil Defense Administration is now assembling and storing equipment for improvised hospitals. The purchase of this equipment and of supplies for continued and definitive treatment is progressing as fast as the budget will allow.

The improvised hospitals are designed to care for 200 patients each. The equipment consists of 200 cots and sufficient blankets, linen, ward supplies, operating tables, surgical instruments, sterilizers, intravenous and transfusion sets, splints, bandages and laboratory equipment to

Shock ward of 20 Army-type folding cots prepared for reception and treatment of casualties sent from triage area.



care for 200 patients for three or four days. Included is a portable type X-ray which operates on the polaroid principle and supplies a print immediately.

The size of the hospital and the type of equipment were decided upon by surveying public school buildings. Almost any school of moderate size is suitable for adaptation as an improvised hospital by using this equipment. About 15,000 square feet of floor space is required.

Ten rooms in the building are planned for wards with 20 beds each. Three rooms are set aside for operating. One room each for sterilizing, central supply, laboratory, X-ray, pharmacy, morgue and kitchen will be needed.

The complete equipment can be stored in 2 000 cubic feet of space (equivalent to a room 10 x 20 x 10 feet). It should be stored in a well protected place away from a possible target area. It weighs about thirteen and one-half tons and can be transported in a single van.



Sterilizing area of central supply room. Note the oversize pressure cooker adapted to use as an autoclave. Both pressure and boiling sterilizers may be fired with gasoline or "bottled gas."

Once delivered to a building it can be set up

Section of central supply room with equipment and supplies stocked on improvised shelves for quick distribution.



in four hours with a staff of 30 professional and trained personnel, and with the help of other untrained laborers.

When set up it is recommended that it be staffed by 10 physicians, 20 graduate nurses, 125 trained helpers such as nurse aides and 75 untrained individuals.

The total cost of the equipment is $26,435.47.

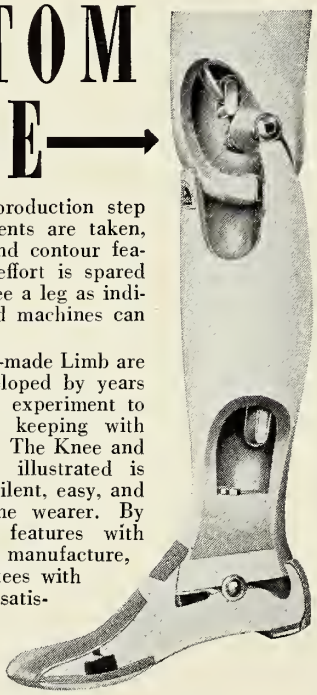
Since it probably will be called upon to function in the absence of public utilities such as water and electricity, the equipment includes generators for the X-ray and for lights, and a water pump, all powered by gasoline. The sterilizers operate on bottled gas or gasoline.

The only thing not included is food, dishes and cooking equipment. These items will be procured from welfare or other units in the disaster area.

It is estimated that at least 6,000 improvised hospitals will be needed to provide minimum coverage for a large scale attack involving the entire country. At the present time the Federal Civil Defense Administration is planning to store 731 such hospitals in federal warehouses. In addition to this various states have purchased 93 hospitals on a fund matching basis. As funds are available it is hoped that the federal reserve can be built up to 5,000 hospitals and that 1,000 more hospitals will be purchased by the states.

Although the Defense Department has not said anything on the subject officially or publicly, it is known that some of the leaders in the military services want the Doctor Draft law kept on the books beyond next June 30, when it is scheduled to expire. Nothing appears to be imminent in this direction, but the situation merits watching.

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The 1954 graduating class of the Woman's Medical College of Pennsylvania [the only medical school in the country which doesn't admit men] even included a very young grandmother.

And at the coeducational medical schools it's the same story but with an important difference. There the women may carry off top honors from their male classmates. Proof of this is the six women who topped their male-dominated medical school classes and received annual Awards of Achievement from the American Medical Women's Association. Twenty-three other women in 20 schools graduated in the top ten of their classes. A look at some of the award winners gives a fair picture of how women handle test-tubes, husbands, and babies and still come out with honors.

At the University of Tennessee College of Medicine, for instance, Dr. Ray Schwab Greenberg, Memphis, led her classes for all four years. Oddly enough, she also spent 3½ years at Barnard college studying economics.

"I was almost ready to graduate when I decided I wanted to become a physician," she said. She was lucky to have had a cooperative journalist husband who moved with her when she entered Memphis State College for premedical work. She said he "hasn't objected to washing dishes and doing other household chores. He has been a constant source of encouragement. Our daughter, 5½-year-old Danielle, also has done her part by being reasonably quiet while I studied."

POLIO VICTIM SCORES

Another award winner overcame infantile paralysis—which left her with a shortened left leg—to become a college basketball player, life-saving and swimming instructor, and top scholar for all four years in a class of 100. She is Dr. Mary Lou Hoover, Timberville, Va., graduate of the Medical College of Virginia at Richmond. After internship in Colorado she will enter an even more rugged life as a rural Virginia doctor.

One of the two Drs. Usher entering internship at Philadelphia hospital is a lovely blond who won the French government award for

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excellence in French at McGill University—Dr. Martha Wells Usher. At McGill she met the other Dr. Usher, her husband Robert, from Montreal, Canada. Dr. Martha was number one in a class of 153 at the University of Michigan Medical School. Only 5 per cent of her classmates were women. The "weaker half" of the Usher medical team plans to enter pediatrics after they finish their internship together. She is from Ann Arbor, Mich.

Dr. Katharine Emory Spreng, Cleveland, Ohio, followed both her mother's and father's footsteps at Western Reserve University School of Medicine. Her parents are Dwight S. Spreng, M.D., and Elizabeth Dial Spreng, M.D. Dr. Richard H. Young, dean of Northwestern University Medical School, predicted a brilliant future for Dr. Ethel Frances Young (no relation), of Chicago, who led her classes for the first three years and graduated in first place.

A radio and radar technician for the Army Signal Corps became the first woman in the history of the Medical College of Alabama to graduate in first place. Dr. E. Jean Cowsert, one of only two women in her class of 60, was a straight A student. And the Mobile girl captured both of the two prizes open to freshmen—in anatomy and biochemistry.

Dr. Cowsert's outside interests might be looked on as a real comment on today's woman in medicine: her hobbies are raising camellias—and fishing.

* This release from American Medical Association should be of particular interest to the 106 women physicians who are members of the Indiana State Medical Association.

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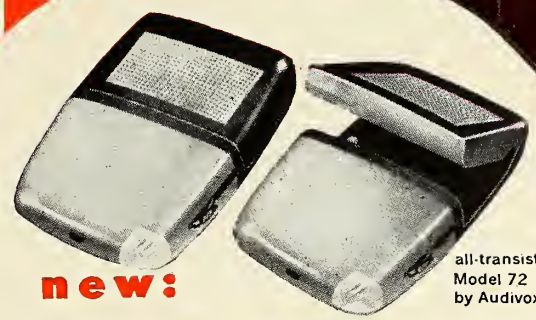
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Abstracts:

THE TOXIC EFFECTS OF ANTIBIOTICS

Regarding the use of sulfa drugs or antibiotics in patients with acute upper respiratory infections, Dr. Long says, "There is not one shred of controlled evidence that any of the currently available sulfonamides or antibiotics have an anti-viral effect against any of these viruses. There is no controlled evidence that sulfonamides or antibiotics reduce the incidence of "secondary infection" in common colds, influenza or acute respiratory disease". He then lists the harmful effects of these drugs on the individual organ system as follows:

1. Disturbances of the Skin. Drug rashes, often with other toxic side effects, rather frequently follow the use of penicillin, the streptomycins and the sulfa drugs and none of these should be used topically. Practically never should any antibiotic be used which has caused an eruption in the past in that patient.

2. Disturbances of the Temperature Mechanism. Drug fever may complicate the use of sulfonamides, penicillin, streptomycin and polymyxin B.

3. Disturbances of Oral Cavity. Lozenges of penicillin and some of the broad spectrum antibiotics may cause monilia infections or "black tongue".

4. Disturbances of the Respiratory Tract. An increasing number of fatal anaphylactic reactions are occurring following penicillin, and penicillin probably should not be used in any patient with a history of asthma or hay fever. Procaine-penicillin is particularly dangerous in case of dentists who are commonly sensitized to procaine. With the broad spectrum antibiotics, monilia superinfection in the lungs is a possibility.

5. Disturbances of the Gastro-intestinal Tract. Nausea and vomiting may occur from any of the drugs being discussed. Superinfection in the bowel with yeast organisms frequently follows the use of broad spectrum antibiotics.

6. Disturbances of the Nervous System. Mental disturbance and peripheral neuritis have been seen following the use of sulfonamides. Eighth nerve damage is a common complication of the use of the streptomycins, and polymyxin B may cause sensory disturbances.

7. Disturbances of the Kidneys. Polymyxin B and bacitracin in high dosage produce renal tubule damage. Blocking of the ureter by sulfonamide crystals may still occur though rarely when the drugs are used in combinations.

8. Disturbances of the Blood and Bloodforming Organs. The severe disturbance of all formed elements of the blood are occasionally seen even with the present sulfonamide drugs. The only antibiotic so far implicated in blood dyscrasias is Chloramphenicol.

Doctor Long concludes as follows, "Neither sulfonamides nor antibiotics should be prescribed unless there is definite clinical or bacteriologic evidence that such a prescription will benefit the patient. Otherwise the physician has no one but himself to blame if his patient develops a toxic reaction".

Stephen L. Johnson, M.D.

Long, Perrin H., M.D.: The Toxic Effects of Antibiotics. J. M. Soc. New Jersey 439:441 Vol. 51. October, 1954.

The Journal of the Louisiana State Medical Society, April, 1954. Medical Management of Patients With Urinary Stone, by Edwin L. Prien, M. D., Brookline, Massachusetts, 123.

This paper takes up in detail the chemistry, mineralogy, prevention and medical treatment of urinary calculi. Study of the crystalline nature of urinary calculi has been made possible by the use of the petrographic, or polarizing microscope. It is pointed out that 90 percent of all urinary calculi are calcium-containing; the non calcium stones being composed of uric acid and cystine. It is stated that calcium oxalate calculi form in acid urine and are considered to be primary urine calculi, while those composed of calcium phosphate and magnesium ammonium phosphate form as a result of urinary infection by urea-splitting organisms. The author states that in these infections if the high pH persists stone formation usually occurs. It is the author's opinion that there is a definite relationship between hypercalcuria and stone formation. The conditions predisposing to hypercalcuria are: excessive ingestion of calcium, usually in the form of milk; hyperparathyroidism; disuse atrophy of bone; and idiopathic hypercalcuria.

The use of the enzyme, hyaluronidase, to increase the solubility of stone-forming substances is discussed. Although it has not been generally accepted as a preventive of urolithiosis its use is recommended in rapidly recurring cases associated with intractable infections.

Included in the paper is a useful condensed summary of medical management.

Doctor Prien has presented an exhaustive study of the formation and prevention of urinary calculi. The original article is exhaustive, authentic, and well worth reading.

For all cases: force fluids.

For calcium oxalate and mixed calcium oxalate—calcium phosphate stone:

1. Prohibit all dairy products (except butter) and foods with much milk. No milk, cream, cheese, buttermilk, condensed milk, ice cream, cream soups, milk gravies, cheese souffles, Welsh rarebits, and custards. Allow butter ad lib.

2. Keep daily consumption of citrus fruit juices (orange, grapefruit, lemon) and tomato juice to low normal limits (to avoid large amounts of low alkaline ash).

3. Avoid excessive consumption of following items: reasons—high calcium 1, high alkaline ash 2, high oxalate 3. Check through list with patient to discover any dietary peculiarities—then forget it. Insistence on close cooperation on foods in this long and hard to remember list will only lead to lack of cooperation. (Where both calcium and oxalate are present it is extremely doubtful that absorption occurs.)
 Dried Fruits—apricots 2, figs 1-2-3, olives 1-2, raisins 2.
 Nuts—1-2-3.
 Vegetables—asparagus 3, beans 1-2, beets 3, carrots 2, parsnips 2, parsley 1-3, rhubarb 1-3.
 Green Leaf Vegetables—broccoli 1, chard 2-3, collards 1, greens (beet 1-2-3, dandelion 1-2-3, mustard 1, turnip 1), kale 1, spinach 2-3, water cress 1-2-3.
 Sweets—molasses 1-2, molasses candy 1-2, treacle 1-2, maple syrup 1-3, chocolate 1-3.
 Sea Foods—clams 1, oysters 1, shrimp 1, salmon 1, sardines 1.
 Remember the above foods are acceptable in moderate amounts.

4. Acidification with sodium acid phosphate, 0.6 grams (10 grains) 4 times daily to bring pH down to 6.5 or below.

For $MgNH_4PO_4$-$CaPO_4$ stone (alkaline infection):

1. Diet as above.
2. Eradicate urea-splitting infection.
3. Sodium acid phosphate only if urine can be acidified.
4. Basaljel plus low phosphate diet if urine cannot be acidified (see Chronic infection with Stone).

For uric acid and cystine stone:

1. No dietary treatment (alkaline ash diet unnecessary).
2. Alkalinization with sodium citrate, 3 or 4 grams (1 level teaspoonful) 4 times daily to keep pH at 7.5.
3. Low calcium diet. No dairy products (except butter) to prevent calcium phosphate stone in markedly alkaline urine.

SUMMARY

A study of urinary calculi and of the stone-forming process by crystallographic techniques (reported elsewhere) has suggested that more emphasis should be placed upon the significance of the nucleus in stone formation and prevention. Normal urine may be able to retain its dissolved salts in a 2 to 4 times supersaturated solution for a time without precipitation occurring if no nucleus is present. In the presence of a nucleus precipitation may occur whenever the saturation point of the urine is exceeded. It is desirable, therefore, to conserve, if possible, this power of urine to hold its salts in solution by preventing nuclei from forming. The nuclei of the majority of calcium-containing calculi (including calcium oxalate calculi) are composed of calcium phosphate. Measures to inhibit the formation of such nuclei may be of value in a stone-prevention program.

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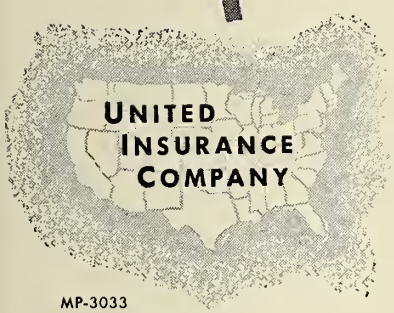
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NEWS NOTES — from State and Nation

Dr. George J. Garceau to Be New Orleans Speaker

Announcements of the 18th annual meeting of the New Orleans Graduate Medical Assembly contain the name of Dr. George J. Garceau, Indianapolis, who will speak on some phase of orthopedic surgery.

The meeting will be held March 7-10 with headquarters in the Municipal Auditorium, New Orleans. Seventeen other guest speakers will appear on the program. The New Orleans Graduate Medical Assembly is sponsoring a post-clinical tour to Europe. Full information may be obtained on all sessions from Maurice E. St. Martin, M.D., Secretary, The New Orleans Graduate Medical Assembly, 1430 Tulane Avenue, Room 103, New Orleans 12, Louisiana.

Dr. Edward H. Bregman, chairman of the Arizona Division of the American Cancer Society has announced the program for the **Third Annual Cancer Seminar,** to be held at Paradise Inn, Phoenix, Arizona, on January, 13, 14 and 15. The program will include outstanding panels on cancer of the gastrointestinal tract, the female genital tract, genitourinary tract, and bone tumors. Cancer of the breast and smoking practices in relation to cancer will also be discussed. Registration may be made with American Cancer Society, Arizona Division, 1429 North 1st Street, Phoenix, Arizona. Registration fee is $5.

Dr. Paul V. Chivington, Jr., a 1945 graduate of Indiana University School of Medicine, has opened offices at 3120 North Meridian street, Indianapolis. He is certified by the American Board of Dermatology and Syphilology. Dr. Chivington interned at Indianapolis General Hospital. He spent two years as a medical officer on transports out of San Francisco. After attending the Pennsylvania Postgraduate School of Medicine he served a residency at Cleveland City hospital and was associated with Drs. H. N. Cole and J. R. Driver in private practice in Cleveland for three years. During that time Dr. Chivington was instructor in dermatology and syphilology at Western Reserve University, consultant at Crile Veterans hospital and the U. S. Marine hospital and associated with Cleveland City hospital. He is married and has three children. Dr. and Mrs. Chivington live at 5730 North Parker avenue.

Dr. Charles G. Mathews has opened his offices for the general practice of medicine in Union City. He will occupy the building at 309 West Oak street, the former offices of the late Dr. R. A. Voisinet. Dr. Mathews is a 1952 graduate of Indiana University School of Medicine and interned at San Bernardino, California. He has been in practice in Syracuse since July, 1953. Dr. and Mrs. Mathews are both natives of Connersville. They will live in Union City.

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Dr. Franklin K. Beeler, young physician who has been in practice in Anderson since last July, is shown here receiving the keys to the 1955 Studebaker Commander Regal deluxe four-door sedan, which he won at the annual convention of Indiana State Medical Association. Russell Regenold, Anderson Studebaker dealer, left, has explained to Dr. Beeler that his new Studebaker is equipped with every available accessory. Dr. Beeler is a 1952 graduate of Indiana University School of Medicine, interned at St. Elizabeth's, Lafayette, practiced a year at Pendleton, and is now in practice in Anderson at 1010 Jackson street.

Dr. M. J. Sweeney, a specialist in pediatrics, has been named to the new post of director of the scientific division of Mead Johnson & Company's medical department. He has just completed two years duty in the Navy medical corps. Dr. Sweeney received his medical degree from the University of Utah School of Medicine. He has held residences in Salt Lake City, at Presbyterian Hospital, Chicago, and Henry Ford Hospital, Detroit.

Dr. Louis A. Schneider, associate pathologist at St. Joseph's Hospital, Fort Wayne, has been named a fellow in the International Society of Hematology. The society is organized to promote an exchange of information throughout the world relating to blood and blood-forming tissues, and to encourage scientific research in these problems. There are 250 members in the United States.

Dr. Byron W. Kilgore has opened an office for general practice in his new combined office-residence at 2002 East 62nd street, Indianapolis. He also maintains an office at 3133 East 38th street.

A competitive examination for appointment of medical officers to the regular corps of the United States Public Health Service will

be held in various places throughout the country on February 15, 16, and 17. Appointments provide opportunities for career service in clinical medicine, research and public health. Application forms may be obtained by writing to the Chief, Division of Personnel, Public Health Service, Department of Health, Education, and Welfare, Washington 25, D. C.

The Seventh Annual Meeting of the **American Academy of Forensic Sciences** will be held in the Biltmore Hotel, Los Angeles, February 17, 18 and 19. President of the Academy this year is Dr. A. W. Freireich, Malverne, New York, and chairman of the program committee is Dr. Milton Helpern, chief medical examiner of the City of New York. The Law Department of the American Medical Association has urged that the profession take an increasing interest in medicolegal problems. Further information may be obtained by writing Dr. W. J. R. Camp, University of Illinois College of Medicine, 1853 West Polk Street, Chicago, Illinois.

VD Postgraduate Course At Tulane Scheduled

The 23rd Venereal Disease postgraduate course, co-sponsored by the Division of Graduate Medicine of Tulane University and the U. S. Public Health Service, will be given at Tulane Medical School of Louisiana in New Orleans January 31 through February 4.

The one week course is open to any physician either in civil or military practice anywhere in the United States and no tuition will be charged. Latest developments in diagnosis, treatment and management of the venereal diseases will be described by a faculty drawn from various universities, the USPH and outstanding authorities in the field.

Applications should be made promptly to Dr. Clifford Grulee, Jr., Director of the Division of Graduate Medicine of Tulane University of Louisiana, 1430 Tulane Avenue, New Orleans, Louisiana.

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Aesculapian Society Elects 1955 Officers

New officers of the Aesculapian Society of the Wabash Valley were recently elected during a meeting in the Hotel Deming, Terre Haute. The society, which is the oldest medical organization in continuous existence west of the Allegheny mountains, was holding its 108th annual meeting.

Dr. J. W. Kirk, Oblong, Illinois, was named president; Dr. Robert K. Webster, Brazil, vice-president; and Dr. J. O. Conklin, Terre Haute, secretary-treasurer.

Indiana alumni of the College of Medical Evangelists School of Medicine have received announcements of the 1955 convention which will be held in Los Angeles February 15 through February 17. The convention is geared primarily to the needs of general practitioners and is open to all physicians regardless of their school affiliation. The Scientific Assembly at the Biltmore Hotel will be preceded by two days of refresher courses on the Los Angeles campus at White Memorial Hospital.

Requests for information should be addressed to Walter B. Crawford, Managing Director, 316 North Bailey Street, Los Angeles 33, California.

Dr. T. F. Schlaegel, Jr., Indianapolis, presented a paper on "Some Psychodynamic Factors in the Pathogenesis of Primary Glaucoma" at the first annual meeting of the Academy of Psychosomatic Medicine. The meeting was held at the Plaza Hotel, New York City, in October. The session was devoted to "The Psychosomatic Aspects of Surgery". The 1955 meeting will also be held in New York in October. Those who wish to present papers are invited to write Dr. Ethan Allen Brown, 75 Bay State Road, Boston 15, Massachusetts.

Three cash awards for the best contribution, prepared by any undergraduate medical student, on any phase of diagnosis and treatment of chest disease (heart and/or lungs) are being offered by the American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois. Prizes are $250, $100 and $50. Full details may be obtained by writing the Chicago office. Deadline for submission of papers is April 10, 1955.

Miss Ruth Monaweck, R.N., has been named educational supervisor for the Indiana State Board of Nurses' Registration and Nursing Education effective November 15. Her major responsibilities will be annual surveys of the schools of nursing, and counseling and guidance with administrative personnel, instructional personnel, and related groups. Miss Monaweck is a graduate of Henry Ford Hospital School of Nursing, Detroit.

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National Rural Health Conference February 24-26

"Looking Both Ways" will be the theme of the 10th National Rural Health Conference sponsored by A.M.A. Accident prevention and family responsibility in health affairs will be among subjects discussed. Dates for the meeting are February 24-26 and all sessions will be held in the Hotel Schroeder, Milwaukee.

A pre-conference session will be held for members of the medical profession on Thursday morning, February 24, when the work of medical society rural health committees and responsibilities of citizenship and training for rural practice will be topics discussed.

A.C.S. Inducts Fifteen Indiana Physicians

Initiates as Fellows of the American College of Surgeons at the Clinical Congress in Atlantic City November 19 included 15 surgeons from Indiana. The list included Drs. John H. Alward, Kokomo; Justin E. Arata, Fort Wayne; Thomas B. Bauer, Indianapolis; Emil H. Bergendahl, Fort Wayne; Leland G. Brown, Muncie; Judah Lionel Ebin, South Bend; Harry S. Feinn, La-Porte; Edmund J. Harris, Muncie; Francis David Kenney, Hammond; Robert F. Kimbrough, Fort Wayne; Lullus P. Muller, Indianapolis; Guy A. Owsley, Hartford City; Robert M. Raber, Indianapolis; Lloyd O. Rupe, Elkhart; and Sanford C. Snyderman, Fort Wayne.

Hill-Burton Hospital Construction Reported

Forty-one projects at a total cost of $35,396,-349 including federal contribution of $13,687,-238 and supplying 1815 additional beds have been completed in Indiana according to an October report of the Division of Hospital Facilities, FSA.

There are two projects under construction which will supply an additional 386 beds. Total cost on these is $8,128,125 including federal contribution of $2,617,230.

The report adds that no new projects have been approved for Indiana.

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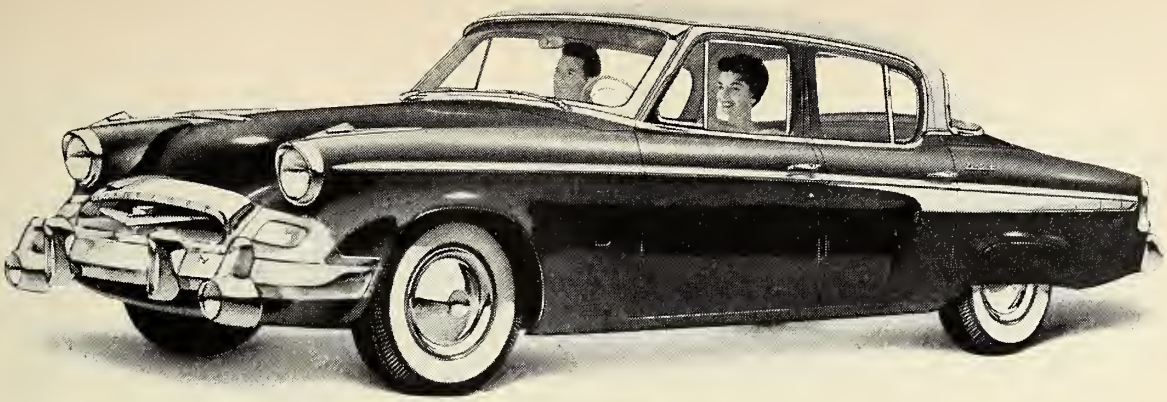
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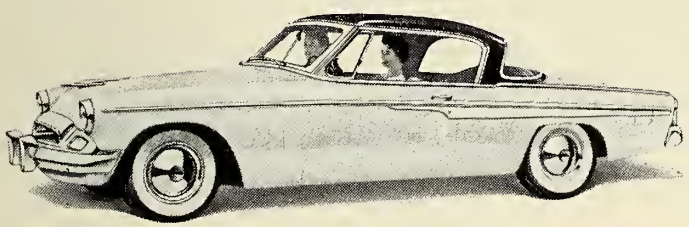
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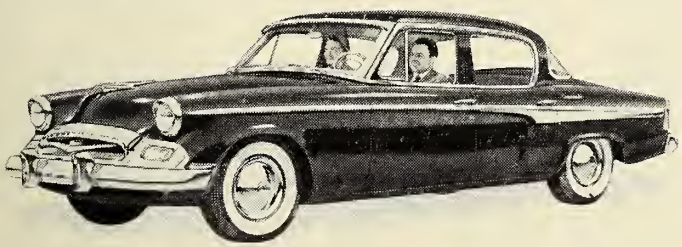
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House of Delegates—1954



Officers and delegates are pictured at the first meeting of the House of Delegates of Indiana State Medical Association in the Student Union building, Indiana University Medical School campus, October 24.



Center picture shows Dr. Wm. Harry Howard, Hammond, presiding as the business session gets underway. Dr. W. L. Portteus, Franklin, then president-elect, is an interested listener.

Top picture, center, shows Dr. Harold C. Oehsner and Dr. Ralph M. Everly, past and present president of Indianapolis Medical Society.

Officers are seated at the head table in the lower left picture and other views are of delegates hard at work on policy making resolutions presented to the House of Delegates.

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

THE EXECUTIVE COMMITTEE

November 14, 1954

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Walter L. Portteus, M.D.; W. U. Kennedy, M.D.; Elton R. Clarke, M.D., Roy V. Myers, M.D.

Albert Stump and Robert Hollowell, attorneys; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Membership Report

Number of members November 12, 1954	3,864*
Number of members November 12, 1953	3,789
Gain over last year	75
Number of members December 31, 1953	3,822

* Includes
129 in military service (gratis)
113—$10.00 members (residents and interns)
268—senior members
63—members, dues remitted by Council
2—honorary members

AMA dues paid: 1952 3,569; 1952 3,628**; 1954 3,606.

** Includes 420 members permanently exempted in 1952.

Headquarters Office

Mr. Amick and Mr. Bush reported on their activities.

Upon motion of Drs. Portteus and Clauser the secretary was instructed to write a letter to the presidents of the county medical societies apprising them of the approval of the Association for the organization of permanent medical assistants groups at the county level if such an organization is desired by the county medical society.

On motion of Drs. Clarke and Portteus the employment of George S. Olive and Company for the annual audit was approved.

Legislative Matters

Matters acted upon by the House of Delegates of the Association at the convention just closed were reviewed by the committee.

Annual Convention, Indianapolis, October 24-27, 1954

The secretary reported upon letters received from exhibitors regarding the convention.

A letter of appreciation from Mrs. Harry C. Harvey, president of the Woman's Auxiliary, was read.

A letter, giving a report on the amount of newspaper publicity received during the convention, was presented to the committee for its information.

Annual Convention, French Lick, October 16, 17, 18 and 19, 1955

Scientific program. The Executive Committee felt that while the scientific program of the 1954 session was excellent, the panels could be improved by having not over four speakers per panel and these could be intermixed with formal papers of 20 to 30 minutes in length.

Exhibit rules were discussed and by consent it was agreed that they should remain the same.

Organization Matters

Actions of the House of Delegates relating to the Association were reviewed by the committee.

Resolution from the Louisiana State Medical Society concerning malpractice insurance was read and no action taken.

A copy of the resolution to be submitted to the American Medical Association by the Medical Society of Wisconsin regarding the introduction of business to the House of Delegates was discussed and on motion of Drs. Clauser and Kennedy the Indiana delegates to the A. M. A. are to be instructed to support this resolution.

A letter addressed to the House of Delegates by the Indianapolis Obstetrical and Gynecological Society was referred to the Executive Committee inasmuch as it arrived in the secretary's office after the close of the convention. By consent this letter was referred to the Committee on Medical Education and Hospitals.

Letter under date of November 5 from Dr. Lester L. Renbarger of Marion, Indiana, making certain suggestions, was referred to the Committee on Mental Health by consent.

A resolution from the Section on General Practice of the Indiana State Medical Association was presented and reviewed, and upon motion of Drs. Clarke and Clauser, the matter is to be referred to the Council.

New Business

Malpractice survey. The secretary reported on the successful efforts of the Mississippi State Medical Society in reducing their rates for malpractice insurance by employment of an insurance actuary and a survey made of the members of their society. By consent it was agreed that the secretary should investigate a similar possibility and report back at the next meeting of the committee.

There being no further business, the Committee adjourned to meet again at 6:30 p. m., Friday, December 17, 1954, in the Student Union Building, on the Medical School campus, Indianapolis.

News from the County Societies

Approximately 100 physicians attended the December scientific program of the **Fort Wayne (Allen County) Medical Society.** The program was furnished by the Indiana Academy of General Practice which gave a "Road Show" presentation of the latest trends in treating heart diseases and the use of antibiotics. Speakers were Dr. Edwin G. Olmstead, assistant medical director of Milwaukee County Hospital at Marquette, and Dr. Burton A. Waisbren, internist with the department of Medicine, Marquette University. Dr. Olmstead's topics at the afternoon and evening sessions were "The Treatment of Refractory Heart Failure" and "Diagnostic Errors in Coronary Artery Diseases." Dr. Waisbren spoke on "Treatment of Infections on an Outpatient Basis" and "Hospital Management of Severe Infections and Antibiotic Complications."

The meeting was held December 6 in the Fort Wayne Chamber of Commerce.

A motion picture on "Physical Diagnosis" featured the meeting of the **Cass County Medical Society** November 15 in Memorial Hospital, Logansport. Fifteen members attended the combined dinner and business meeting.

A venison dinner was served to nine members of **Clay County Medical Society** in the Brazil Elks Club November 16. Dr. Jack R. Glosson, Clay City, brought the meat back from a recent western hunting trip. A film on "Hypertension" furnished by Wyeth, Inc. and colored slides of a recent fishing trip taken by Dr. John Palm, were on the program.

A combined meeting of the **Daviess-Martin County Medical Society** and the Daviess County Hospital staff was held December 6 in the hospital with 15 members present. Officers were elected for the following year and at a brief business meeting it was voted to continue to have combined meetings of the two groups.

Dr. James H. Stygall, Indianapolis, was the guest speaker at the November 16 meeting of **Decatur County Medical Society.** His paper on "Modern Treatment of TB" was presented following a luncheon in the county hospital for nine members. Legislative matters and ISMA office services were discussed later by R. J. Amick, field representative.

Dubois County Medical Society members, Auxiliary members and office assistants attended a dinner meeting at Jasper Country Club October 14. Thirty-five guests were present. Separate meetings were held by the physicians and the women guests. L. E. Converse of the Blue Shield Plan spoke briefly and a question and answer period followed. A business meeting and tape recording constituted the program for the society meeting.

Fifteen members of **Floyd County Medical Society** held a brief business meeting and heard a talk by Robert J. Amick, ISMA field representative, following dinner October 15 in the New Albany Country Club. A previously arranged program was cancelled.

Gibson County Medical Society members held their November 10 meeting in Hotel Emerson, Princeton with 12 members present for the dinner and program which followed. A tape recording by Dr. Sprague Gardiner, Indianapolis, was played. The subject was "Office Gynecology." Two films on anesthesia were presented by a representative of Sharp and Dohme.

The December 8 meeting of the society was held in Gibson County General Hospital at Princeton at 6:30. Eighteen members at-



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tended the dinner and Christmas party which followed. A film on "Prevention of Fires in Hospitals" and election of officers were on the program. The rest of the evening was spent socially.

A paper on "Cortone in Dermatitis" by Dr. John Woner, Linton, and discussion of society by-laws followed dinner served in the Freeman Greene County Hospital November 18 to 13 members of the **Greene County Medical Society.**

Dr. George F. Parker, Jr., Indianapolis, was the speaker at the November 15 meeting of **Hancock County Medical Society.** His topic was "Allergy in Pediatrics". An enthusiastic discussion period followed. Fifteen members of the society attended the dinner meeting in Hancock County Hospital.

Hendricks County Medical Society's October noon luncheon meeting was held in the OK restaurant in Danville. Brief reports were given by R. J. Amick, ISMA field secretary, and the county nurse whose program was approved as outlined. Pictures of a recent trip to Europe were shown by Dr. M. O. Scamahorn.

The society's November meeting was held at the same hour and place with Dr. A. B. Richter, Indianapolis, presenting a paper on "Medical Emergencies."

Fifteen members attended each of the meetings.

Dr. J. William Wright, Jr., Indianapolis, was the guest speaker on November 10 before a regular meeting of **Jasper-Newton County Medical Society** in Brook. He presented a paper on "Hearing Problems in Children."

Johnson County Medical Society members and members of their Auxiliary held their annual Christmas dinner meeting December 8 in the Franklin Country Club with 35 guests present. During a short joint meeting all guests were introduced. Each group then held separate business meetings. The society elected officers for the coming year.

Dr. Bennett Kraft, Indianapolis, spoke on "Central Nervous System Manifestations of Allergy" before 40 members of the **Madison County Medical Society** November 15. The dinner meeting was held in the Anderson Country Club.

Thirty members of the **Montgomery County Medical Society** held their November 18 dinner meeting in Culver Union Hospital, Crawfordsville. Their guest speaker was Dr. Harlan M. English, Gary, who spoke on "Urinary Tract Infections".

Tape recordings of "Cardiac Emergencies" by Dr. Tinsley Harrison, and "The Management of the Arteriosclerotic" by Dr. William A. Thomas, were played for members of the **Morgan County Medical Society** at their dinner meeting November 21 in Martinsville Mineral Springs. Auxiliary members attended the dinner and then held their meeting separately. Twenty physicians and Auxiliary members attended.

Officers of **Orange County Medical Society** were elected at the meeting held in Wagoner's Restaurant in Paoli on December 7. Nine members were present. A discussion of legislation, welfare problems and matters of local interest followed.

Dr. Robert N. Kabel, Terre Haute, spoke to 13 members of **Parke-Vermillion County Medical Society** on "Congenital Deformities". The meeting was held in the Vermillion County Hospital, November 17. Approval was given for a dinner for office assistants at which Blue Shield would be host.

Fifteen members of **Putnam County Medical Society** met in the Student-Union building on the DePauw campus in Greencastle November 12. Following dinner a brief business meeting was held with R. J. Amick, ISMA field secretary, giving reports on ISMA and AMA meetings and discussing the coming session of the legislature.

Dr. Robert Garrett, Indianapolis, then pre-

sented a paper on "Urinary Infections". An interesting discussion period followed.

At the December 10 meeting of the society, also held on the campus, election of officers was held. R. J. Amick talked briefly and members viewed the film by Wyeth on "The Management of Hypertension".

Rush County Medical Society members met December 9 at the Rush County Hospital for a dinner meeting with 12 present. A short business meeting, election of officers for 1955, a talk by the field secretary, and the showing of a film on "Intravenous Anesthesia with Barbiturates" by Abbott concluded the program.

Dr. Lyman Pearson, Indianapolis, presented a paper on "Proctology" before 17 members of the **Shelby County Medical Society** at their December 8 meeting in the W. S. Major Hospital, Shelbyville. Election of officers for 1955 was held. Arrangements were made for the joint party with the Auxiliary on January 12 in the Elks Club, Shelbyville.

Leo E. Brown, Chicago, public relations director for the American Medical Association, was the speaker at the November 9 meeting of **Vanderburgh County Medical Society.** The dinner meeting was held in the Hotel McCurdy. Mr. Brown discussed medical public relations at the national level. A brief memorial service for six members whose deaths occured during the year was conducted by Dr. E. L. Fitzsimmons; Dr. Henry Rusche reported on the ISMA House of Delegates meetings; James A. Waggener, ISMA executive secretary, was a guest and spoke briefly; Miss Lydia Schlundt of the Public Health Nursing Association gave a report on services of her group and an appeal was made for the Community Chest campaign.

Twelve members of **Wabash County Medical Society** heard Dr. Julian Kaufman, Fort Wayne, discuss "Common Problems in Allergy" when they met November 10 in the Honeywell Memorial building, Wabash.

The December 8 meeting of the society was also held in the Honeywell Memorial building with 12 members attending. Following dinner a film on hypertension was shown and officers were elected for 1955.

"The Hemolytic Anemias" was the title of the paper given before 40 members of the **Wayne-Union County Medical Society** by Dr. C. A. Doan, dean of Ohio State University, November 9. The dinner meeting was held in Reid Memorial Hospital. Following Dr. Doan's talk, Dr. Glenn Ward Lee gave a report on a recent Civil Defense meeting which he attended in Chicago. R. J. Amick, field secretary, attended and spoke briefly.

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Wells County Clinical Conference

Photographs shown here were taken at the Eighth Annual Fall Clinical Conference of the Wells County Medical Society in the Bluffton Country Club on October 13.



Upper right, James A. Waggener, ISMA executive secretary; Dr. Truman E. Caylor, Bluffton; Dr. Claude S. Black, Warren, past president of ISMA; Dr. Richard H. Stout, Elkhart; and Dr. Robert L. Simpson, Bluffton.



Group of doctors relaxing between sessions includes Park Huffman, South Whitley; J. B. Evriston, Huntington; Stanley M. Casey, Huntington; and Charles J. Rothschild, Fort Wayne.

Dr. John A. Shively, formerly of Bluffton and now in Indianapolis, and Dr. Charles E. Jackson, Bluffton, arrange "props" as they prepare to present the next speaker.



Lower right picture includes Dr. W. D. Buchanan, South Bend; E. W. Horner, district manager for General Electric at Indianapolis; and Dr. Chester H. Warfield, Fort Wayne.

Lower left view shows Dr. Richard P. Yoder, secretary of Wells County Medical Society, and Dr. S. D. Malouf, Peru, enjoying an interlude in the scientific program.





Delegates Report on A.M.A. Action (Continued)

Hoosiers Registering

Indiana was officially represented by A.M.A. Delegates Cleon A. Nafe, Indianapolis; E. S. Jones, Hammond; Alfred H. Ellison, South Bend; and Wendell C. Stover, Boonville; and Alternate Delegate Earl W. Mericle, Indianapolis; Lester Bibler, Indianapolis, delegate for the General Practice section; and L. G. Montgomery, Muncie, delegate for the Pathology and Physiology section.

Physicians registering included Charles R. Alvey, Muncie; Raul D. Alfaro, Indianapolis; Theodore D. Arlook, Elkhart; R. P. Austin, Bedford; Elmer A. Barron, East Chicago; Harry R. Baxter, Seymour; B. A. Biasini, South Bend; Edgar K. Black, Wabash; G. E. Bowdoin, Elkhart; John R. Brayton, Indianapolis; D. F. Buehner, Evansville; F. W. Bussard, South Bend; A. P. Bennett, Evansville; Leland G. Brown, Muncie; R. J. Bryan, South Bend; F. S. Crockett, Lafayette; K. L. Cline, Wyatt; H. E. Danielson, Plymouth; R. C. Datzman, Fort Wayne; H. L. Egbert, Indianapolis; J. B. Eviston, Huntington; B. M. Edlavitch, Fort Wayne; Joseph F. Ferrara, Franklin; Chas. E. Geckler, Muncie; George J. Garceau, Indianapolis; A. S. Giordano, South Bend; Norval E. Green, South Bend; L. F. Gwaltney, Roachdale.

Edgar A. Garland, Evansville; Eli Goodman, Charlestown; Thomas G. Hamilton, Columbia City; Fred D. Houston, Lawrenceburg; J. B. Hammond, Indianapolis; M. S. Harding, Indianapolis; C. D. Holmes, Frankfort; H. E. Harksam, St. Paul; C. Jules Heritier, Columbia City; P. B. Hoover, Boonville; Wm. H. Howard, Hammond; D. G. Hilldrup, Indianapolis; Clifford M. Jones, Whiting; Charles A. Jones, Franklin; Joe H. Jewett, Indianapolis; Clarence G. Kern, Lebanon; W. W. Krieble, Terre Haute; R. L. Kerrigan, Michigan City; Ralph U. Leser, Indianapolis; R. C. Little, Evansville; Robert J. Lewis, Indianapolis; C. L. Luckett, Terre Haute; E. G. Mertes, Ransom; E. A. Mitchell, Indianapolis; Don H. McKeeman, Fort Wayne; R. E. Nelson, South Bend; George A. Obery, Batesville; J. P. Ornelas, Gary; M. C. Pitkin, Martinsville; W. C. Polhemus, Anderson; C. L. Poston, Laurel; Walter L. Portteus, Franklin; Oran A. Province, Franklin; M. W. Roggenkamp, New Albany; N. A. Rockey, Fort Wayne; K. R. Ruddell, Indianapolis; James H. Stygall, Indianapolis; W. H. Scoins, Fort Wayne; Jacob Schlesinger, Hammond.

R. A. Schumaker, Terre Haute; Marshall E. Stine, Bremen; R. L. Sensenich, South Bend; S. L. Stern, Hammond; W. D. Snively, Evansville; Richard Veach, Bainbridge; F. E. Weidemann, Terre Haute; Fred N. Williams, Mount Vernon; R. D. Williams, Markleville; Don E. Wood, Indianapolis; R. H. Worley, Indianapolis; B, A. Weinberg, Whiting; David Wilson, Evansville; Ansel C. Worley, Fort Wayne; Charles O. Weddle, Lebanon; Irvin Zeiger, South Bend.

Also attending from Indiana were James A. Waggener, executive secretary of I.S.M.A., and Kenneth W. Bush, field secretary.

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Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

THERE WERE GIANTS IN THOSE DAYS

Lest we of this age of rapid medical progress and scientific advance become smug and condescending, let us occasionally cast an eye on the achievements of our predecessors. They did their work under conditions far less ideal than what is considered routine today, yet they tackled formidable problems with great courage, and often with success. Witness the following account, from *Philadelphia Medicine,* Nov. 26, 1954:

PRESIDENT CLEVELAND'S OPERATION

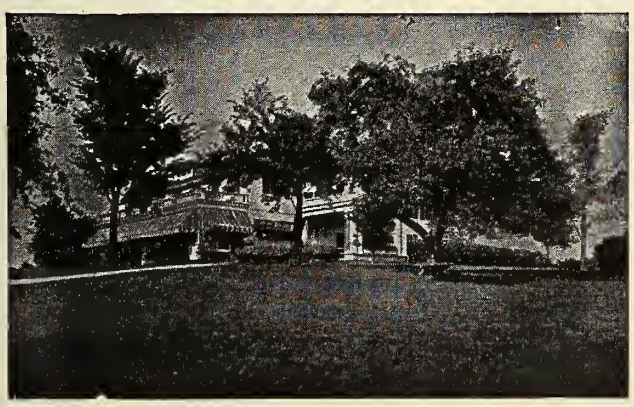
In a case at the entrance to the Mütter Museum of the College of Physicians is a small bottle containing the malignant growth removed from the jaw of President Cleveland in 1893 when the repeal of the Sherman Act, a clause of which allowed the free coinage of silver, was imperative to avert a panic. Because of the financial crisis it was necessary that no hint of a serious operation on the chief executive become known. The Vice-President, Mr. Stevenson, was a "silver man," and had he become President it is unlikely that the repeal of the Act would have been accomplished. Arrangements were made for the operation to be done secretly on Commodore E. C. Benedict's yacht. Dr. Joseph D. Bryant of New York, in charge of the case, Dr. William W. Keen and Dr. John F. Erdmann, who assisted, and Mr. Cleveland with others who participated, boarded the yacht on the evening of June thirtieth, the operation taking place on July first as the boat proceeded up the East River.

The entire left upper jaw from the first bicuspid to beyond the last molar and nearly to the middle line, and parts of the soft palate were removed. A second operation on July seventeenth to remove suspicious tissue was also undertaken on the yacht with the same secrecy. Because of the use of a cheek retractor bought in Paris by Dr. Keen in 1866 (also a museum exhibit), no external incision was necessary, so that when the dentist, Dr. Kasson C. Gibson, of New York, fitted Mr. Cleveland with an artificial jaw of vulcanized rubber and a dental plate, there was no outward change in his appearance and his speech was normal. When he attended the special session of Congress, called for August seventh, no one was aware that an operation had taken place and the President was able to secure the passage of the Repeal Bill, thus averting a national disaster.

The growth was named a sarcoma at the time of the operation and this was later confirmed by Dr. William H. Welch of Johns Hopkins.

ELLA N. WADE, *Curator*

This famous case has been cited many times, yet we daresay there are physicians not heretofore acquainted with the entire picture who may receive inspiration from the courage exhibited by Dr. Keen and his associates. We will venture further to say we believe there are many situations faced by doctors every day in patients less famous than a United States president, requiring the same type of boldness and courage, and handled accordingly. We do not boast of it, yet it makes us "feel good" to belong to the same great and honorable profession.



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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

THE NO. 1 KILLER CAN BE THROTTLED

More and more, in the terrific tension of modern American life, little attention is paid to that which does not have some semblance of the dramatic. That is why comparatively little public concern has been evidenced about a most ominous, though undramatic change in the precedence of the forces that destroy human life in this state and nation.

Vital statistics of the State Board of Health show that 50 years ago the chief causes of death in Indiana were pneumonia and respiratory diseases, tuberculosis, and dysentery and enteritis. Deaths from heart diseases were a poor fourth in the list. However, now for several years, diseases of the heart have headed the list of causes of death in Indiana, the number being 15,574 in 1953.

Tuberculosis, once so greatly dreaded, is now down to ninth. It is noteworthy that it was not until tuberculosis was adequately dramatized in the public mind, in its causative factors and curative possibilities, that any appreciable progress was made in combatting it.

It is apparent that the same kind of constructive public education is going to have to be invoked before today's No. 1 Killer—heart disease—is going to be robbed of its heavy toll to any appreciable extent.

Tuberculosis gained its once great ascendancy as a killer because it came upon its victims stealthily and concealed its presence effectively until it was too late. However, once it had fastened its deadly clutches upon its victim, tuberculosis was dramatic enough, as its victim slowly wasted away over the long months.

From a public health consciousness standpoint, today's No. 1 Killer is even less dramatic than tuberculosis was in its deadly heyday. True, the individual impact is dramatic when it strikes, but it comes quickly and it's over, and does little to ruffle general public complacency. Also unfortu-

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nately the "inevitability" of heart disease is all too generally accepted.

We have just read an excellent description of this shocking complacency in the face of the No. 1 Killer. It was penned by James A. Stuart, editor of the *Indianapolis Star*. He is a member of the Indiana Heart Foundation's Board of Directors and of its Executive Committee, and is also a member of the American Heart Association's Board of Directors. We know of no layman who knows the heart story as well as Mr. Stuart or who is more zealous in his fight to disarm today's No. 1 Killer. He has performed many outstanding services for the state and national heart organizations and has written the 1953-1954 report of Indiana Heart Foundation which has just come to hand. He begins the report most effectively, we believe, thus:

"The man said, 'fortunately the manner of his going left him the picture of health as we always knew him.' The man knew, as well as I, as we looked at the body of our mutual friend, a young business leader, that he had brought on his untimely end by pushing himself too hard at work, and even in the manner of his recreation, to keep ahead of competitors and win success early in life. So his heart played out suddenly. It is always such 'an easy way' to go. We think little about the heart as long as we are in good health. It is much more dramatic to pass away after months of suffering from an automobile accident, or cancer, for example. The public has more sympathy for those whose suffering is more evident. But what about the widows who must rear the children, and what about the tremendous economic loss to society caused by those who die in the prime of life from heart disease?"

Mr. Stuart further dramatizes heart disease toll by citing that the 15,574 persons it claimed in Indiana last year equalled the entire population of Jennings County; and that the more than 250,000 afflicted with heart trouble equal combined populations of Adams, Bartholomew, Boone, Clay, Clinton, Dearborn, Decatur, Dubois, Fountain, Fulton and Pulaski counties. He then cites the vast amount of help that is being offered the people of Indiana by the Heart Foundation to combat heart disease, such as is proferred by the Northeast Indiana Heart Foundation at its executive headquarters, 530 West Berry St., E-4408. In this connection, we want to commend Mrs. Harold Heine, chairman, and Alexander M. Campbell, vice-chairman, for conducting here recently a great meeting of representative citizens of 10 counties, to implement and expand this great work throughout northern Indiana.

We also commend Mr. Waldo Ross, of Indianapolis, Indiana Heart Foundation President, for his inspiring appeal as the principal speaker.

The most heartening thing about heart disease is that it can be, and in Indiana now is being, most heartily throttled.

—Fort Wayne News-Sentinel.

PROGRESS REPORT

More and better medical care is in store for Americans.

Interest in steps taken to safeguard the nation's health was stimulated as a result of announcement that the Madison County Medical Society had completed another year in its long history.

The organization held its closing meeting for 1954, electing Dr. Wendell C. Kelly to the presidency next year, succeeding Dr. James L. Doenges.

As members of the American Medical Association, Madison County's physicians have had a part in supporting moves to improve the country's medical care program.

An AMA report discloses graduation of 6,861 doctors during 1953-54, bringing the nation's physician population to approximately 220,100. That means a doctor for every 730 persons—a new high record.

Moreover, the situation is destined to become still better. Present enrollment in the medical schools is 28,277—the greatest in history.

More than 76 million dollars was spent during 1953-54 for new medical school facilities and expansion. Ten new four-year schools are scheduled to go into operation within the next five or six years.

An interesting commentary on medical education is found in additional assistance given by AMA members. During the last school year, 21,328 physicians taught without pay as an aid to regular full-time faculty members.

Various factors determine the standards of medical care in any country. One is the number of doctors in practice. Another is the quality and extent of the facilities for educating physicians.

In both, the United States is exceedingly fortunate.

—Anderson Herald

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State Board Releases Names of Physicians Licensed by Indiana

LICENSES TO PRACTICE MEDICINE in Indiana have been granted to the following physicians either by examination, reciprocity or endorsement of credentials by the Indiana State Board of Medical Registration and Examination. All licenses listed were granted during the period from July 1 through December 22, 1954. Physicians are named with their permanent, or present, addresses, and all are doctors of medicine.

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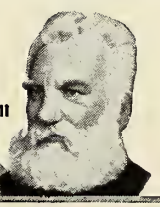
Also Hugh Kenneth Andrews, San Diego, Calif.; Harold Arnold Askren, Indianapolis; Robert Edward Bakemeier, Indianapolis; Frank Allen Beardsley, Jr., Indianapolis; Jack Frederick Beineke, Decatur; John Jerome Bergan, Indianapolis; Richard Clayton Boling, Indianapolis; Leslie Eugene Bombar, Hammond; Dionysios S. Botseas, Seattle, Wash.; Philip Gortner Bowser, Indianapolis; Charles Fremont Bradley, Hobart; Frank R. Brueckmann, Hammond; Forrest Raymond Buell, Indianapolis; Joe Burton Butler, Crothersville; James Robert Carpentier, Indianapolis; Robert Clair Childress, Fowler; George Alexander Clark, New Augusta; Bill Dean Clem, Indianapolis; Richard Donald Connelly, Fort Wayne; Robert Franklin Cottrell, Fort Wayne; John Robert Coughenour, Indianapolis; Thomas James Covey, Indianapolis; Thomas Victor Craig, Brooklyn, N. Y.; Robert Albert Daniel, Gary; Charles William Dill, Indianapolis; Michael Joseph Dugan, Bethesda, Md.; Mark Lewis Dyken, Jr., Indianapolis; Joe Charles Ebbinghouse, Chapel Hill, N. C.; Chester Lowell Edwards, Goshen; Paul Marion Eicher, Indianapolis; Frank Herman Eisenhardt, Springfield, O.; James Aubrie Fleming, Gary; Dallas Byrne Fouts, Indianapolis; Charles William Freeby, Decatur; Nelson Don Gaddy, Indianapolis; Lindley Lloyd Gammell, Springfield, O.; Donald Byron Garvin, Brazil; Robert Keith Gibson, Batesville; James Stokes Glenn, Sheridan; Charles Richard Gumpper, c/o Postmaster, San Francisco; Charles Edward Gunnoe, Arlington, Calif.; Walter George Hackett, Jr., Fort Wayne; Dean Morris Hall, Long Beach, Calif.; Marshall Frederick Hall, West Lafayette; George Milton Hamilton, Frankfort; Richard Donald Hansen, San Francisco; William Lowell Harritt, Indianapolis; Carolyn Jeanne Harvey, Indianapolis; Robert Louis Hast, Evansville; Glen Eugene Hawkins, Culver; John Gerry Haywood, South Bend; William Clyde Heilman, Jr., Indianapolis; Max Norman Hoffman, Cory; William Frank Howard, Hammond; Dixon Lee Hughes, Torrance, Calif.; Phyllis Roggenkamp Irwin, Arlington, Calif.; Harold Victor Johnson, Indianapolis; Richard Allen Jordan, Corydon; George Edward Kimmel, Thorntown; Robert Stephen Kincaid, Richland; Ronald G. Kleopfer, Indianapolis; Stephen York Klimgler, Long Beach, Calif.; Stanley Joseph Klos, Gary; John George Kolettis, Gary; Roland Clement Kreps, Jr., South Bend; Herbert Kwitten, Marion; John Kwitten, Marion; William Wood Lee, San Francisco, Calif.; Jack Leonard Lenox, Indianapolis; Joe Reid Lloyd, Springfield, O.; Guey Chung Mark, South Bend; Myrle Frederick Marsh, Fort Wayne; Charles Leslie Miller, Indianapolis; Edward Dwayne Miller, Fort



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Collects for Uniforms That Never Arrive

Word of a new operator in the field of "gypping" doctors, dentists and others by collecting for uniforms which never arrive has been broadcast by the Indianapolis Better Business Bureau.

The Bureau says a John Gregg, who is short, dark, about 30, and a convincing talker has been taking orders and cash for uniforms, claiming to represent the Upland Uniform Corporation. The Upland management says he has no connection with them, and that no orders or money have been received.

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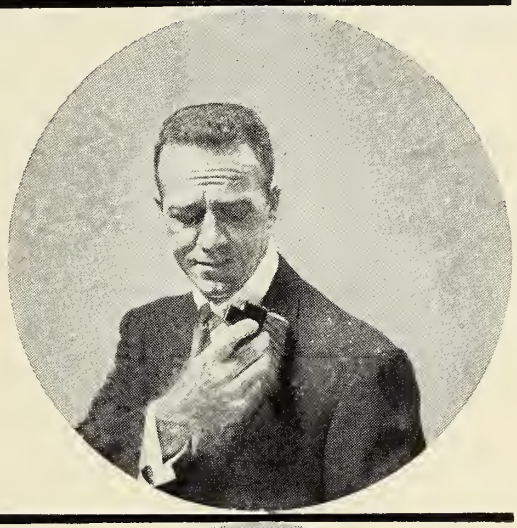
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HEALTH COUNCIL MEETS—Representatives of the various groups which comprise the Indiana Inter-Professional Health Council are pictured here at the winter meeting of the Council in the Columbia Club. Seated left to right, back row, are: Glenn L. Jenkins, A. C. Offutt, W. L. Portteus, Henry W. Heine, E. E. Ewbank, Nancy Seramlin, Karl K. Kaufman, Herbert H. Gerding.

Left to right around end table at left: J. William Wright, Sr., Donald E. Wood, James A. Waggener, Kenneth Bogart, J. B. Lischke.

Left to right, center end table: C. C. Donelson, Genevieve Beghtel, Elizabeth Scott, Jack A. L. Hahn, Harry M. Voyles, and D. D. Baker.

Left to right, end table at right: Ralph McDonald, William E. Barb, A. T. Ehrhardt, C. T. Mayfield, Broderick Johnson, and H. W. Mason.

Dr. J. William Wright, Sr. represents the Indiana State Medical Association on the Executive Committee of the Council.

Cincinnati, O.; Hsi-Lin Tung, Yale Station, New Haven, Conn.; William W. Yang, Torrance, Calif.; Babgen Mangasarian, Rego Park, N. Y.

Permanent certificates based on reciprocity were issued by the Indiana Board to Lowell James Durham, LaPorte; Joseph E. Moody, Evansville; Jack C. Berger, Chicago; Galen M. Hover, Charlestown; Charles J. Yast, Gary; Roland Chamblee, South Bend; Joseph L. Guckein, Evansville; Eva Ferro Reilly, Indianapolis; Lester Gorenstein, Indianapolis; Robert S. Rogers, Terre Haute; William G. Hibbs, Franklin; Jose Espino, Indianapolis; William Foust, Lafayette; Jesse Hubbard, Indianapolis; Glenn M. Jones, Bluffton; Robert L. Simpson, Bluffton; Daniel F. Paul, Williamsport; Adrien Ver Brugghem, Chicago; Thomas W. Hagan, Terre Haute; William J. Arthur, South Bend; Steven H. Bowen, Bloomfield; Robert C. Little, Evansville; Albert J. Love, Evansville; Robert E. Baker, Fort Wayne; Kenton Leatherman, Louisville, Ky.; Wei Ping Loh, Indianapolis; Angus G. Sargeant, Indianapolis; James E. Benson, Elkhart; Dale W. Drake, Evansville; Edmund C. Bodkin, Chicago; Harvey Clark Boyd, Terre Haute; Charles M. Gruber, Indianapolis; Richard Dale Hawkins, Bedford; William T. Moore, (no address); Robert Ziss, Evansville; Morton Kahn, Hammond; John S. Pearson, Indianapolis; Mark F. Backs, Indianapolis; William Brannan, Shelbyville; John B. Burhans, Indianapolis; Donald M. Hickman, Fort Wayne; James A. Taylor, Muncie; Earl R. Crow, South Bend; Millard L. Hoyt, Indianapolis; Willard S. Krabill, Lakeville; Chester J. Maternowski, South Bend; Leon J. Yorburg, Indianapolis; Robert B. Cochran, Muncie; Wilson Wren, Indianapolis; Marl Elwood Smith, Woodburn; Wilfred Lundblad, Bloomington; and Norman C. Meyer, Chicago.

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THE MONTH IN WASHINGTON

WASHINGTON, D. C.—With the 84th Congress well into its first session, all indications point to an active year in medical legislation. Many of the bills will founder somewhere along the way, but as of now an imposing number are lined up awaiting consideration in Senate and House.

Confirmation that medical problems rank high in the administration's work schedule for Congress came early in January in President Eisenhower's State of the Union Message. This is the address, delivered in person before a joint meeting of Senate and House, in which the President annually outlines in general terms the condition of the country and the new legislation he believes should be enacted.

This message highlighted the President's objectives, but did not tell in specific terms how he expected to reach them. The details came later, in five additional messages to Congress, including one on health on January 24. The President wants Congress to take action on the following health and medical items:

1. A federal health reinsurance service. This idea was rejected by the House last year, but neither Mrs. Hobby nor Mr. Eisenhower has given up hope for it.

2. A plan to insure better and more uniform medical care for public assistance recipients through larger U. S. appropriations and more administrative controls.

3. Federal assistance in construction of health facilities and in providing more trained health personnel (other than physicians).

4. A new federal program to combat mental illness and return more mental patients to useful lives outside institutions.

5. An improved federal program for aiding crippled children and for maternal and child health.

6. Strengthening of the pure food and drug laws to give greater consumer protection.

7. More attention to "the increasingly serious pollution of our rivers and streams and the growing problem of air pollution."

8. An expanded program for the medical care of military dependents.

9. A voluntary health insurance program for federal civilian employees with U. S. contributions and payroll deductions authorized for the employees.

So much for what the Republican President hopes to get through Congress. It is too early to say how much of this program will have the support of the Congress, now under Democratic control. It is clear, however, that many leading Democrats want to enact some legislation the President didn't include in his program. In the early weeks of the session they introduced scores of bills to carry out their ideas.

Federal aid to medical education is prominent

in the plans of many of the Democrats, and some of the Republicans. The bills cover a wide range, some restricted to construction grants but others offering help in meeting operating expenses and incentives to increase the number of students. Other bills offer federal grants to voluntary health plans to subsidize coverage of the indigent, the "medically indigent," the unemployed and the aged. Because the administration has declared itself opposed to subsidies, it is unlikely that any measures of this type will win the support of Mrs. Hobby's department and the White House.

Members on both sides of the aisle also are proposing greater emphasis on research seeking the causes and cures of such diseases as cancer, heart disease, mental illness and arthritis. Some of these bills fit in with the Eisenhower program and philosophy, and are likely to have White House support at the hearings.

This tendency to stimulate more basic medical research, both at the federal level and through state grants, may be an important factor when Congress gets around to passing the appropriation bills for the various Institutes of Health, the research arm of U. S. Public Health Service.

Several years ago a Democratic Congress took a serious interest in a bill for federal aid to local public health departments. Some of the influential Democrats have revived this idea, and are working for its passage this session. As expected, the old Truman-Ewing plan for national compulsory health insurance again is before Congress. The first one to introduce a bill along these lines was Rep. John D. Dingell, a sponsor of the original plan. Later others joined with him in backing the idea, but up to now the open support for it is not extensive on Capitol Hill.

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I. U. School of Medicine Announces Postgraduate Courses

HEART DISEASE AND CANCER which account for more than 20,000 Hoosier deaths annually will be spotlighted in coming weeks at postgraduate courses for physicians at the Indiana University School of Medicine.

During these courses, Dean John D. VanNuys announced, Hoosier physicians will be briefed on new developments in the diagnosis and treatment of such diseases as hardening of the arteries, high blood pressure, rheumatic fever, and cancer of the genito-urinary tract.

Eleven of the nation's top cardiologists were scheduled to conduct the Heart Symposium on January 20 and five noted urologists will be heard during the cancer program March 29-30.

Reading or interpretation of electrocardiograms—tracings made by the heart's electrical impulses—will be the subject of a postgraduate program on March 10, also open to all physicians. Members of the Medical School faculty will present this program which will emphasize the use of electrocardiograms in the diagnosis of heart conditions.

Two other postgraduate courses on specialized subjects are also planned by the Medical School faculty, Dean Van Nuys said, with advance registration necessary due to limited facilities.

An intensive course in the anatomy of the head and neck, designed for physicians specializing in diseases of the ear, nose and throat, will be given Feb. 7-19. This will be followed March 7-9 by an advanced course in electrocardiography for physicians with previous experience in the subject.

Enrollment of over 500 physicians from Indiana and neighboring states is anticipated for the five postgraduate courses. It is through such programs, Dean Van Nuys said, that busy physicians keep abreast of current progress in all fields of medicine and are able to carry these advancements into the care of their patients.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

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Isolated (Fiedler's) Myocarditis:

CASE REPORT AND REVIEW OF THE LITERATURE

EARL H. ANTES, M.D.

Evansville

Doctor Antes is a 1941 graduate of State University of Iowa College of Medicine. He is certified by the American Board of Internal Medicine and has been on the staff of Welborn Memorial Baptist Hospital, Evansville, for several years.

THE DIAGNOSIS OF MYOCARDITIS is only infrequently ascribed to cases of organic heart disease. Among the varieties of this disease is a poorly understood and rare type best known as isolated (Fiedler's) myocarditis.

Recently I encountered a case which conforms with Saphir's criteria of this disease.[1] The following case is of interest for several reasons. This patient lived for a period of 19 months, which allowed ample time to study and follow the clinical aspects of the disease. In addition to the opportunity to study the effects of various medications used for heart failure, the response to cortisone administration was noted.

CASE REPORT

Mr. F. B., aged 19, was first admitted to the Welborn Baptist Hospital on September 8, 1950, with the main complaints of shortness of breath and cough of one month's duration. The onset was insidious, although a mild upper respiratory infection was present at the beginning. There was no fever except for one degree one week before his admission. He complained of no sputum, pleurisy, chest pain, hemoptysis, joint pain or swelling. Although he noted his heart to beat rapidly, he did not believe there was any irregularity. In spite of treatment with chloromycetin, aureomycin, penicillin, quinine and sulfonamides, he had become progressively more short of breath until at the time of his admission any slight activity caused severe dyspnea.

Past Medical History: At the age of one he suffered from diphtheria with no definite sequelae. At six years of age his tonsils were removed. When he was 14 he suffered from mild pains in his right knee, not associated with swelling. This trouble subsided uneventfully. Three months before his present illness a chest film was reported as normal. There was no history of hypertension, goitre or urinary tract

disease. He was employed as a tree trimmer and gravel truck driver the several months preceding his illness. There was no history of alcohol or tobacco usage.

Family History: His father, mother and two siblings have enjoyed good health. A maternal uncle suffered from hives and asthma. There was no family history of diabetes, tuberculosis, hypertension, rheumatism or goitre.

Physical Examination: The patient was a well developed and nourished slender man who was extremely short of breath on the slightest exertion. He was obliged to sit up for comfort. There was no cyanosis or pallor. The head and neck were normal. There was no upper respiratory infection, enlargement of the thyroid gland or congestion of the cervical veins. A persistent, hacking, dry cough was present. The apex of the heart was three centimeters to the left of the midclavicular line in the fifth interspace. The heart tones were of poor quality and a marked protodiastolic gallop was heard over the entire precordium, but maximum at the apex. The rhythm was regular and the rate 160/min. The blood pressure was 85/60 mm. Hg. The chest was asthenic with no evidence of pulmonary emphysema. There was no clubbing of the nails. No rales, dullness or abnormal breath sounds were present. Examination of the abdomen revealed no enlargement of the liver, kidneys or spleen. There was no abdominal distention or tenderness. No lymphadenopathy was found. The genitalia were normal. The extremities were slender and of normal appearance, but were cold and clammy. The pulses were present, but barely discernible. The joints were normal, and there was no edema. Reflexes were normal.

Laboratory: All febrile agglutinations were entirely normal. Repeated blood cultures showed no growth. The hematocrit was 54.5 per cent at the time of admission to the hospital. The red cell count was 5.2 million with 10,500 white blood cells and a hemoglobin of 15 gm. The blood differential revealed 81 per cent segmented neutrophils, 2 per cent stab forms, 13 per cent lymphocytes and 2 per cent monocytes. The urinalysis was normal. The fasting blood sugar was 82 mg. and the non-protein nitrogen 38 mg. The sedimentation rate was 7 mm. in one hour (Westergren technique). The blood Mazzini was negative.

Roentgenographic Findings: The chest roentgenogram on admission, September 8, 1950, was interpreted to reveal heart configuration suggestive of a mitral lesion with passive congestion, right and left lungs (figure 1).

Electrocardiographic Tracing: Revealed sinus mechanism at a rate of 120/min. P waves normal in position and contour. PR interval 0.15 second. QRS interval 0.06 second. ST segments isoelectric. T waves low in all leads. There was a tendency to inversion in Leads II, V-4 and V-6. Electrocardiographic interpretation was sinus tachycardia and ischemic changes as revealed by T wave abnormalities (figure 2).

Hospital Course: This patient suffered a cerebrovascular accident the first night he was hospitalized. On awakening in the morning he was found to have a left-sided hemiplegia, involving primarily the left arm. He complained of no headache or stiff neck. This complication gradually improved while he was in the hospital. He was kept at bedrest during his entire 23 days in the hospital. He showed gradual improvement of his cardiac status and at the time of his discharge the cardiac size was within normal limits (figure 3) and the gallop rhythm had disappeared. At no time did he run any fever, nor did he have any joint findings. He was discharged on salicylates, digitoxin 0.2 mg. daily and absolute bedrest.

Subsequent Course: Following his discharge from the hospital, he was seen at frequent intervals. Six weeks following his discharge he was allowed to be up for short periods of time. Following this, he suffered a recurrence of shortness of breath, cough and anorexia. Physical examination and study on November 21, 1950, revealed a return of the cardiac enlargement and gallop rhythm. He was thereupon hospitalized for a period of 16 days. He gradually improved, and at the time of his discharge he was asymptomatic and showed no positive physical findings

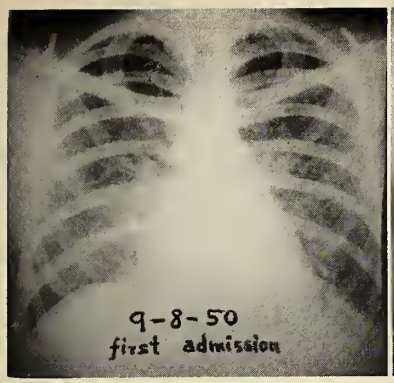


Figure 1

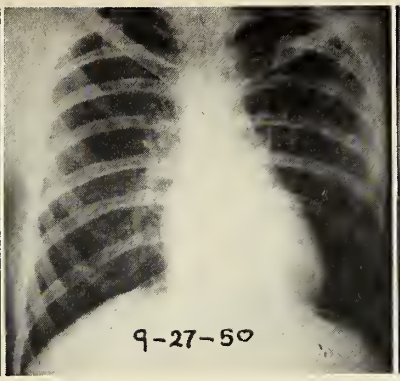


Figure 3

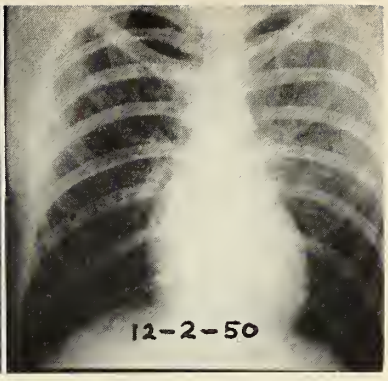


Figure 4

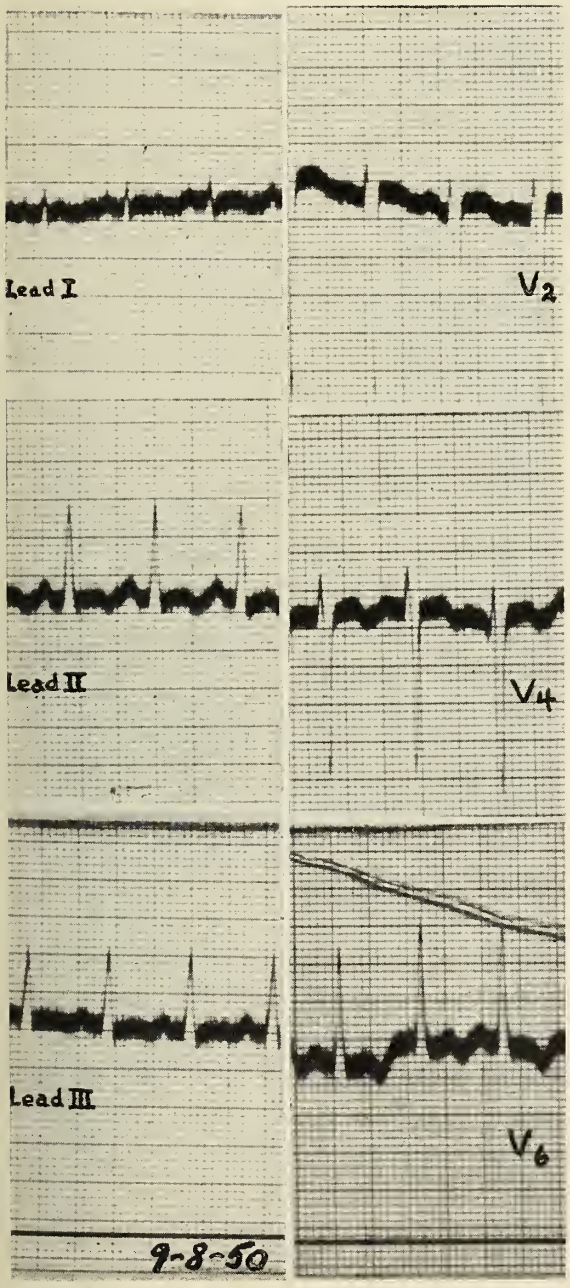


Figure 2

except the residual of his left hemiplegia (figure 4).

During the following six months his condition remained essentially the same. It was noted that any slight increase in physical activity resulted in a return of his symptomatology and findings. During this period he remained on a regimen of severe activity restriction, low sodium diet, digitoxin 0.2 mg. daily, and at intervals salicylates, ammonium chloride and parenteral mercurial diuretics. Numerous laboratory studies were carried out during his entire clinical course. At no time was his sedimentation rate elevated. Repeated blood counts, blood sugars, blood nonprotein nitrogens and urinalyses always remained within normal limits. He ran no fever. The basal metabolic rate was plus 5 per cent. Blood pressure determinations never showed evidence of hypertension. The blood pressure averaged 110/70 mm. Hg. When signs of cardiac failure were present, there was always an extreme tachycardia. Basilar rales were never heard, nor was there any cardiac arrhythmia, except a rare premature beat. Hepatomegaly was noted only terminally. The spleen was never enlarged.

He was hospitalized on June 2, 1951, because of a recurrence of symptoms and findings. His response to intensive therapy was unsatisfactory (figure 5). A cation-exchange resin was started. Intramuscular cortisone therapy was instituted, which resulted in an immediate improvement in his physical condition as well as his mental state. His response to this medication was dramatic and sustained, although cardiectasis persisted (figure 6). He was discharged on his twentieth hospital day. His regime at this time included a low sodium diet, digitoxin 0.2 mg. daily, Natrinil one-half ounce four times daily, and oral corti-

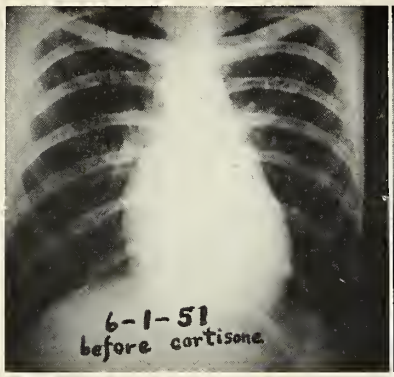


Figure 5

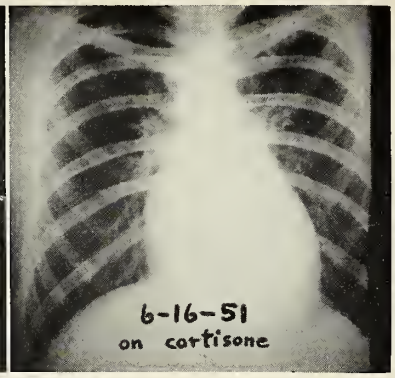


Figure 6

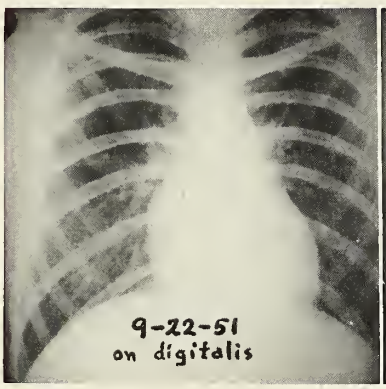


Figure 8

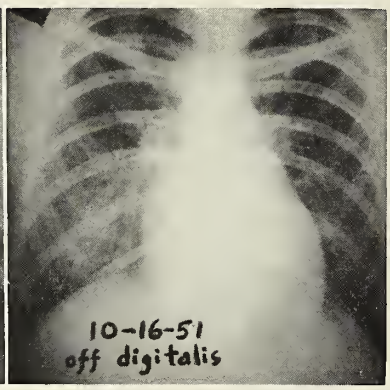


Figure 9

sone 25 mg. four times daily. His appetite was improved and there were no symptoms.

His course was satisfactory during the following three months. In this period his activity was moderately increased. On September 22, 1951, digitalis was discontinued. The electrocardiogram showed a persistence of previous abnormalities (figure 7) while the roentgenogram was not remarkable (figure 8). The remainder of his therapy was continued as before. Within a period of ten days there was a marked return of his symptoms. He was hospitalized on October 15, 1951. There was a return of the gallop rhythm and cardiectasis (figure 9). In spite of intensive therapy it was now impossible to cause a remission. The electrocardiogram taken at this time showed marked changes over previous tracings (figure 10).

Digitoxin was reinstituted along with further intensive therapy for cardiac failure. Mercurial diuretics were given at frequent intervals, but with only fair results.

He was discharged on his twenty-fifth hospital day in a moderately improved condition. The gallop rhythm was still present (figure 11).

His subsequent course was gradually downhill. He lost his desire to live, which had been a potent and vital factor previously. Anorexia increased until nausea and vomiting ensued. The cough and dyspnea became much more marked. His final hospital admission was on January 2, 1952, at which time he was obviously in severe shock. The blood pressure was not obtainable. For the first time the cervical veins were distended. The heart was greatly enlarged to the left. The rhythm was regular and the rate 160/min. A protodiastolic gallop was present, but no murmurs. The liver was enlarged two fingers-breadth and was slightly tender. The spleen was not palpable. There was no peripheral edema. He did not respond to any emergency measures and expired three hours after his admission.

Autopsy Findings: Gross examination revealed there was evidence of diffuse cardiac enlargement (figure 12). All chambers of the heart were dilated. The heart weighed 460 grams. The valves, muscles and arteries all appeared grossly normal. The left ventricle was 1.5 cm. in thickness. There was a questionable tiny thrombus in the right auricle. The pericardial sac contained only a trace of clear fluid. The pericardial surfaces appeared normal. The lungs were grossly normal. There was no pleural effusion or ascites. The liver appeared grossly normal, although the spleen was congested and slightly enlarged. The weight of these organs was not obtained, since the examination was limited to the heart.

Microscopic Examination: HEART: Sections of heart muscle showed the fibers to be rather large. They contained rather large nuclei. Just under the epicardium there were a few collections of round cells, especially near some of the vessels. The tissue appeared to be rather edematous. On the inner surface there was a nonadherent, partly fibrinous and partly platelet

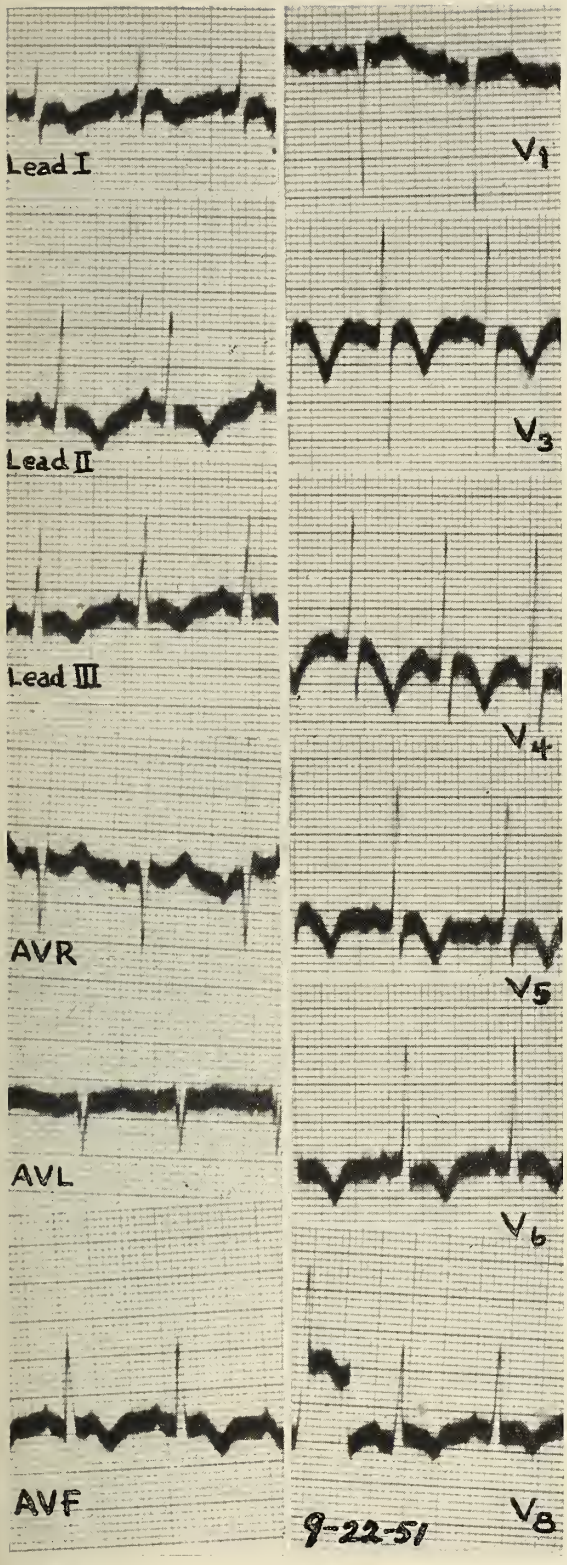


Figure 7

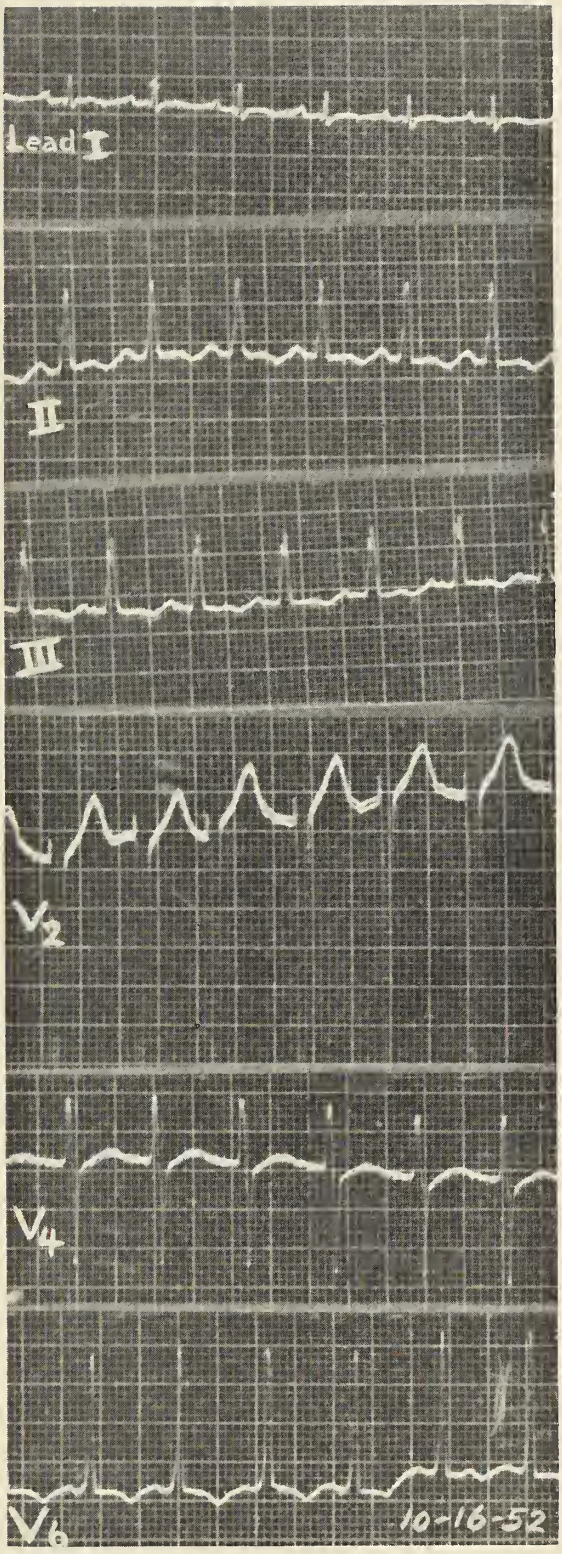


Figure 10

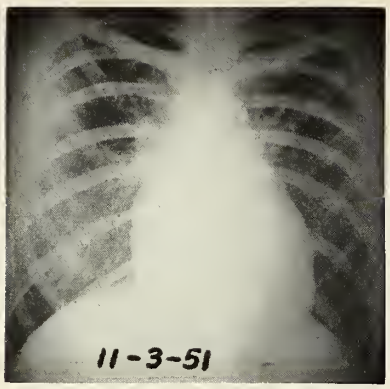


Figure 11

thrombus. This portion was apparently from the auricle. Another section of heart showed in some of the fibrous bands between the muscle bundles, a few scattered round cells and a few larger macrophages. An occasional small group of round cells was seen between the individual muscle fibers. In another section there were areas in which these round cells were moderately numerous. It must be pointed out that this amount of inflammatory change was certainly rather minimal (figure 13).

LUNGS: Section of lungs showed some congestion and numerous macrophages in the lumen of the alveolae.

LIVER: Section of liver showed no significant abnormality.

SPLEEN: Section of spleen showed only a moderate congestion. The follicles were small. The sinusal walls were somewhat thickened. The pulp was empty.

REVIEW OF LITERATURE

Isolated (Fiedler's) myocarditis has not been established as a clearly defined entity, etiologically or clinically. Acute myocarditis was first reported by Steffen[2] in 1888. In 1890, Fiedler[3] clearly described this disease and called attention primarily to its pathologic aspects. Sellentin,[4] in 1904, qualified the syndrome so as to exclude all cases which show inflammatory changes elsewhere. The definition of Saphir[1] is generally accepted today: (Isolated myocarditis)—"denotes more or less diffuse inflammatory changes in the myocardium of wide variety and of various causes, having in common principally an isolated involvement of the myocardium by a nonspecific lesion without inflammatory changes of the endocardium or the pericardium."



Figure 12

ETIOLOGY

Many causative factors have been entertained in attempts to explain the etiology of isolated (Fiedler's) myocarditis. At the present writing there is no unanimity of opinion. Difficulty is encountered because of the paucity of clinical and autopsy findings, especially in relation to regions other than the myocardium.

A number of infectious agents have been considered, including upper respiratory infections,[5, 6] influenza,[7] pneumonia,[7] and syphilis.[8, 9] Other infections such as rheumatic fever, trichinosis,[10] tularemia[11] and tuberculosis[8] have been blamed. Undoubtedly, most of these infectious agents may cause myocardial lesions at times. However, most of these cases are usually not restricted to the myocardium, nor would they account for many of the described cases in the literature. In addition, the pathology of many of these diseases is usually distinct from the picture generally presented in isolated (Fiedler's) myocarditis.[12] Very few bacteriological studies have been performed on these patients. Schenken and Coleman[14, 15] recently reported the isolation of a hemolytic micro-aerophilic streptococcus in four cases.

A number of toxic agents have been considered as possible causes of isolated (Fiedler's) myocarditis. It is quite well known that a number of infectious diseases may cause myocardial lesions. Nevertheless many cases have shown no definite clinical relation to any type of infection. Eczematoid lesions have been seen in a number of cases.[15, 16] Maxwell and Barrett[17] reported a

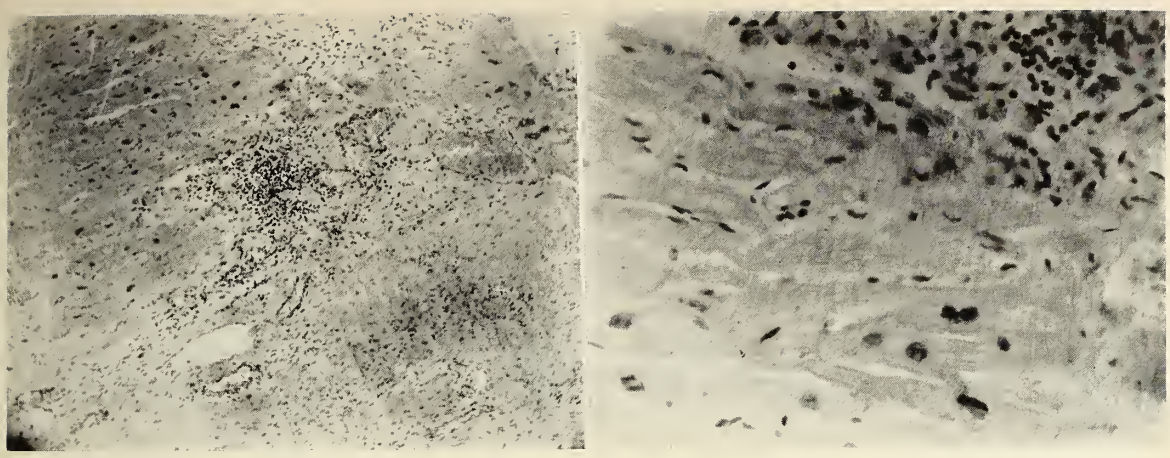


Figure 13

case of myocarditis following severe dermatitis caused by the application of sulfur ointment. A staphylococcus bacteremia was also present. There are numerous reports of myocarditis following the use of arsphenamine.[18] The sulfonamide drugs have been shown to cause a type of interstitial myocarditis.[19] None of these etiologic factors permit any definite conclusion to be reached, but suggest that the causes of isolated (Fiedler's) myocarditis may be many.

Considerable interest has been aroused recently by reports that the lesions may be related to vitamin B-1 deficiency. Smith and Furth[20] reported three detailed cases with a long history of nutritional deficiency. They believe these lesions could represent a variant of beriberi heart. Toreson's case[21] is also of interest in this respect. Further studies are necessary. Certainly, many of the reported cases present no good background to suggest vitamin B-1 deficiency.

A number of other factors have been noted in relation to isolated (Fiedler's) myocarditis. Among these should be mentioned status thymolymphaticus,[22] pregnancy,[23] adrenalin administration,[24] and thyroid dysfunction.[25]

PATHOLOGY

The disease process by definition is located only in the myocardium. Microscopically, there is infiltration of the interstitial areas with leukocytes, lymphocytes and large mononuclear cells.[1] Degeneration of muscle fibers may be seen and mural thrombi are not uncommon. For a more extensive discussion of the pathology, Saphir's[1] studies should be consulted.

INCIDENCE

The number of reported cases of isolated (Fiedler's) myocarditis which meet the pathologic requirements of the disease is very small. In 1949 Raleigh[26] estimated that 83 cases could be considered as meeting these qualifications. Further cases have been subsequently reported increasing this total to 96.[13, 23, 27, 28, 29, 30, 31, 32] Since many cases go unrecognized during life, undoubtedly, the true incidence is much higher. In addition, Marcuse[33] reported 36 cases from a study of 3,600 consecutive autopsies. Detailed description of these cases is lacking, although nine had clinical evidence of heart disease.

The age incidence of isolated myocarditis is quite variable. There is an increasing number of reports of the disease in infants and children.[29, 30, 31, 32] Covey[34] states that most cases occur during the third decade of life.

CLINICAL COURSE

Most cases of isolated (Fiedler's) myocarditis die suddenly, and many of these unexpectedly. There may be no history suggesting any etiologic factor.[35] Others may give a history of infection, exposure to allergens, or vitamin deficiency. Clinically, there may be confusion with acute myocardial infarction, although pain is not a prominent aspect of myocarditis. Very rarely there is prolonged survival of the patient. Congestive failure usually rapidly ensues, and shows marked resistance to all types of therapy. Relief by elimination of possible etiologic factors has not proven successful, even in those cases suggesting a variant of beriberi heart disease.[20]

Little study has been performed in regard to the efficacy of ACTH or cortisone, but such drugs may prove useful.

DISCUSSION

This case of isolated (Fiedler's) myocarditis is of interest for several reasons. The etiology of the disease cannot be definitely ascertained even though the patient was observed and studied over a long period of time.

Certainly, there is no good reason to believe that a persistent infection could be the etiological factor. All laboratory studies showed no evidence of infection, nor did he evidence any physical findings during his entire illness. It is true, however, that he suffered an upper respiratory infection a short time before the onset of his initial illness. This suggests that a toxin and/or allergen may have been the primary factor in instituting the myocardial changes which subsequently took place. The autopsy abnormalities were minimal and were restricted to the myocardium. Certainly the myocardial weakness was greatly out of proportion to these findings. Possibly these findings can best be explained in this case on a toxic and/or allergic factor which primarily interrupts the proper metabolism and function of the cardiac muscles. The distinctive anatomical difference of cardiac muscle from all other muscles of the body suggests physiological differences. The cardiac muscle may in turn be adversely and selectively affected by some unknown toxin and/or allergen. The possibility of rheumatic myocarditis is not tenable. However, the prodrome of the described case is similar to the etiological background of rheumatic fever.

Many of the possible etiologic factors which have been discussed in the literature can unequivocably be discarded. This includes thymicolymphatic thyroid dysfunction and adrenalin administration. This patient received sulfonamides for a short time before he was recognized as a cardiac case, but had received none of these drugs before the onset of his congestive failure symptoms. In addition, the autopsy findings are at variance with sulfonamide myocarditis, with what is seen in isolated (Fiedler's) myocarditis.[19]

The patient's adequate dietary history makes the diagnosis of vitamin deficiency an unlikely possibility. Furthermore, there was no history or finding which suggested sprue or steatorrhea.

When control of the myocardial weakness was no longer possible with the usual regime of low sodium intake, digitoxin, rest and diuretics, cortisone was administered. The roentgenograms before and after the drug was given, are shown (figures 5 and 6). The patient experienced a marked increase in well-being and appetite. In spite of the obvious changes in this aspect, the author doubts that any appreciable effect on the myocardium took place. Nevertheless, when this drug was discontinued, there was a profound change in the patient's condition. His course was rapidly downhill from that time.

CONCLUSION

A case of isolated (Fiedler's) myocarditis in a young man with a 19 months' survival has been studied. A brief review of the literature is described.

BIBLIOGRAPHY

1. Saphir, O.: Myocarditis, A general review, with an analysis of two hundred and forty cases, Arch. Path. 32:1029, 1941.
2. Steffen, A.: Zur akuten myokarditis, Jahrb. f. Kinderch 27:223, 1888.
3. Fiedler, A.: Ueber akute interstitielle myokarditis. Reference in Central bl. f. innere, Med. 21:212, 1900.
4. Sellentin, L.: Akute isolierte interstitielle myokarditis, Ztschr. f. klin. Med. 54:298, 1904.
5. Kenny, E. E., and Sanes, S.: Dilatation and hypertrophy of the heart in infancy due to parenchymatous myocarditis, J. Pediat. 3:321, 1933.
6. Fox, I. R., and Overstreet, R. M.: Isolated myocarditis: Report of case, Northwest Med. 40:89, 1941.
7. Finland, M., Parker, F., Jr., Barnes, M. W., Jolliffe, L. S.: Acute myocarditis in influenza A infections: two cases of non-bacterial myocarditis, with isolation of virus from lungs, Am. J. M. Sc. 209:455, 1945.
8. Taussig, H. B.: and Oppenheimer, S. H.: Severe myocarditis of unknown etiology, Bull. Johns Hopkins Hosp., 59:155, 1936.
9. Warthin, A. S.: Sudden death due to exacerbation of latent syphilitic myocarditis, Am. Heart J. 1:1, 1925.
10. Saphir, O.: Isolated myocarditis, Am. Heart J. 24:167, 1942.
11. Lillie, R. D.: The pathology of tularemia, National Institute of Health Bulletin 167, United States Treasury Department, Public Health Service, 1936.

12. Sacks, B.: Pathology of rheumatic fever, Am. Heart J. 1:750, 1926.

13. Schenken, J. R., and Coleman, F. C.: Micro-aerophilic streptococcus as a cause of acute isolated myocarditis, Am. J. Clin. Path. 21:451, 1951.

14. Schenken, J. R., and Heibner, W. C.: Acute isolated myocarditis; Report of case due to microaerophilic streptococcus hemolyticus, Am. Heart J. 29:754, 1945.

15. Blühdom, K.: Zur klinik der Primären herzdilatation im frühen kindesalter (myocarditis interstitialis), Monatschr. f. Kinderh., 29:193, 1924.

16. Bernheim-Karrer, I.: Ekzemtod und myokarditis, Ztschr. f. Kinderh., 35:120, 1923.

17. Maxwell, E. S., and Barrett, C. C.: Acute interstitial myocarditis following exfoliative dermatitis, Am. Heart J. 9:813, 1934.

18. Brown, C. E., and McNamara, D. H.: Acute interstitial myocarditis following administration of arsphenamines, Arch. Dermat. & Syph. 42:312, 1940.

19. French, A. J., and Weller, C. V.: Interstitial myocarditis following the clinical and experimental use of sulfonamide drugs. Am. J. Path. 18:109, 1942.

20. Smith, J. J., and Furth, J.: Fibrosis of the endocardium and the myocardium with mural thrombosis, Arch. Int. Med. 71:602, 1943.

21. Torenson, W. E.: Diffuse isolated myocarditis associated with dietary deficiency, Arch. Int. Med. 73:375, 1944.

22. Steiner, M., and Bogin, M.: Idiopathic cardiac enlargement associated status thymicolymphaticus, Am. J. Dis. Child. 39:1255, 1930.

23. Mendelson, C. L.: Acute isolated myocarditis in pregnancy, Am. J. Obst. & Gynec. 61:1341, 1951.

24. Franz, F.: Eine seltene form von toxischer myokardschädigung, Virchows Arch. f. Path. Anat. 298:743, 1937.

25. Magner, D.: A case of fatal subacute myocarditis of unknown etiology, Am. J. M. Sc. 198:246, 1939.

26. Raleigh, G. W.: Cryptogenic chronic diffuse isolated myocarditis, Quart. Bull. Northwestern Univ. Med. Sch. 23:215, 1949.

27. Baird, I. M., and Burne, J. C.: "Isolated" myocarditis associated with unilateral cortical necrosis of the kidney, Lancet 260:446, 1951.

28. Biggert, J. H.: Isolated (Fiedler's) myocarditis, Ulster Med. J. 19:59, 1950.

29. Downing, J. S.: Interstitial myocarditis in infancy; Report of a Case, J. Iowa St. Med. Soc. 41:220, 1951.

30. Tedeschi, C. G., and Stevenson, T. D., Jr.: Interstitial myocarditis in children, N. E. J. Med. 244: 352, 1951.

31, Lind, J., and Hultquist, Gösta T.: Isolated myocarditis in newborn and young infants, Am. Heart J. 38:123, 1949.

32. Bastrup-Madsen, P.: Isolated interstitial myocarditis of unknown etiology, Acta Paediatrica 40:85, 1951.

33. Marcuse, P. M.: Nonspecific myocarditis, Arch. Path. 43:602, 1947.

34. Covey, G. W.: Acute isolated myocarditis (Fiedler's myocarditis); case report, Am. J. Clin. Path. 12:160, 1942.

35. Saphir, O., Wile, S. A., and Reingold, I. M.: Myocarditis in children, Am. J. Dis. Child. 67:294, 1944.

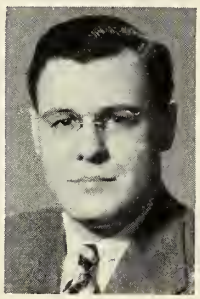
The practice of taking a routine chest roentgenogram for all patients admitted to a hospital is tending to become universal. Few clinicians question the value of such films; they have come to be accepted as a part of routine studies, similar to the blood cell count and urinalysis. Morris H. Levine, M.D., and Stanley Crosbie, M.D., J.A.M.A., Sept. 18, 1954.

Relative Contraindications to the Use of Digitalis Preparations

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CLINICIANS both in general medicine and in the varied specialties are certainly well aware that the paramount indication for the use of digitalis is cardiac decompensation. It is also true that its use in the various supraventricular arrhythmias is appreciated. However in any phase of medicine need occasionally arises to discuss the contra-indications to the use of various therapeutic agents. Reliance on digitalis preparations has been so universal that there is a desire to review some of the situations in which the use of the drug is controversial or contraindicated.



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ALLERGY

Allergic reaction is a most unusual phenomenon with digitalis, never occurring in the author's experience, but well documented in cardiologic literature.[1] In the few cases described, fever, pruritus, urticaria, arthritis and edema of the face have existed. The occasional existence of eosinophilia with digitalis medication is not exceedingly uncommon and in itself does not support the diagnosis of an allergic drug response. It is possible that if the use of digitalis was absolutely mandatory, the drug could be given cautiously with an antihistamine agent. One might also theorize that changing to a single purified glycoside or another alkaloid with digitalis-like action might be worthy of a trial.

CHRONIC CONSTRICTIVE PERICARDITIS

Digitalization is undesirable in chronic constrictive pericarditis in the presence of normal sinus rhythm. It may decrease the size of an already constricted heart. Like so many problems in medicine, this presumably iron-clad rule is subject to an exception. If the constrictive pericarditis is associated with auricular fibrillation, digitalis may be employed. An excellent survey of these cases[2] has indicated that approximately one-third of these individuals have auricular fibrillation associated with their basic problem. For these, digitalis may be prescribed in order to slow the ventricular rate. It also may be given when supraventricular paroxysmal tachycardias arise in chronic constrictive pericarditis.

ACUTE MYOCARDITIS

It has been known for some time that the heart in acute myocarditis is quite irritable. The pathologic pattern is often diffuse, with inflammatory infiltration rather thoroughly spread throughout the heart. An effort should be made to control the cardiac failure by all other means available, but if the failure continues to progress then digitalis may be prescribed. Smaller digitalizing doses and frequent decisions about further dosage orders should be based not on the cardiac rate but on the astute clinical judgment

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of the physician. This judgment arises from sound clinical and electrocardiographic observations.

USE OF INTRAVENOUS CALCIUM IN THE DIGITALIZED PATIENT

It has been observed that extra systoles are more easily induced by digitalis in the presence of calcium.[3] It also has been observed that sudden death has occurred after administration of intravenous calcium in the digitalized patient.[4] Therefore, the parenteral use of calcium in the digitalized patient is considered unwise. This problem comes up in the use of calcium gluconate for determination of the circulation time. In this situation other agents, such as saccharine, should be selected. The problem also arises in the correction of electrolytic imbalances, e.g. hypocalcemia in the digitalized patient with renal insufficiency.

SIMULTANEOUS USE OF DIGITALIS AND QUINIDINE

This is always a point of great controversy among cardiologists. Some abhor the use of the two drugs together. Others take a more sanguine view. The intellectual problem involves contradictory as well as similar actions of the two drugs. Whereas, both drugs slow conduction through junctional tissue, their vagal effects are entirely opposite. Digitalis stimulates the vagus, thereby slowing the heart. Quinidine depresses the vagus, thereby tending to increase heart rate. When one gives the two drugs together, there is always the question as to which action will be paramount. Will a too intense synergistic action on conduction tissue result or will the effects on the vagus nullify each other? Difficult situations in the practice of cardiology requiring the exhibition of both drugs are few. When these arise, the combined use of the two medications should not be entered upon without considerable thought. It is indeed true that in recent years the fear of using the two drugs together has been lessened somewhat. One finds many cardiologists employing both agents with a reasonable degree of clinical and electrocardiographic control. With the addition to our armamentarium of other anti-arrhythmic drugs, such as procaine amide and atabrine, it may not be necessary to embark on the presumed risk of the conjoined use of the two drugs.

MYOCARDIAL INFARCTION WITH CONGESTIVE HEART FAILURE

This clinical experience embodies one of the keenest features of cardiologic judgment. When should the physician move in with digitalis to control failure? Consensus of opinion indicates that if failure is mild or borderline and if it is controlled by the usual measures such as oxygen, the low sodium diet, and mercurial diuretics, it is preferable to avoid prescribing the drug. If, however, the failure continues to deepen and the patient's condition becomes precarious, digitalis may be employed with impunity. It is always wise to keep the digitalizing dose about 10 to 15 percent under the usual dose employed.

There have been four theoretical objections to the use of digitalis in myocardial infarction. In the past, there were reports that digitalis increased the clotting tendency of the blood. This work has not been confirmed and it may be that digitalis, only in toxic doses, affects the clotting mechanism and makes the blood more thrombogenic. The second objection is that digitalis increases the irritability of the myocardium. Yet, the myocardium is already irritable from failure and ischemia, and by lifting the failure, irritability will not be enhanced by digitalis but actually decreased. The third objection is that digitalis by increasing the force of contraction, may promote cardiac rupture. Here again, cardiac decompensation is a situation in which the intraventricular diastolic pressure is high. This, in itself, is a factor to promote rupture. Digitalis, by relieving the decompensation, lowers the intraventricular diastolic pressure and actually relieves pressure on the inner myocardial wall. The final theoretical objection is that digitalis causes coronary artery vasoconstriction. This has never been proved satisfactorily and may, if

it occurs at all, only occur in the presence of toxic doses of digitalis.

VENTRICULAR PREMATURE CONTRACTIONS

Unless the premature contractions are due to overt or occult failure, digitalis is not the drug of choice in this condition. Conversely, if the extrasystoles are due to failure, the prescribing of digitalis and the subsequent relief of failure, may abolish the ventricular premature contractions. Indeed, ventricular bigeminy in the digitalized patient may suggest that digitalis intoxication is present and that the maintenance dose of the drug should be reduced or stopped for a period of time. Potassium salts are wisely ordered in this situation.

VENTRICULAR PAROXYSMAL TACHYCARDIA

For years, we have been taught that digitalis must never be given to the patient with this serious type of arrhythmia. Following the report of Gibson and Schemm,[5] a more tempered point of view has been taken, and there has developed a definite exception to this hard and fast classical rule. In that patient who is decompensated, whose tachycardia is not due to digitalis intoxication, and whose failure is not controlled by all the other remedies such as rest, oxygen, mercurials and a low sodium diet and in whom quinidine and procaine amide have not checked the abnormal rhythm, digitalis may be tried. It is in this situation that one may be rewarded by cessation of a previously resistant tachycardia.

HYPERSENSITIVE CAROTID SINUS

The vagal effects of digitalis make it unwise to use this drug in the carotid sinus syndrome. Again congestive heart failure represents a cogent exception. Digitalis may induce attacks, it may make it easier to bring on attacks, or it may prolong the period of standstill. If it is absolutely necessary to use digitalis, the concomitant administration of atropine sulfate or other anti-cholinergic agents may help to obviate these unfavorable effects.

COMPLETE HEART BLOCK WITH ADAMS-STOKES ATTACKS

The administration of digitalis in this entity may induce attacks and may indeed make the attacks more frequent and more intense. Again it must be pointed out that if the patient is in congestive heart failure, digitalis certainly is indicated. It is an often reported experience that by lifting the heart failure the drug may even relieve the incidence of the attacks.

SUMMARY

No discussion of digitalis would be complete without mentioning digitalis intoxication as an *absolute,* but often temporary, contraindication to its use. Because of the scope of this problem it has not been discussed in this paper.

In this era of a multitudinous number of therapeutic agents, many overlapping for the same or allied conditions, it is becoming increasingly more important to know when not to use a drug than when to use it. Since digitalis is one of the main standbys of the busy practicing physician, it seems wise to list and discuss some of the relative contraindications concerning this drug. These contraindications and the various exceptions have been presented.

REFERENCES

1. Cohen, R. V. and Brodsky, M. L.: Allergy to Digitalis; J. Allergy 12:69, 1940.
2. Harrison, M. B. and White, P. D.: Chronic Constrictive Pericarditis: A Follow Up Study of 37 Cases; Ann. Int. Med. 17:790, 1942.
3. Smith, P. K., Winkler, A. W. and Hoff, H. E.: Calcium and Digitalis Synergism. The Toxicity of Calcium Salts Injected Intravenously into Digitalized Animals; Arch. Int. Med. 64:322, 1939.
4. Bower, J. O. and Mengle, H. A. K.: The Additive Effect of Calcium and Digitalis: A Warning With a Report of Two Deaths; J. A. M. A. 106:1151, 1936.
5. Gibson, J. S. and Schemm, F. R.: The Use of Digitalis in Spite of the Presence of Ventricular Tachycardia; Circulation 2:278, August 1950.

The Wallenberg Syndrome:

A REPORT OF TWO CASES

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MEDICAL TEACHING emphasizes thrombosis, hemorrhage and embolism as the common precipitating causes of strokes. Embolism is considered when thrombo-embolic phenomena or and cardiac arrhythmias are present; a diagnosis of cerebral hemorrhage is made when there is a sudden loss of consciousness with paralysis; thrombosis usually occurs without impairment of consciousness. The prognosis is best in patients with thrombosis. These patients should be examined carefully to determine the site and extent of arterial occlusion. They should be evaluated periodically to determine the possibility of rehabilitation and recovery of impaired functions. Some of these patients may be able to return to their work or to some useful occupation. This depends on the artery occluded and the degree of damage resulting therefrom.

The vascular occlusion occurs in the cerebral vessels. However, one type of occlusion affecting the brain stem occurs with sufficient frequency to deserve consideration, namely, thrombosis of the posterior inferior cerebellar artery (PICA). This syndrome (PICAS) was defined by Wallenberg in 1895 and bears his name.[1] There is a sudden onset of vertigo and falling (without loss of consciousness), unilateral ataxia, vomiting, double vision, paresthesias, dysphagia and dysphonia. Examination usually reveals a Horner's syndrome, cerebellar signs, palatal paralysis and loss of pain and temperature sensation on the side of the lesion. Associated with this is the loss of pain and temperature on the opposite side of the body. Two cases are presented here to emphasize the differences in severity of the clinical picture and the differences in the course of the disorder.

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CASE I: The patient, a 53 year old white male, gave a history of having had high blood pressure for several years. On the night before admission to the hospital, he had a sudden onset of severe occipital headache. The morning of admission, January 13, 1953, the patient became very dizzy—"the whole room spun around". He fell but remained conscious. Then he vomited and was brought to the hospital by ambulance. The patient became violently dizzy on motion of his head and he complained of severe nausea. Examination revealed an acutely ill male with a blood pressure of 150/100, pulse of 80 regular in rhythm, temperature—98.6°. The right pupil was smaller than the left, and both reacted to light. There was ptosis of the right eyelid and a decreased corneal reflex on the right. There was nystagmus on left lateral gaze. There was no muscle weakness or paralysis of the extremities. The right arm and leg were ataxic, with past pointing present in the right hand. Pain and temperature perception were absent on the left side of the body. There was

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right palatal weakness and a right peripheral facial paralysis. The other forms of sensation were normal. Urinalysis, blood count and spinal fluid findings were within normal limits.

Clinical Course: The patient complained of severe headache and vertigo. After four days the vertigo subsided and the patient was able to take care of himself. The day prior to discharge, (12 days after admission) the headache subsided and did not recur. The patient was discharged with only the sensory dissociation and the Horner's syndrome as residuals. Two weeks later this patient returned to work. He was seen again eight months later, with no change in the Horner's syndrome or the sensory findings. He stated that he had had one mild attack of vertigo.

CASE II: The patient was a 51 year old white male who had had high blood pressure for several years. In November, 1952, he developed a severe headache which persisted for several days and he "seemed to track to the right". On January 21, 1953 (the day of admission), the patient noticed a headache on the right side, numbness of the right side of face, and his right eyelid drooped. He found that the right side of his throat "didn't swallow properly" and he "tracked to the right". He "had to walk toward the left to make a straight line". He complained of tingling of his left hand and his left foot felt cold. Hot and cold water produced peculiar sensations in his left hand. The patient walked into the hospital, undressed himself and went to bed. The examination revealed a temperature of 98, pulse 100 and regular, blood pressure 170/100, respirations—20. The neurological abnormalities consisted of rotary nystagmus on the left lateral gaze, right pupil smaller than the left with reaction to light present in both eyes, a slight right facial weakness, ptosis of the right eyelid, deviation of the uvula to the left, a husky voice and decreased pain and temperature sensation on the left side of the body. There was falling to the right on standing. Three hours later, the patient became acutely ill with protracted vomiting and severe vertigo. Ataxia developed in the right extremities. Twelve hours after the onset of the initial symptoms, he developed double vision. He developed singultus and his dysphagia was aggravated.

Course: The patient remained acutely ill for three days with severe singultus, vomiting, vertigo, dysphagia and ataxia. Heparin was started on the day of admission. Four days after admission, his vertigo improved and his ataxia decreased. He was able to sit up in bed or in a wheelchair. The heparin was stopped two days later. The singultus persisted until February 2. He developed a urinary infection six days after admission which responded rapidly to Gantrisin therapy. Repeat examination on February 5 revealed a Horner's syndrome on the right, nystagmus, a very slight facial weakness and slight impairment of movement of the uvula. There was no dysphagia and the voice was less husky. Pain and temperature senses were absent on the left side of the body, and the right side of the face revealed some impairment to pain and temperature. The decreased corneal reflex on the right was still present. Ataxia had improved but was still present on the right and the patient fell to the right on standing. The patient was discharged on February 13 with the same findings as noted above. During the next eight months the ataxia subsided so that the patient did not "track" to one side. His vision improved and at the end of ten months, he returned to light work. However, he has had periodic episodes of double vision and ataxia.

PATHOLOGICAL PHYSIOLOGY

The PICA is the largest and longest branch of the vertebral artery. It supplies the lateral part of the medulla oblongata and the posterior inferior surface of the cerebellum. As the PICA winds around the medullary it gives off terminal branches to the retro-olivary area. These vessels are end arteries and the only source of blood supply to this portion of the medulla. Thus, thrombosis of the PICA will produce a softening in the lateral part of the medulla. This portion of the brain stem contains sympathetic centers, sensory nuclei and tracts, vestibular and cerebellar system pathways and certain cranial nerves. Table I correlates the anatomy of the involved portion with the symptoms and signs of this syndrome. Diplopia is not listed as there is no consistent agreement on anatomical involvement.

TABLE I[2]

Anatomy	*Signs and Symptoms*
The lateral spinothalmic tract (medullary portion)	The absence of pain and temperature on the opposite side of the body
The anterior and posterior spinal cerebellar tracts and Deiters' nucleus	Nystagmus, cerebellar signs and vertigo
The descending root and nuclei of the fifth nerve	Loss of pain and temperature from the ipsilateral side of the face
Nucleus ambiguus	Dysphagia, dysphonia, tachycardia, hoarseness
Reticular formation	Hiccough and Horner's syndrome
Dorsal motor nucleus of the vagus nerve	Vomiting
Caudad portion of the 7th nerve nucleus (in the medulla)	Facial weakness
Pyramidal tract	Weakness

DISCUSSION

Although the symptoms and signs in these two patients were generally the same, the severity and the clinical courses differed. The onset was typical in both cases although one patient had prodromal symptoms one month earlier. In Case I there was an acute onset with severe symptoms and the patient was admitted to the hospital by ambulance. Patient II originally was able to walk into the hospital, undress himself and go to bed. Three hours later the severe symptoms and signs occurred. Patient I improved rapidly and was able to return to work in a short time. Patient II remained under observation for ten months. In Case I there was a very rapid recovery from vertigo, ataxia and headache, whereas in Case II these symptoms lasted several months. Both men were able to return to work but at different intervals of time. Table II compares Case I and Case II.

A recent report described 28 cases of the Wallenberg syndrome.[2] Eleven survived from six months to twelve years after their initial attack. Eight returned to work. One survivor had severe episodes of vertigo and dizziness which prevented any activity, while two had restricted activities because of moderate vertigo and dizziness. This report stated that seven cases died at the first hospital admission, the time of death varying from twelve hours to eight months after entry. Of these, two cases were presumed to have died of the PICAS; two others died of recurrent strokes. In the following one to eight years after discharge, three more cases died of apoplexy.

The diagnosis of PICA syndrome permits the physician to give a relatively good prognosis. He is able to assure the patient that his life is in no immediate danger. Further observation will enable the physician to predict partial or almost complete functional recovery. This, in turn, will facilitate rehabilitation of the patient and alleviate his fears.

TABLE II

Symptoms	*Case I*	*Case II*
Prodrome	—	+
Hypertension	+	+
Sudden onset	+	+
Falling	+	+
Dizziness	+	++++ (shortly after onset)
Pain and temperature sensation	+	+
Hiccough	—	++++
Nausea and vomiting	+	++++
Double vision	+	++++
Loss of consciousness	—	—
Dysphonia	—	+++
Dysphagia	—	+++

TABLE III

Signs	*Case I*	*Case II*
Horner's Syndrome, ipsilateral	+	+
Pain and temperature loss in the face, ipsilateral	+	+
Nystagmus	+	+++
Unilateral ataxia	+	+++
Facial weakness	+	+
Weakness of the palate	+	+
Contralateral loss of pain and temperature on the body	+	+

SUMMARY

1. Two cases of thrombosis of the posterior inferior cerebellar artery syndrome are presented.
2. There are marked variations in the severity of the clinical picture and the course of the disease, although the symptoms and signs are qualitatively closely similar.
3. In the presence of the symptoms and signs described above, with a Horner's syndrome, the diagnosis of PICA syndrome should be considered.
4. The prognosis of the PICAS is generally good.

BIBLIOGRAPHY

1. Wallenberg, A.: Acute Bulbaraffection (Embolie der Art. Cerebellar. post. inf. sinistr.?). Arch. f. Psychiat. 27:504, 1895.
2. Lewis, G. N., Littman, A., and Foley, E. F.: The Syndrome of Thrombosis of the Posterior Inferior Cerebellar Artery: A Report of 28 Cases. Ann. Int. Med. 36:592-602, 1952.

Abstracts:

CAT SCRATCH DISEASE

The author defines cat scratch disease as a benign and self-limiting disease whose etiologic agent has not been determined, which is manifested by regional lymphadenopathy with a histological picture of reticulo-endotheliosis and mild to moderate systemic symptoms. The definitive literature of the past 4 years is cited, and attention is specially directed to an article by Daniels and MacMurray in the Journal of the American Medical Association of April 10, 1954. An outline is given of the main points in diagnosis which includes a history of contact with cats, and an initial lesion which is seen in about half the patients. This appears, usually on an unclothed area of skin, from 3 to 7 days after being scratched. The lesion may appear as (1) an inflamed scratch mark, (2) a raised purple or dusky red scar, or (3) a red papule which resembles a furuncle or insect bite. Although it is usually slow to heal, and responds little if any, to antibiotics, it finally heals before the lymphadenopathy subsides. Lymphadenopathy follows the initial lesion by 7 to 21 days and is not associated with lymphangitis. The axillary nodes are most commonly involved, although the nodes of the head and neck, the epitrochlear and femoral regions, and others may be involved in that order of frequency. The nodes usually enlarge rapidly, are quite tender at some stage of the disease, and the overlying skin may be red. Until suppuration occurs, the nodes are discrete and movable. These local findings are associated with mild to moderate malaise, nausea, weakness, aching, chills, headache, occasional rash and almost always fever. Three clinical forms are described: (1) Regional lymphadenopathy. (2) Oculoglandular syndrome of Parinaud's: a self limited disease characterized by conjunctivitis, granulation of the lids, regional lymphnode enlargement and mild systemic symptoms. (3) Encephalitis, 4 cases of which have been reported with complete recovery. The diagnosis is based on (1) a positive skin test to Cat Scratch Antigen, and (2) the microscopic findings of a rather non-specific granulomatous caseating lymphadenopathy. The preparation and use of the antigen is described and the author's experience with 8 cases of Cat Scratch Disease in a 12 months period is outlined.

Lall G. Montgomery, M.D., Muncie.

Harry B. O'Rear, M.D.: The Journal of the Medical Association of Georgia, 43:869-870, October, 1954.

A CONSERVATIVE APPROACH TO PRESENT DAY CESAREAN SECTION

During the past several years our concept of the indications for cesarean section has changed considerably. This change is the result of the relative safety of the operation due to advances in the various fields of medicine such as: chemotherapy, antibiotics, blood transfusion and anesthesia.

The authors present the "present views" on the more common indications for cesarean section.

1. Dystocia.

 This is most frequently recorded indication for section. The authors consider that 20 to 25 per cent of sections done on primiparas for cephalopelvic disproportion are done on an erroneous basis. In cases of dystocia due to this cause, there are so many factors involved. There are but few cases where a trial of labor should not be made. X-ray perimetry should be considered only as an aid to diagnosis.

2. Placentae previa: If the infant is viable, the cervix undilated and hemorrhage profuse, section with blood transfusion is recognized as the standard treatment.

3. Breech Presentation:
 Here numerous factors enter into the indication for section such as, some degree of pelvic contraction, size of the baby, age and parity of the patient.

4. Abruptio Placentae:

 In this serious complication, the decision to perform a section or to deliver from below depends on the effacement and dilation of the cervix and the urgency of delivery.

5. In case of ruptured uterus, laparotomy and several units of blood are imperative.

6. In the case of Rh sensitivity, cesarean section has little to offer.

7. Previous section is probably the most frequent indication for the operation. "Once a cesarean section, always a cesarean section" is usually but not always a dictum to be followed. The principal factor to be considered is the indication for the previous section.

8. Since premature delivery is generally recommended for the diabetic, cesarean section is frequently preferable to an attempt to induce labor prior to term.

9. Preeclampsia, *per se*, is not an indication for cesarean section, but in cases where delivery before the onset of labor is imperative, the operation is often the most conservative method of terminating the pregnancy.

10. Uterine inertia is frequently stated as an indication for cesarean section, but is seldom a valid indication.

11. In mal presentations cesarean section is becoming more popular than podalic version.

In this paper the authors make some very wise statements. Consultation with a qualified obstetrician is recommended in all complicated obstetrical cases. General surgeons are seldom qualified to make obstetrical decisions.

David A. Bickel, M.D., South Bend.

John Lee Crites, M.D. and Manuel F. Bunyi, M. C., Charleston, West Virginia: West Virginia Medical Journal, 50:12, 1954.

SENSORY PRECIPITATION OF SEIZURES

In this article are presented case studies of epileptic patients whose attacks, usually petit mal, are precipitated by sensory stimuli. Perhaps the most common stimulus is bright lights and particularly flashing lights, and there is reference to patients who for some reason precipitate their attacks by waving their hands in front of their faces when standing in bright sunlight. Patterns of color and certain sounds may similarly induce seizures. A few electroencephalograms are shown demonstrating the changed brain wave pattern accompanying the attack induced by some of the above stimuli. The author stresses that the bizarre stories of these patients need closer attention and that electroencephalogram, to be diagnostic, should if possible be taken when the patient is being influenced by his specific type of stimulus.

Stephen L. Johnson, M.D., Evansville.

Bickford, Reginald, G., M.B.: Sensory Precipitation of Seizures. Journal of Michigan State Med. Soc. pp. 1018:1020. Vol. 53, Sept., 1954.

THE RATIONALE AND RESULTS OF MASTECTOMY PLUS RADIOTHERAPY IN PRIMARY CANCER OF THE BREAST

This article discusses the problem of treatment of breast cancer. The author presents the controversy of treatment by the Halstead operation as opposed to treatment by simple mastectomy plus radiotherapy. That the radical Halstead type of mastectomy will cure only when the disease is limited to the breast and the removable axillary contents is obvious. By the same token, it is apparent that simple mastectomy will cure only when the disease is confined to the breast. Data have shown that only 10 per cent of extramammary breast cancers are confined to the removable contents of the axilla. Therefore the radical operation, instead of simple mastectomy, potentially can cure only a relatively small increased number of cases. Other evidence shows that the radical operation may encourage the spread of tumor emboli at the time of surgery. This, combined with the dangers of more extensive procedure, partially offsets the increased rate of salvage derived from it.

Statistic-wise, the 5 year survival rates following treatment of stage I & II lesions by either method are comparable. For example, results from three large clinics are presented by the author, with respective 5 year survival rates in these three clinics using radical surgery equal to 60 per cent, 55 per cent, and 45 per cent. With simple operation plus radiotherapy they were 64 per cent, 63 per cent, and 60 per cent. These interesting data are suggestive but not conclusive, according to the author, for to be conclusive both series would have to be made up of biologically similar cases—an almost impossible achievement in human cancer.

The author concludes "—that the place of simple mastectomy and vigorous post-operative radiotherapy in the treatment of primary operable cancer of the breast appears to be well established. Where skilled radiotherapeutic services are available, it is the method of choice in most cases seen in practice today.

"It still remains to be confirmed that late recurrences in the chest wall and axillary area are no higher with this combined procedure than they are with the radical operation. If this does not eventuate, the procedure, naturally, will require reevaluation.

"The longer term control of cancer of the breast, in terms of absolute 10 year survival rate, is as good with the simple procedure plus adequate radiotherapy as it is with the radical procedure; there is some evidence to suggest that, under average conditions of practice, it is actually better.

"The physical comfort of the average woman

treated by simple operation and post-operative radiotherapy appears to be greater than after the radical procedure. However, either method still fails to cure the majority of women with breast cancer today."

(All students of this problem will find this an extremely interesting, informative, and stimulating article, and it is suggested that it be read in its entirety.)

Richard A. Silver, M.D.
Ball Memorial Hospital, Muncie

L. H. Garland, M.D., The American Journal of Roentgenology, Radium Therapy and Nuclear Medicine, 72:923-941, December, 1954.

THE USE AND ABUSE OF ANESTHETIC DRUGS

The goal of anesthesia is the provision of conditions that are: safe for the patient, convenient for the surgeon, and pleasant for the patient.

This goal is accomplished by: using drugs properly, employing minimum dosage, and by administering intravenous medication as a continuous drip or by intermittent fractional doses to avoid undesirable side effects which result from a single large dose.

Certain abuses and methods of correction are as follows:

In premedicating patients allow a suitable interval to elapse between the administration of the premedicant and the start of the anesthesia proper. If exact timing is not possible err on the side of giving the drugs too early. The dosage of these agents depends upon the age, weight, physical condition, habits (alcoholism, addiction), and pathologic conditions (hypothyroidism, renal disease, etc.) present in the patient.

Faulty induction with emphasis on too rapid administration results in severe depression of nervous centers and important organs, salivation, nausea, vomiting, or apnea. Accidental or intentional oversaturation is harmful. Children are more likely to be accidentally oversaturated.

Ultrashort acting barbiturates may be too rapidly administered with severe depression of respiration and circulation. Take three to five minutes to inject the total initial dose. Do not rely on overdosage to obtain analgesia and relaxation; supplement these agents with nitrous oxide and intravenous doses of short acting analgesics.

The apneic technique is seldom indicated. Avoid doses of muscle relaxants which completely paralyze respiration. The use of succinyl choline by continuous intravenous drip enables one to adjust the degree of relaxation to the requirements of the surgical procedure. Very light anesthesia with the relaxation provided by curare-like substances, and apnea is harmful and may be unpleasant. Where apnea is a necessity, take care that the effect of relaxants does not extend into the post-anesthetic period. Apnea conceals a valuable sign of depth of anesthesia and may lead to overdosage with potent inhalation agents—suggesting a possible cause of cardiac arrest. Inject doses of relaxants and thiopental sodium separately; the use of fixed mixtures is hazardous.

If muscle relaxants are used according to sound pharmacological principles, there is seldom any need for the administration of their antagonists. The latter have troublesome side effects. Their action is short, and respiratory paralysis may recur.

Ganglionic blockade to produce hypotension is indicated when:

1. The vascularity of the operative field renders the proposed surgical procedure not feasible.
2. When the amount of blood necessary for replacement is so great as to endanger the patient's life.
3. Compatible blood is not available.

Short-acting readily controllable ganglionic blocking agents (e.g. arfonad) are preferable to long-acting agents.

Precautions to observe when using controlled hypotension are listed.

Large doses of concentrated local anesthetic agents without vasopressors are often administered to patients whose detoxifying mechanisms are unable to cope with this sudden influx of drugs. To avoid reactions employ a moderate concentration, and a minimum amount of an agent which is rapidly hydrolyzed by enzymatic action. The admixture of 1:200,000 epinephrine delays absorption and prolongs the anesthetic effect.

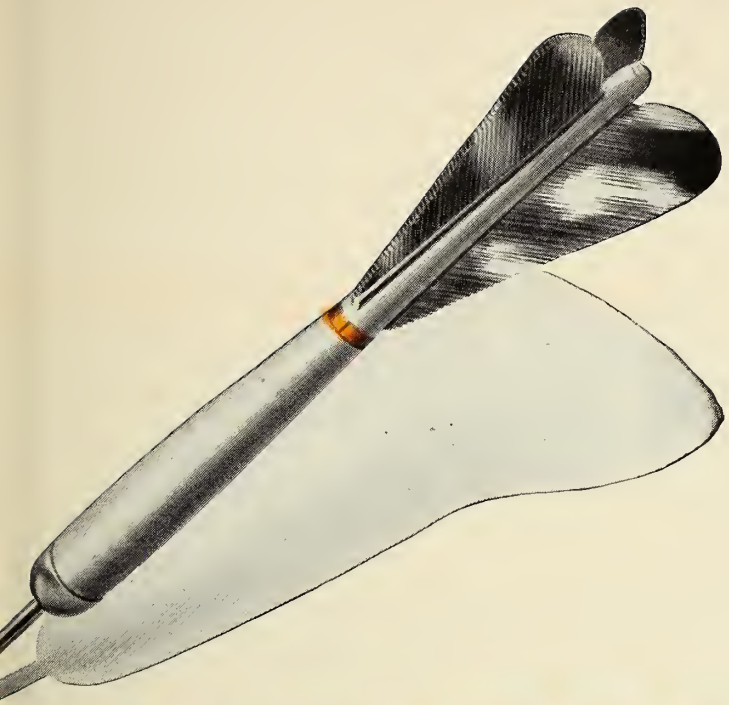
When local anesthetic agents are used in the subarachnoid space, it is essential that there be absolute sterility and a minimum concentration of the drug as follows: 5% for procain, 0.4% for tetracain, and 0.3% for nupercain. If vasopressors are added reduce the above concentration by one-fourth to one-half. Make sure that the area into which injection is made communicates freely with other parts of the subarachnoid space.

Carefully differentiate between postoperative pain which requires an analgesic for its control and restlessness and anxiety which requires only a sedative for its control. The author suggests the shrewd combination of small doses of long acting analgesics with a sedative such as a barbiturate or chloral hydrate. When analgesics cause too much respiratory depression use other means of pain relief such as intravenous alcohol or procain and regional nerve block.

The potent but potentially dangerous drugs available must be used with care by those cognizant of their hazard and of the principles governing their use.

William B. Adams, M.D.,
Ball Memorial Hospital, Muncie.

Francis F. Foldes, M.D., and Mark Swerdlow, M.D., Pennsylvania Medical Journal, 57:12, 1160, December, 1954.



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FEBRUARY IS HEART MONTH

THE MONTH of February for countless years has been associated with affairs of the heart and St. Valentine. More recently it has been adopted by heart committees and heart associations as a time of the year for interesting people in the affairs and finances of heart research and treatment.

Also more recently it has afforded occasion for publication of scientific articles and other items of special interest in the field of cardiology in THE JOURNAL of the Indiana State Medical Association.

At this time of year, postgraduate courses are being provided by the cooperation of Indiana University School of Medicine and the Indiana Heart Foundation, the Heart Foundation is conducting its annual membership and financing campaign, and the staff of THE JOURNAL is happy to be able to include several scientific presentations on heart disease. In the future it is hoped that more heart articles will be submitted for publication in our February number.

This issue also includes the first of a series of short articles prepared under the direction of the Committee on Heart Disease of our own association. Each of these articles, which will appear from month to month, will summarize a clinical condition of the heart or circulatory system.

They are intended as summaries and not as complete dissertations. It is expected that they will serve as refresher or review outlines for doctors who encounter cardiac conditions more or less infrequently, and who will appreciate the important points of cardio-circulatory disease in condensed form, not only as a matter of interest but as a point of practical importance in emergency treatment.

The Committee on Heart Disease hopes that all the readers of THE JOURNAL will find the information contained in "Condensed Cardiology" both interesting and practical.

LIFE INSURANCE MEDICAL RESEARCH FUND

IN 1945 some 140 life insurance companies of United States and Canada established a medical research fund to which they have contributed annually, each in proportion to business volume. The resources of the fund, which last year received $901,886, have been devoted, since its establishment, to basic research in diseases of the heart and arteries.

The directors of the fund have very wisely channeled their entire facilities to one field, and have kept it focused on that field for a number of years. During the past scholastic year, 88 research programs and 37 research fellowships have been supported in 101 institutions of this country and elsewhere. The research program has thereby gained the advantage of diversification of talent for its studies, and has been well financed.

Progress from a practical and curative sense in such a complex clinical field must, of course, be slow and gradual. Each annual report from the fund's scientific director has indicated the accumulation of much basic knowledge. Recently the summaries of results obtained have taken on a more practical air, and give promise of providing answers to some very serious clinical problems.

Cholesterol and allied lipids have been subjected to fruitful inquiry. It has been demonstrated that synthesis of these substances is under hormonal control. Further work in the endocrine relationship and investigation of the entire process of synthesis and metabolism of cholesterol, both in the body as a whole and in the walls of arteries, is proceeding toward the goal of prevention of arteriosclerosis and coronary disease.

Investigation of idiopathic hypertension has ranged all the way from chemical activity of the smooth muscle of arteries to the discovery of a new vaso-pressor substance found in the urine of normal humans. In addition the range of inquiry extends from these basic studies to practical work on the new drugs for the treatment of hypertension.

The mysteries of rheumatic heart disease are still mysterious but a little less so. Information is being obtained and verified concerning the reactions of the body to streptococcal products; other researchers are working on tissue response to penicillin and cortisone. An upset in hormonal balance has been demonstrated in rheumatic disease, a fact which opens up a large new area for investigation.

Foxglove has been grown in an atmosphere containing radioactive carbon, creating digitalis with a tracer element for the study of the effect of digitalis on heart muscle enzyme systems.

Projects of more immediate practical import have been the development of a new type of ballistocardiograph, and work on the improvement of the "mechanical heart" for use in surgery. Some of the research grants have been directed to the development and betterment of surgical operations for the correction of congenital and acquired cardiac deformities.

The fund will continue its support of cardiac research in 1955. Ninety-three grants and fellowships have been made this year. Such a research program, directed as it is in all its many ramifications, by a single scientific director with a well selected advisory council, promises to do much for the prolongation of life and amelioration of the effects of crippling heart disease.

There are now 75 per cent more physicians in full-time graduate training in U. S. hospitals than there were 10 years ago, the 28th annual report of the Council on Medical Education and Hospitals of the American Medical Association, discloses.

The President's Page

Do You Know?

MORTALITY among physicians would seem to prove the adage that "Medicine is to give and not to take". While doctors are skilled in the arts and science of diagnosis and treatment of the ills of mankind they are often negligent of their own and their families' health. It is often facetiously said a doctor's wife can get medical care if she assumes her maiden name and goes to an adjoining county.

The late Dr. Merrill Shaw, former vice-president of the American Academy of General Practice, started a project best described by the slogan "A Family Doctor for Every Doctor's Family". Metropolitan Life Insurance Company statistics would show that male physicians of 25 years, just entering practice, have an expectancy of 43½ years or 2 months longer than all 25 year white males. This decreases until his life expectancy is less than the average for the general white male population. The stress of long hours and exposure to X-rays accounts for the increasing cardio-vascular diseases and leukemias.

With a wealth of talent being wasted by the neglect of our health, it would seem logical to take steps to educate our doctors on Doctor Shaw's philosophy. It certainly seems reasonable to conserve the investment, both personal and governmental, by providing ways and means whereby we can extend our usefulness to our patients and to our families. Industry has recognized the hazards of stress in top executives and from a humanitarian and investment point of view requires those men to have yearly checkups.

Many physicians admit they have not had an examination in years. If our product is good enough to sell it should be good enough for us to use. I would suggest county societies make a project of having their members give each other a complete physical once a year.

Had You Considered?

We all admit that a certain segment of our population either through improper planning of life's problems or by catastrophe becomes a problem of care for the state. The sayings "The poor always ye have with you" and "Blessed is he that considereth the poor" are Biblical quotes that have applied to mankind throughout the ages. While every physician gives freely of his time and money to assist these individuals we are also pledged to assist in the necessary, and not luxury, care of these welfare recipients.

Local planning and consultation with your welfare department in administering such cases is paramount to a successful solution of this problem. As a taxpayer, this money spent is yours and by virtue of your training you are best qualified to judge the kind and amount of such care. When worked out successfully at a local level there will be no need for Federal government

domination. Even the failure to send out monthly statements to the welfare department for services rendered places a penalty on your own taxing unit with resulting higher taxes. Be alert to what your own county is doing and constructively assist in solving this age-old and apparently never-ending problem.

Is It Logical?

If the State Association is to perform its myriad duties and mold a cohesive unit of its component parts it becomes necessary to have county societies funnel matters of policy through the appropriate state committees. It would naturally follow that the state organization could present a unified front on policies affecting all doctors. This is in no way to be construed as dictatorial in nature nor does it remove the societies' right of initiative, but promotes unity of thought and action for the benefit of the majority of doctors.

I certainly stand for the individual rights of man and his creative expression but in our present form we must follow the dictum of the judge who, commenting on freedom of action, said "I do not deny you the right to swing your arms in any fashion but that right stops at the end of my nose".

The whole is no stronger than its parts and like the bundle of twigs is weak when not tied together.

W. L. Bottens M.D.

STRIVING FOR OUR IDEAL

In an anxious and broken world, marked by marvelous and awesome scientific progress, the physician should be the first to realize that science is no answer for the multiple longings and aspirations of the human spirit. Genuine interest in the patient as a person is more important now than in the days of our fathers. It is imperative that we perfect our tools in human relationships to the same point that we have perfected the tools of science, in order that we may enter into the minds of our patients with sympathy and understanding, without judgment or criticism, and in a spirit of true helpfulness.

To the modern physician, much has been given, and of him much is required. Great things are expected of him and little allowance is made for his shortcomings. As always in medicine, our ideal exceeds our performance. Perhaps this is fortunate, for only in striving for the ideal can we best serve those who seek our service, and also protect our heritage and deliver it to the coming generations of physicians in a continuity of past, present, and future.—*Paul F. Whitaker, M.D., in North Carolina Medical Journal.*

The Woman's Auxiliary

REPORTS TO I. S. M. A.

Among the duties that go with the president's office, perhaps the most interesting are the trips I take from one end of the state to the other. Since I was inducted into office, I have traveled from Michigan City to New Albany, and from Terre Haute to Union City, with many other stops between.

Words cannot possibly describe the beauty of Indiana during the month of October. Mother Nature surely provided a riot of color for our enjoyment, and the tints were different in each part of the state. But, the best part of it all is the wonderful people I have met. I find that doctors' wives are, without exception, possessed of all the interesting and worthwhile traits one can thoroughly enjoy. Their hospitality has been boundless, and their interest in Auxiliary work has been very encouraging. I wish that I were more eloquent, that I might be able to paint a word picture of each and every visit. Their business meetings were replicas of state or national meetings, and it provided most interesting listening to me, as they discussed their various projects. I am very hopeful that our various goals will be reached, or surpassed!

Nationally, the Auxiliary, as a whole, is receiving more and more recognition. Dr. Walter B. Martin, President of A.M.A., in his address to the House of Delegates at Miami, devoted a paragraph to the work of the Auxiliary. He lauded our activities in support of A.M.E.F., our nurse recruitment program, with the resulting increase in the number of applicants to schools of nursing, and, in TODAY'S HEALTH, he stated that our campaign has brought in over 60,000 subscriptions.

At the Conference of State and National Officers in Chicago, in November, Doctor Howard, Assistant Secretary of A.M.A., gave us a preview of important matters to be discussed at the convention in Miami.

During that week, it was my privilege to see the National Auxiliary at work, and to participate in its program in a small way. At this conference, the national officers and committee chairmen have the opportunity to get together, become acquainted, and talk over mutual problems with the state officers. It is an inspiration to meet Auxiliary presidents from Maine to Washington, and from California to Florida. In fact, I believe every state was represented except the Territories of Alaska and Hawaii. Our work must be important, or so many would not attend!

Mrs. J. W. Mather, our President-elect, attended with me. Also, our very popular Mrs. Frank Gastineau, National Chairman of the American Medical Education Foundation, was very much in evidence.

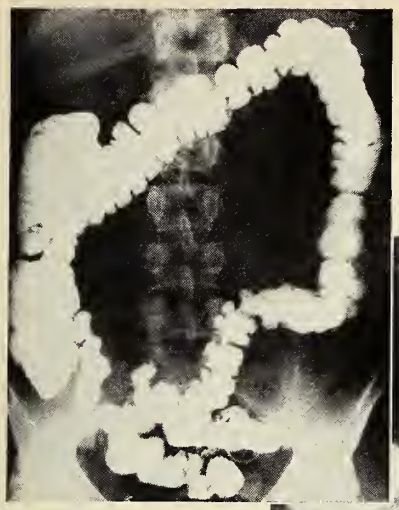
There were panel discussions on all our projects, and it was my privilege to participate in the A.M.E.F. panel, with Mrs. Gastineau as moderator. As usual, she came up with a very novel idea. Each of her panel members was equipped with a gaily decorated hat box, from which we each pulled our wares. My subject was: "How to make money for AMEF", and my hatbox contained a long string of the beautifully colored dish cloths, which we learned to make at Mrs. Gastineau's party in the Spring. Many dollars have been turned into the Indiana Auxiliary AMEF fund from the sale of this small item! It proved to be quite popular at the national level, and, after our panel discussion ended, Mrs. Gastineau and I were kept busy teaching the presidents of other states to make the lowly dishrag! Indeed, we were honored when Mrs. Turner and Mrs. Lawson, our National President and President-elect, had an "Open House" in their suite at the Drake Hotel the next evening, and invited all the guests to visit them and learn to make dishrags! Again, many of the guests crocheted busily, and we enjoyed watching both of our hostesses struggle with the yarn and crochet hooks.

By this time, many of those who learned earlier were now able to teach others. We hope this "chain" will continue all over the United States, and the AMEF fund will grow in dollars, as well as in interest, among Auxiliary members. (Incidentally, Ethel's panel stole the show!)

Our Indiana Auxiliary members join me in wishing you all a happy and prosperous new year.

Mrs. Harry C. Harvey, *President*

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SEARLE

Recruitment of Medical Technologists

LALL G. MONTGOMERY, M.D.*

Muncie

MEDICAL TECHNOLOGISTS and the laboratories in which they work are probably more characteristic of modern medicine than any facet of medical development within the past several decades. Yet the shortage of medical technologists has in the past few years approached a national catastrophe and has become a threat to the proper practice of scientific medicine in this country.

At the last International Congress of Clinical Pathology in Washington, D. C., pathologists from all over the world saw the premiere showing of a motion picture entitled "CAREER: MEDICAL TECHNOLOGIST", which was produced by a combined committee representing the three major American organizations interested in the practice of laboratory medicine,—the American Society of Medical Technologists, the American Society of Clinical Pathologists and the College of American Pathologists. This motion picture is intended to spearhead a national campaign for the recruitment of medical technologists to fill the present estimated shortage of qualified medical laboratory workers of 7,000, and the expected need at the present rate of production of 10,000 within the next five years.

The campaign for using this film and ancillary educational material which will consist of booklets, radio and television showings and related newspaper and magazine publicity, is being activated through regional and state committees appointed from among the organizations of medical technologists and pathologists who will be working together in this major undertaking. Copies of this film are now in the hands of members of the sponsoring societies, state counselors of the American Society of Clinical Pathologists, and the state recruitment chairmen of each state society of the American Society of Medical Technologists. In Indiana, the film may be obtained from the state ASCP counselor, Dr. J. L. Haymond, 3769 College Avenue, Indianapolis. Other copies are rapidly being distributed to colleges and universities, high schools, state boards of health, medical colleges, and particularly schools of medical technology, which will use them in their regional and local recruitment programs. This film is an outstanding example of the type of vocational guidance which has been done extremely well by industry and other educational fields, but has never been done better than in this picture.

The medical profession at large has as much interest as pathologists and medical technologists in the distribution and favorable reception of this film and of the campaign in which it will be used, because no physician can practice modern medicine long without using the clinical laboratory. It is certainly to the advantage of every physician to see that properly qualified medical laboratory workers are produced in as large numbers as necessary to supply the need. Unfortunately, the medical profession in general has not always understood the importance of properly qualified laboratory workers and their fundamental necessity for the practice of medicine, or where to go for such training. All too often a prospective medical laboratory worker has gone to his or her family physician and asked for advice as to where to receive training, and has been advised to go to some of the commercial schools, many of which give extremely short courses, and none of which are acceptable to the Council on Medical Education and Hospitals of the American Medical Association for approval as schools for the training of qualified medical technologists.

* Ball Memorial Hospital, Muncie, Indiana.

CHECK THE SCHOOL

Not long ago a young woman went to her family physician and was advised to go to one of these schools. Following her "graduation" she attempted to obtain a position in a hospital laboratory in a neighboring community, only to find to her astonishment that she was not acceptable for employment because her training had been incomplete. Such occurrences are all too common. Therefore, it is very important that all physicians become informed on the matter of what constitutes adequate training for medical technologists, and take an active part as individuals, as well as collectively, through their regional and national organizations, to see that everything is done to encourage young people to go into this important field. Not only should they enter the profession of medical technology, but they must enter it through proper channels, so that they will not only receive proper training, but will therefore receive proper recognition for their training in the way of positions in reputable institutions, at salaries which will continue to encourage young people to enter the field. Most of the basic facts about medical technology are included in the motion picture mentioned above.

In Indiana there are good opportunities for obtaining proper training. There are 15 schools of medical technology approved by the Council on Medical Education and Hospitals of the American Medical Association, and several new schools are in the process of becoming approved for training medical technologists. At least 8 colleges and universities are affiliated with approved schools in Indiana, and give college credit for the training in the approved schools. There is a present student capacity of 111 in the schools now approved.

Every physician should be a committee of one to see that every young person in his community who wants information about training in medical technology can either get it from him, or be referred to the right sources from which to get accurate information. There are many such sources of advice, but one which is available to everyone is the Registry of Medical Technologists, Box 1209, Muncie, Indiana.

No physician should complain about the shortage of medical technologists who is not willing to participate in the national campaign for the recruitment of an adequate supply of medical technologists to fill our national needs.

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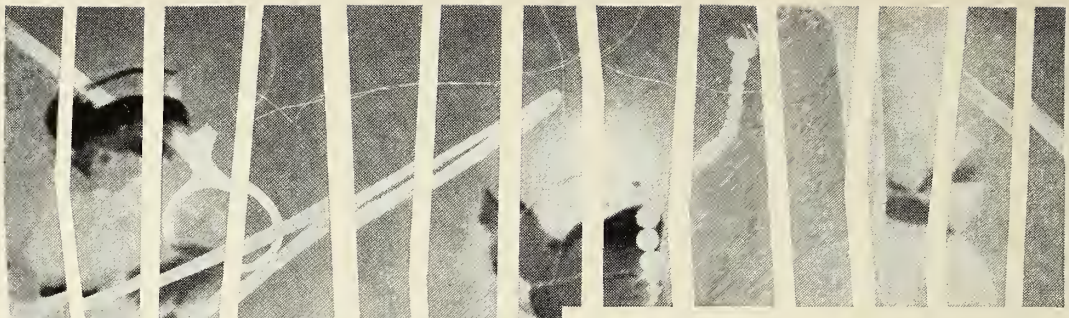
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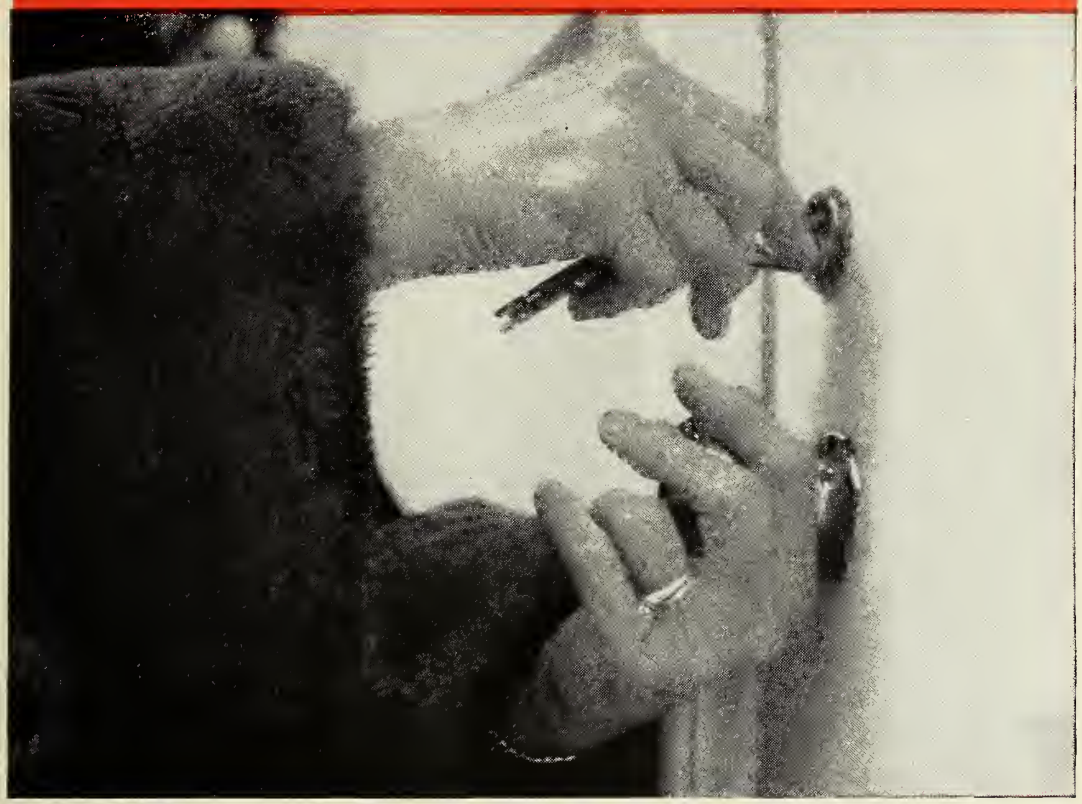
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REFERENCES: 1. Boland, E. W. and Headley, N. E., *J.A.M.A.* **148**:981, March 22, 1952. 2. Ward, L. E., Polley, H. F., Slocumb, C. H. and Hench, P. S., *J.A.M.A.* **152**:119, May 9, 1953. 3. Snow, W. B. and Coss, J. A., *N.Y. State J. Med.* **52**:319, Feb. 1, 1952.

Electrocardiography, Basic and Advanced, Offered in PG Courses

BASIC AND ADVANCED POSTGRADUATE COURSES in the application of electrocardiography to the diagnosis and treatment of the cardiac patient, are being offered by the Indiana University School of Medicine.

Both courses will be presented by the staff of the Section on Cardiology, under the supervision of Dr. W. Donald Close, and will meet in the Medical School auditorium.

The basic course, open to all interested physicians without advance registration or fees, will be given on Thursday, March 10, beginning at 9 o'clock. This is an introductory course in orientation and interpretation of the routine electrocardiogram by vector analysis. Subjects discussed will include such points as: field points, lead and Null lines, the heart as a source of vectors, obtaining heart vectors from the electrocardiogram, bundle branch block, hypertrophy, digitalis, and myocardial infarction.

Advance registration with a fee of $35.00, is required for the advanced course March 7, 8, and 9, in which the class will be limited to 30. While some fundamentals are covered, a previous knowledge of electrocardiography is desirable. Applications for registration, accompanied by a $10.00 deposit, should be sent to: Postgraduate Office, Indiana University School of Medicine, 1100 West Michigan, Indianapolis 7.

A variety of topics will be covered during the three days, ranging from tracing analysis, sinus mechanisms, through basic unipolar patterns, ventricular mechanism, P-waves, unusual tracings, and a demonstration of myocardial infarction.

ANNOUNCEMENT

Postgraduate Course

The Indiana University School of Medicine Department of Postgraduate Education, with all departments cooperating, announces a one-day course on "THE ANEMIAS" to be held Wednesday, March 23, from 1 to 5 p.m.

Course will be limited to 20 physicians—Fee $10.00.

For full information contact John J. Mahoney, Indiana University Medical Center, 1040 West Michigan Street, Indianapolis, Indiana. Telephone ME. 5-8441 —Extension 585.

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1. American Medical Association: New and Nonofficial Remedies. J. B. Lippincott Co., Philadelphia, 1954, p. 147.

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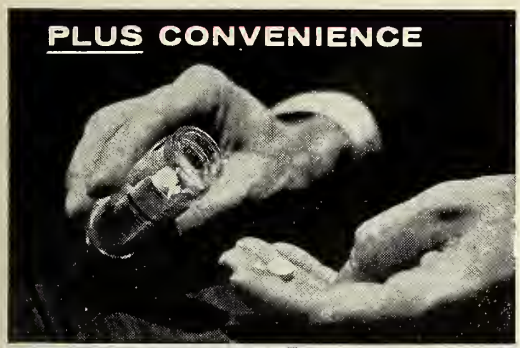
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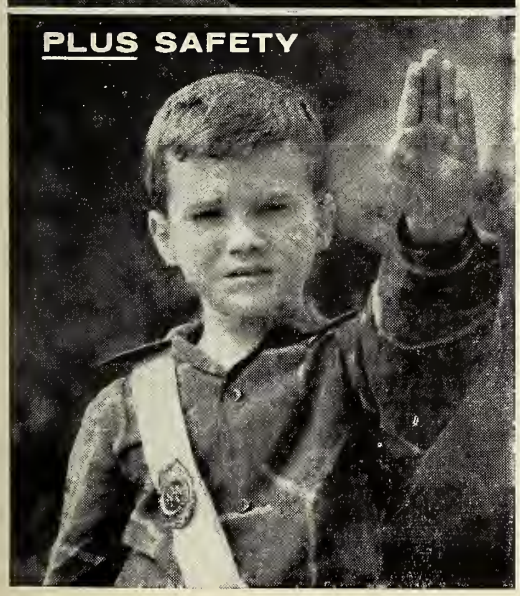
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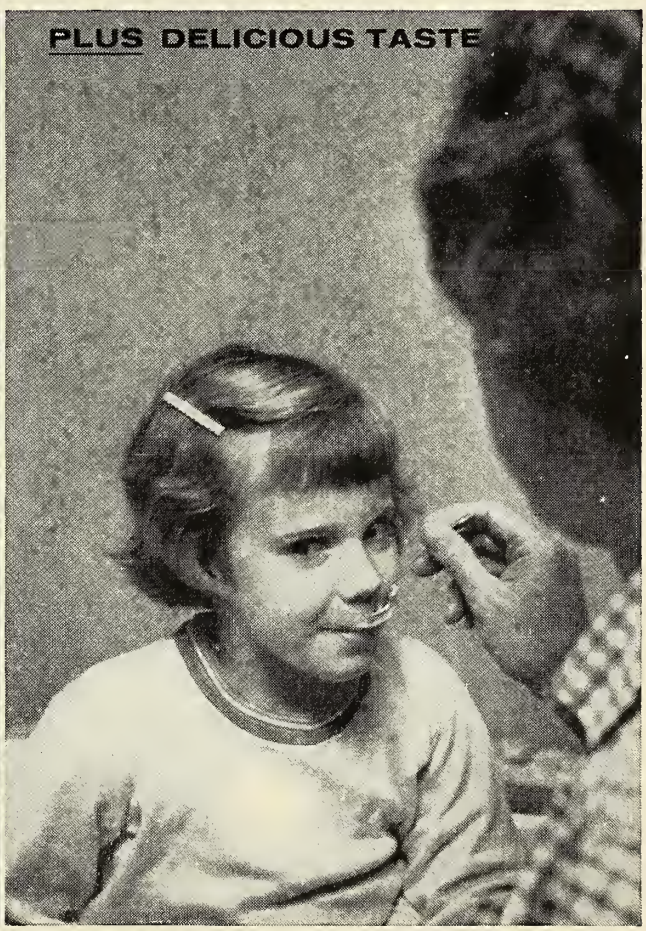
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Deaths . . .

Donald L. Lashley, M.D., 43, Tell City physician and surgeon, died December 18 in Deaconess Hospital, Evansville, a few hours after suffering a heart attack in his office.

Doctor Lashley was secretary of Perry County Medical Society in 1952, 1953 and 1954. He was secretary of the First District Medical Society in 1954 and served as president of the Perry County Memorial Hospital staff. He had also been delegate to the ISMA House of Delegates in 1951, 1952 and 1953.

A native of Evansville, he completed his education at Indiana University School of Medicine in 1937 and established his practice in Tell City in 1938. He served as a captain in the medical corps during World War II.

Doctor Lashley was active in civic, lodge, and church work. He was serving his third term as a member of the Tell City School Board.

George F. Ames, M.D., who had practiced medicine in Eaton since 1881, died Christmas Day after an illness of several months. His death ended the unusual career of the 96-year-old physician who had become such a vital part of his small community that citizens of Eaton during 1954 contributed $7,000 for construction of a memorial room at Ball Memorial Hospital, Muncie.

Doctor Ames, a native of Decatur county and resident of Fort Wayne in his youth, was graduated from the Medical College of Fort Wayne, and immediately established his practice in Eaton. He had been attending physician at more than 4,000 births without a case of maternal mortality. He remained in full time active practice until 1951 when he injured a knee. Since that time he had received patients in his home.

Doctor Eaton was a senior member of Delaware-Blackford Medical Society, a Fifty Year Club member of Indiana State Medical Association and an associate member of American Medical Association. He was active in Masonic and church work.

Ralph E. Brown, M.D., 64, Vermillion county physician for 27 years, died at his home in Cayuga December 10 after an illness of two years. He was a native of Illinois and a graduate of the University of Illinois College of Medicine, Chicago, in 1914. He had served as medical examiner for the Chicago and Eastern Illinois Railroad for the past 10 years.

Doctor Brown was a member of Parke-Vermillion County Medical Society, the Indiana State and American Medical Associations. He was also active in lodge work.

Robert Ernest Wilson, M.D., 87, retired Posey county physician, died in Welborn Memorial Baptist Hospital, Evansville, December 31. He had been acutely ill only a few days.

A descendant of a pioneer family of Posey county, Doctor Wilson was born and spent his entire life in that community. He first studied pharmacy at Indiana University and served as a registered pharmacist in New Harmony for a short time before entering Miami Medical College, Cincinnati, where he received his medical degree in 1896. While at Indiana University he became one of the first lettermen in 1887. He retained his interest in all sports activities throughout his life.

He began the practice of medicine in New Harmony but spent most of his active years

in practice in Lynn township, Posey county. Since his retirement he had lived in Mount Vernon. Doctor Wilson had been active in banking and milling firms for several years. He was a former member of Indiana State Medical Association.

Arley J. Ullrich, M.D., 64, who for many years had been a medical rating specialist with the Veterans Administration, died in St. Vincent's Hospital, Indianapolis, January 13.

Doctor Ullrich was a native of Aurora, a 1913 graduate of Indiana University School of Medicine and served his internship at Robert W. Long Hospital. He was the first resident physician at that hospital. During World War I he served overseas for 18 months with the medical corps of the Rainbow Division. He was in general practice for a few years, then joined the VA in 1922. He came to Indianapolis in 1926. He was a former member of Indiana State Medical Association.

YOU CAN'T TAKE IT WITH YOU!

The familiar saying "You Can't Take It With You" is probably older than your great-great grandfather, but it is just as true now as yesterday. Once used only in connection with money, this proverb now refers to Blood, for you can't take *it* with you either. Everyone is affected by this expression, for, rich or poor, everyone has blood.

Every day hundreds of people depend on blood for their lives. Accident, catastrophe and disease victims require blood in never ceasing quantities. Gamma Globulin, the disease-fighting derivative of blood, is in action every day aiding grownups and children alike. Emergency blood reserves being built up by Civil Defense will help save lives . . . perhaps your very own . . . in case of an attack on this country.

YOU can do a lot of good with a little of your blood. All it will cost you is a few minutes of your time. Give a pint today, for tomorrow may be too late to help someone live. Call your local Red Cross or Hospital Blood Donor Center today to schedule your donation. Now is the time . . . you can't take it with you!

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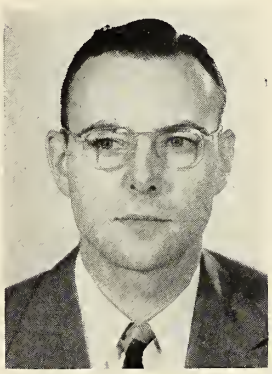
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New Editorial Board Members Assume JOURNAL Staff Duties

George M. Johnson, M.D., Richmond surgeon, and Irvin W. Wilkens, M.D., Indianapolis internist, who were elected by the Council of Indiana State Medical Association to three year terms as members of the Editorial Board of The JOURNAL, assumed their duties in January. Doctor Johnson succeeds Dr. Richard H. Miller, Fort Wayne, and Doctor Wilkens succeeds Dr. George M. Cook, Hammond. They, with other members of the Editorial Board, read scientific papers submitted to The JOURNAL and express their opinions concerning the suitability of the papers for publication.

Each paper received by The JOURNAL for consideration is read by three members of the Editorial Board. They express their opinions independently — each paper is returned to the office of publication and remailed to additional Board members. The three opinions are then studied by Dr. Frank B. Ramsey, editor.



Dr. Johnson



Dr. Wilkens

INTRODUCING . . .

George M. Johnson, M.D. "Fortunately my life has been pleasantly mild, largely occupied by learning surgery and with the care of my family," Doctor Johnson said as he recounted his activities since he was graduated from Campbellsburg High School in 1933. He received his A.B. degree from the University of Louisville in 1938 and his M.D. from the same school in 1941. Immediately after serving his internship at Indiana University Medical Center in 1941-1942, he went on active duty with the U. S. Naval Reserve, serving from 1942 to 1946. Returning to Indianapolis he was a resident in surgery at the I. U. Medical Center from 1946 until 1949. Doctor Johnson entered the practice of general surgery at Richmond in 1949 and in 1951 became a Fellow of the American College of Surgeons. He is married and has three children. His offices are at 403 Medical Arts Building and the family residence is at 338 SW 15th Street, Richmond.

Irvin W. Wilkens, M.D. A graduate of I. U. School of Medicine in 1929, Doctor Wilkens now serves as an associate professor at the school. An internist, he specializes in the treatment of diabetes. This interest is reflected in his membership in the American Diabetes Association and the Indianapolis Clinical Diabetes Society which he now serves as president. He is also president of the Indianapolis Medical Society Council.

Doctor Wilkens served four years during World War II. He is married and has two children. His hobby is fishing and he makes a yearly trip to Reel Foot Lake, Tennessee, where bass fishing is especially good.

Doctor Wilkens has offices at 1743 Shelby Street, Indianapolis, and the family home is at 4816 Pleasant Run Parkway.

NEWS NOTES—from State and Nation

Chairmanship of GU Department at I. U. Changes

Dr. Robert A. Garrett, who has served as acting head of the Department of Genitourinary Surgery at Indiana University School of Medicine, has been named to the chairmanship of the department and advanced to the rank of professor by the I. U. Board of Trustees. He succeeds Dr. Henry O. Mertz, who is credited with expansion of both teaching and clinical programs during the 16 years he has held the chairmanship. Doctor Mertz has been given the rank of professor emeritus and plans to continue his research studies relating to urological problems in children. He is widely known throughout Indiana and also at the national level.



Dr. Garrett



Dr. Mertz

Doctor Garrett, like Doctor Mertz, is a graduate of I.U. He received his degree in 1943, served internship and residency at Cincinnati General Hospital, and was stationed at Fort Meade as a member of the Army Medical Corps before returning to the I.U. Medical Center in 1946 as chief resident in genitourinary surgery. He has been on the teaching staff for six years. Doctor Garrett is certified by the American Board of Urology and other medical and surgical organizations.

Dr. Donald G. Mason, who has been on duty in Korea for the last seven months, has returned to Angola and resumed his practice at Cameron hospital. Dr. Mason has a total of 32 months in military service, the last 25 months with the Navy Medical Corps. He was separated from service in December.

Dr. H. J. Laws began a three year term as Lafayette health officer January 1, succeeding Dr. A. J. Bauer, who had served eight years. Dr.

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Laws is also a member of the Lafayette board of health and will serve the terms concurrently. Other members of the health board are **Drs. Frank W. Ratcliffe** and **Dale M. Roth.**

Dr. Jesse P. Galbreath, Burnettsville physician for many years, and Mrs. Galbreath held open house December 19 in celebration of their fiftieth wedding anniversary. Dr. Galbreath became a member of the Fifty Year club of I.S.M.A. at the annual convention in October.

Dr. Paul H. Martin, Ligonier, who has served in the Army Medical Corps since 1931, has become health commissioner of Elkhart county. He is expected to assume his duties March 15. Dr. I. J. Markel, Elkhart, has been acting commissioner since April 1951 when Dr. Jackson P. Birge resigned.

Dr. John Shively Joins I. U. Teaching Staff

Dr. John A. Shively, who has served as clinical pathologist at General Hospital, Indianapolis, since December, has been appointed an instructor in clinical pathology at Indiana University School of Medicine. Dr. Shively is a graduate of I. U., and served in the Army Medical Corps. He served a two-year fellowship in clinical pathology at the South Bend Medical Foundation and for the last two years has been clinical pathologist and director of clinical laboratories at the Caylor-Nickel Clinic and Hospital, Bluffton. He is a native of Rossville.



TEAMWORK. For the first time in its history, Eli Lilly and Company has a father and son team. They are Dr. Franklin B. Peck and his son, Franklin, Jr. They are shown here going over some clinical records with Katherine Sheedy, nutritionist. Young Dr. Peck is working with the clinical research staff, his first investigations being in the fields of analgesic and hypnotic drugs and diabetes. His father, who is director of medical research cooperation and a leading authority on the treatment of diabetes, has been with Lilly's 18 years.

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**TRADEMARK FOR THE UPJOHN BRAND OF 9-ALPHA-FLUORHYDROCORTISONE

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Psychiatry Professors at I.U. Given Promotions

Promotion of four staff members of the department of psychiatry at Indiana University School of Medicine is announced by Dean John D. VanNuys.

State-wide emphasis on mental health and demands for more psychiatrists, Dean VanNuys said, has doubled the number of physicians taking psychiatric training at the University's Medical Center. The department of psychiatry of the School of Medicine conducts an extensive residency training program in addition to teaching medical students.

Dean VanNuys said the University's board of trustees had approved the promotion of Dr. Marilyn R. Caldwell and Dr. Frank M. Countryman to the rank of assistant professor of psychiatry; designation of Dr. Clifford Williams as assistant professor of neurology as well as psychiatry; and additional service time by Dr. Grant E. Metcalf. Drs. Countryman, Williams and Metcalf will continue as part time members of the psychiatric staff.

Dr. Caldwell, who is acting head of the department of psychiatry, will continue in that capacity until appointment of a new head. A number of candidates for the post are being interviewed, Dean VanNuys said.

Dr. Robert Schimmelpfennig, a native of Boonville and 1947 graduate of I.U. School of Medicine, opened an office January 3 at 1013 Parrett street, Evansville, where he will specialize in pediatrics. Dr. Schimmelpfennig interned at Harper hospital, Detroit and was at the Children's Hospital, Detroit in 1948-49 before entering service. From 1949-to 1951 he was at the National Naval Medical Center pediatric outpatient department in Washington, D.C. Since 1951 he has been at Mercy Children's hospital, Kansas City, and at the Davis Clinic, Marion. He is certified by the American Board of Pediatrics.

Dr. A. T. Symmes, medical advisor to the Indianapolis Diabetes Society, said positive results were obtained in 3 per cent of the 15,728 Marion County residents who were tested during the annual diabetes detection drive in November. Sponsors were the diabetes society and the Indianapolis Medical Society. Positive reactors were to be given further tests to determine whether they have diabetes.

Dr. Robert A. Garrett, I.U. Medical Center, Indianapolis, is listed as one of the collaborators in a panel discussion on "Congenital Anomalies

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We attribute our proven record of 90% succesful Suction Socket applications to: careful examination, since not all amputations are suited to this type of prosthesis; and correct fitting, in order to retain the suction action yet avoid discomfort. HANGER clients are examined and fitted by "Certified Suction Socket Fitters", certified after examination by a Certification Board composed of representatives of the industry and orthopedic surgeons.



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of the Genital and Lower Urinary Tract" to be presented at the Cleveland Section meeting of the American College of Surgeons on February 22. The panel members will participate in a joint meeting of the Sections on Urology and Obstetrics and Gynecology. The Cleveland meeting is scheduled to open February 21 and continue through February 24.

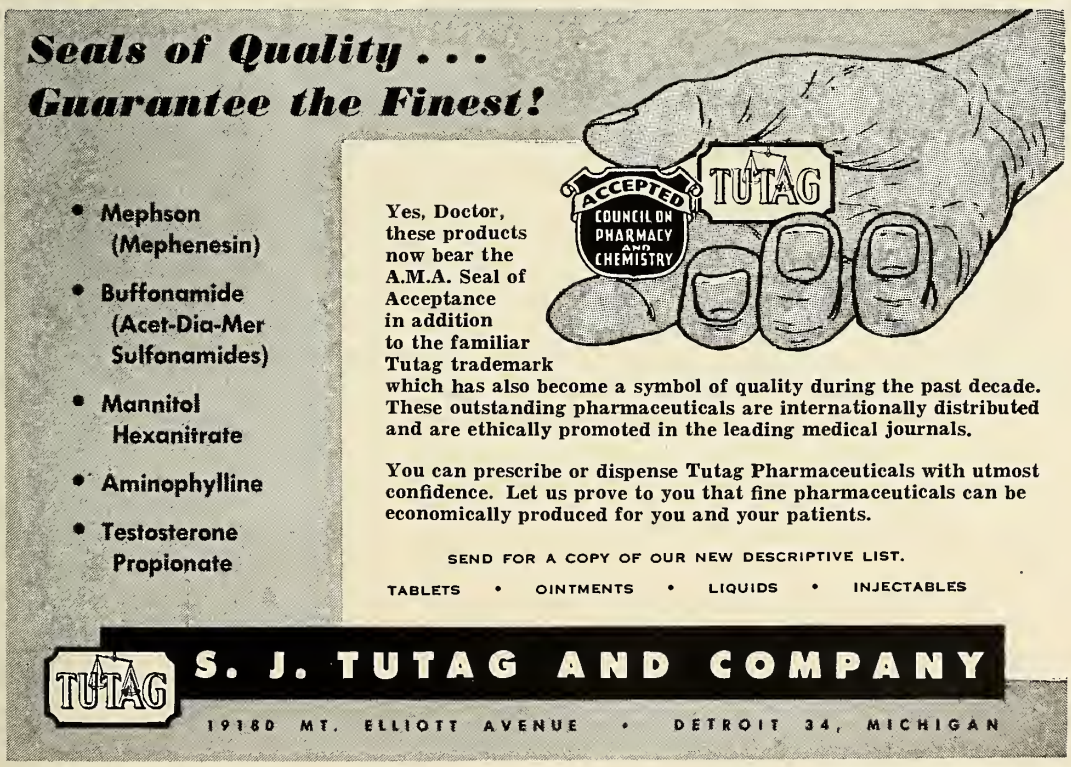
Drs. P. T. Lamey and **Charles Austin** have been named members of the Anderson City Health Board for 1955. They succeed Drs. Robert Williams and Henry W. Gante.

Verne Harvey Honored By President's Committee

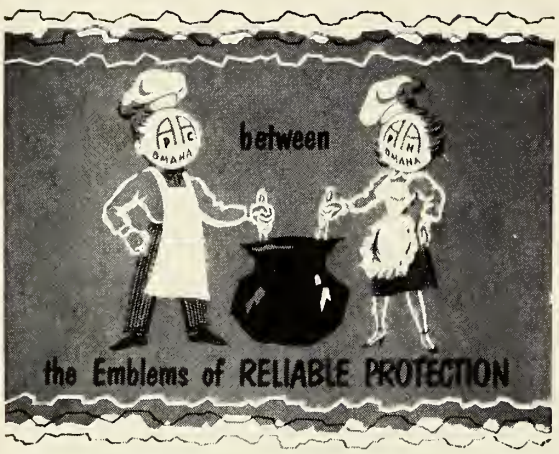
Dr. Verne K. Harvey, former secretary of the Indiana State Board of Health and now medical director for the federal Civil Service Commission, has received a certificate of distinguished service from the President's Committee on Employment of the Physically Handicapped for his work in helping the handicapped to obtain U. S. government jobs. Dr. Harvey is assisting in drawing up plans for a voluntary health insurance program for federal employees.

Dr. James E. Hull has completed his appointment as a Fellow in Surgery at Lahey Clinic, Boston, and is now associated with Dr. Fred Loop and Dr. W. Martin Dickerson at Lafayette in the practice of general surgery. Dr. Hull was at the Lahey Clinic during 1954. He was graduated from Indiana University School of Medicine in 1946 and interned at Indianapolis General Hospital. After two years' service in the U. S. Navy he practiced at Wolcott and completed a three-year residency in surgery at Indianapolis General Hospital before receiving his appointment in surgery at the Boston clinic.

Dr. W. Martin Dickerson has been associated with Dr. Loop for the last year. He is a graduate of the University of Arkansas School of Medicine, interned at St. Elizabeth Hospital,

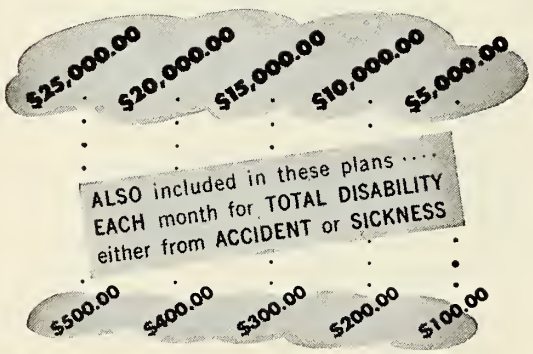


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Lafayette, and Polyclinic Hospital, New York. His residency in surgery was served at Coney Island Hospital, Brooklyn, Paterson General Hospital, Paterson, New Jersey, and St. Elizabeth, Lafayette. He was in the Army Medical Corps during 1951 and 1952.

International College Schedules District Meetings

The Mid-Atlantic Division Regional Meeting of the International College of Surgeons will be held in the Statler Hotel, Washington, D.C. On February 11 and 12. All scientific sessions will be held in the Statler.

The Southwestern Division Regional Meeting is to be held in Houston, Texas February 28 and March 1 with headquarters in the Shamrock Hotel. Scientific sessions will be in the auditorium of the Jesse H. Jones Library at Texas Medical Center.

All members of the surgical and allied professions are invited to attend both meetings. Registration fee for members and non-members is $5.00 with residents, interns, nurses and military personnel admitted without charge.

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Dr. Grayston Honored

THE DECEMBER MEETING of the Huntington County Medical Society was dedicated to Dr. Wallace S. Grayston, in honor of his 50 years of practice and as a token of the esteem in which he is held by his fellow practitioners. Dr. R. S. Galbreath, "poet laureate" of the Huntington County Society, made a presentation of several gifts to Dr. Grayston. Dr. Galbreath also read a poem which he had written for the occasion, and which is reproduced below.

To Dr. Wallace S. Grayston

When, after years of toil we pause
And seek no longer for applause
Or earthly gain, we would recess
From direful tales of life's distress,
And in the twilight, start anew
In retrospection, and review
The things we've lost; the things we've gained;
The tears we shed; the joys attained,
And whether Hope and fair Renown
Had brought us glory, or a crown!

When we re-live our past career
And after-vision comes more clear,
The long hours spent, with labor blent;
The sorrow and bewilderment
Become less keen as the soft sheen
Of recollections intervene.
It isn't then what we've endured;
It is how much we reassured
The sick of body, soul and mind;
The trail of Mercy, left behind!

When surgery was as young as you,
And in it's throes your lot you drew
Without the techniques now devised
And mystic drugs unrecognized,
You kept abreast the changing times;
You walked before the wavering lines,
With no preceptor at your side;
With no recourse, if Fate misguide,
And judgment swayed your tottering throne
Twixt life and death, you stood alone!

How many young men in the field
Have learned from you, their arms to wield,
Or in some unseen circumstance
Have turned to you an appealing glance!
How willingly you lent your skill
And turned the tide of pending ill,
Or if, perchance, they asked no aid,
The consciousness, their courage staid,
That in the shadow of Defeat
The example set, denied retreat!

When honors 'round your temples fell
Like autumn leaves, or snows that swell,
Or when Temptation's face beguiled
Or foul Intrigue your course defiled,
You chose the unobtrusive way
Nor vacillated, day by day,
Tonight your friends come to bestow
This token of their love, and lo!
Upon your prospects, just begun
We hail you for a task well done!

—R. S. Galbreath.

COOK COUNTY GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES
STARTING DATES, SPRING 1955

SURGERY—Surgical Technic, Two Weeks, February 21, March 7.
Surgical Technic, Surgical Anatomy & Clinical Surgery, Four Weeks, March 7.
Surgical Anatomy & Clinical Surgery, Two Weeks, March 21.
Surgery of Colon & Rectum, One Week, February 28.
Basic Principles in General Surgery, Two Weeks, March 28.
General Surgery, Two Weeks, April 25; One Week, May 23.
Gallbladder Surgery, Ten Hours, April 11.
Fractures & Traumatic Surgery, Two Weeks, March 14.

GYNECOLOGY—Office & Operative Gynecology, Two Weeks, March 14.
Vaginal Approach to Pelvic Surgery, One Week, March 7.

OBSTETRICS—General & Surgical Obstetrics, Two Weeks, February 28.

MEDICINE—Two-Week Course, May 2.
Electrocardiography & Heart Disease, Two Weeks, March 14.
Gastroenterology, Two Weeks, May 16.
Gastroscopy, Two Weeks, March 21.
Dermatology, Two Weeks, May 9.

RADIOLOGY—Diagnostic Course, Two Weeks, February 28.
Clinical Uses of Radio Isotopes, Two Weeks, April 25.
Radium Therapy, One Week, May 23.

PEDIATRICS—Intensive Course, Two Weeks, April 4.
Clinical Course, Two Weeks, by appointment.
Cerebral Palsy, Two Weeks, June 20.

UROLOGY—Two-Week Urology Course, April 18.
Ten-Day Practical Course in Cystoscopy every two weeks.

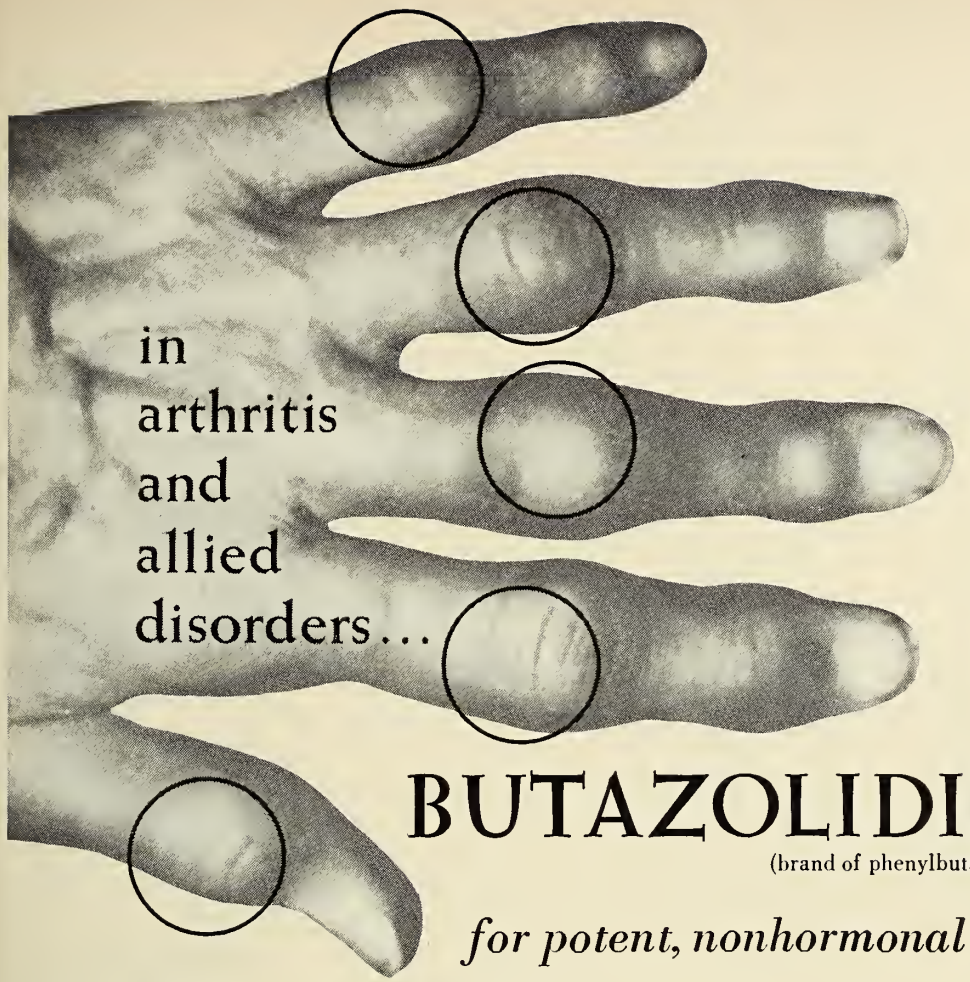
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Detailed literature on request.

*MacKnight, J. C.; Irby, R., and Toone, E. C., Jr.: Geriatrics 9:111 (Mar.) 1954.

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

December 17, 1954.

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Walter L. Portteus, M.D.; Elton R. Clarke, M.D.; Roy V. Myers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Albert Stump and Robert Hollowell, attorneys: Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Guests: Richard H. Schweitzer, Jr., administrator, Indiana Department of Public Welfare; J. William Wright, Sr., M.D., and Don E. Wood, M.D., co-chairmen, Committee on Public Policy and Legislation.

Mr. Schweitzer, administrator of the Indiana Department of Public Welfare, appeared before the committee to discuss the welfare situation as related to the medical profession and proposed legislation which he said the Welfare Department was not sponsoring and which he understood would be introduced to add a category of permanent and totally disabled persons to the welfare plan. Upon motion of Drs. Portteus and Clauser, the Liaison Committee, the attorney and the executive secretary were to meet and work out a definition covering "permanent and total disability."

Membership Report

Number of members December 17, 1954	3,892*
Number of members December 17, 1953	3,806
Gain over last year	86
Number of members December 31, 1953	3,822

*Includes
130 in military service (gratis)
137 $10.00 members (residents and interns)
269 senior members
70 members, dues remitted by Council
2 honorary members

AMA dues paid by 3,630 members in 1954.

Statements of receipts and expenditures were approved.

Headquarters Office

Mr. Amick reported on his calls during the past month.

Mr. Bush reported on his activities during the past month.

Organization Matters

The secretary presented an election ballot from the Better Business Bureau and by consent the executive secretary was asked to cast a ballot for the Association.

The executive secretary called attention to the minutes of the meeting of the Liaison Committee on Veterans Care and a letter from the Indiana Hospital Association in regard to discrepancies in the minutes.

Request of the Indiana Academy of General Practice for use of mailing plates was approved by consent.

On motion of Drs. Portteus and Myers, a membership in the National Society for Medical Research in the amount of $100.00 was approved.

The executive secretary asked if the committee felt it would be feasible to propose that the election of the two members of the Executive Committee be made by the Council during the Council meeting immediately following the close of the annual convention, explaining that this would facilitate the printing of sufficient letterheads and other materials in which the committee members' names are carried. On motion of Drs. Clauser and Portteus the committee agreed to recommend to the Council that it become a regular procedure to name the two members of the Executive Committee at the Council meeting which is held at the close of the annual convention.

The Journal

Report on advertising was accepted by consent:

Total, 1954	$35,579.26
Total, 1953	28,507.49
Gain	$ 7,071.77

New Business

Letter from Dr. Herbert C. Ashmore, in reply to letter sent by the Executive Committee, was approved by consent.

Correspondence was read regarding the State League for Nursing and by consent it was agreed that the League be advised that they should consult with Dr. Cleon A. Nafe, Dr. J. William Wright, Sr., and Dr. Don E. Wood.

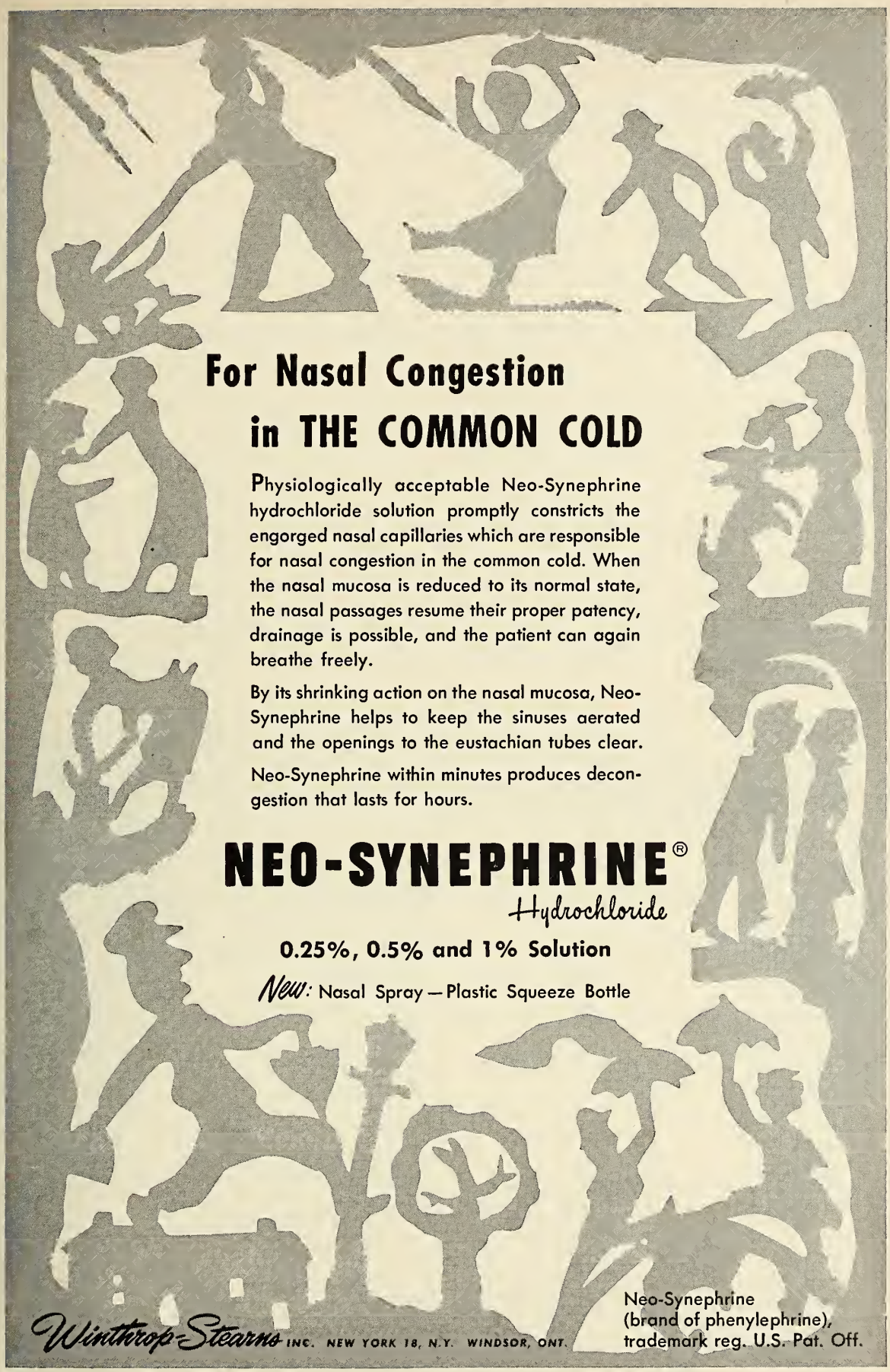
Future Meetings

An invitation for the Association to send a representative to the Fourth Annual Meeting of the American Medical Education Foundation state chairmen at Chicago, January 23, 1955, was read, and by consent it was agreed that Dr. Maurice E. Glock, chairman of the Committee on Medical Education and Hospitals, should attend.

An invitation for the Association to send a representative to the Fifty-First Annual Congress on Medical Education and Licensure, to be held in Chicago, February 5 to 8, 1955, was read and by consent it was agreed that Dr. Glock and the executive secretary should attend.

An invitation to send a representative to the Tenth National Conference on Rural Health, to be held in Milwaukee, February 24 to 26, 1955, was read, and by consent it was agreed that Dr. J. E. Dudding, chairman of the Committee on Rural Health, should attend.

There being no further business the committee adjourned to meet again at 6:30 p. m., Saturday evening, January 15, 1955.



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District Meeting Reports

THIRTEENTH COUNCILOR DISTRICT

Dr. Hugh A. Miller, Elkhart, was named president of the Thirteenth District Medical Society at the November 17 meeting held in the Norman M. Beatty Memorial Hospital, Westville. Dr. O. E. Wilson, Elkhart, was reelected secretary-treasurer.

Physicians and members of the Auxiliary held separate meetings but enjoyed luncheon and dinner together. Ninety-five guests attended the noon meal when Dr. Walter L. Portteus, Franklin, president of Indiana State Medical Association, was the speaker.

The morning program included demonstrations of electric shock and insulin shock treatments given by Dr. W. R. Van Den Bosch and staff physicians. Specially conducted tours of the maximum security division were arranged for interested doctors.

Election of officers immediately after the luncheon meeting was followed by a scientific program moderated by Dr. Philip B. Reed, director of Norways Foundation, Indianapolis. Topic of the discussion was "Treatment of Psychiatric Disorders in Mental Hospitals." Tours of the hospital with members of the Auxiliary followed the afternoon program.

The evening speaker was Dr. Frederick W. Dershimer, director of psychiatry, employe relations department, E. I. DuPont de Nemours and Company, Inc., Wilmington, Delaware. He spoke on "Emotional Health Problems in Industry."

James A. Waggener, executive secretary of I. S. M. A., and Kenneth Bush, field secretary, also attended. Mr. Waggener spoke briefly at the business meeting on activities of the state headquarters.

Mrs. T. R. Hayes, Muncie, second vice president of the Woman's Auxiliary to I. S. M. A., was the guest speaker at the Auxiliary meeting.

A Reminder . . .

You may plan retirement and wish to sell your equipment as a unit . . . you may have single pieces you no longer need . . . you may have rental property, property to sell . . . or need a new location.

For a Commercial Announcement there is a minimum charge of $3.00 for 50 words or less . . . each additional column line, usually 8 or 9 words, costs 50¢. (Payment in advance, please!)

Each member of the Indiana State Medical Association is entitled to repeat an ad in the following issue without charge . . . one free ad per year.

TAKE ADVANTAGE OF THIS JOURNAL SERVICE

The annual election of officers and business meeting of **Greene County Medical Society** were held in Freeman Greene County Hospital at Linton December 16. Nine members attended the evening meeting.

Committees were named to serve the **Hamilton County Medical Society** during 1955 at the December 29 meeting. Appointments were made by Dr. C. M. Donahue, newly elected president, who also announced that the first meeting of the year was scheduled for January 11 in Riverview Hospital, Noblesville. Programs for the entire year have been set up with special subjects and dates scheduled as follows: January 11, internal medicine; February 8, gynecology; March 8, dermatology; April 12, orthopedics; May 10, pediatrics; June 14, dental subjects; September 13, medical emergencies in general practice; October 11, ear, nose and throat; November 8, surgical emergencies in general practice; and December 13, Christmas program.

Hendricks County Medical Society members, their Auxiliary and office assistants enjoyed a dinner meeting at the Indiana Public Service building in Plainfield, December 14. The Indiana Blue Shield acted as hosts to the 27 persons present.

A short business meeting of the society and election of officers was held immediately following the dinner after which the Blue Shield representatives spoke to the entire group.

"Indications for Cardiac Surgery" was the topic discussed by Dr. Ned Avery before 38 members of **Howard County Medical Society** at their regular meeting in the Francis Hotel, Kokomo, on January 4. The scientific program followed a 6:30 dinner. The February 1 meeting was also scheduled to be held in the Francis Hotel.

A film on "Hypertension" prepared for Wyeth, Inc. by the American College of Physicians was shown to 18 members of

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Huntington County Medical Society in the Hotel LaFontaine, Huntington. The dinner meeting was held on January 4 when new officers were elected for the year.

New officers were installed in the Portland Country Club January 5 by members of **Jay County Medical Society.** The dinner meeting was attended by 12 members. A tape recording on "Early Diagnosis of Rheumatic Fever" was played with discussion following. Meetings of the group are held the first Wednesday of each month in the Portland Country Club.

Twenty-one members of **Knox County Medical Society** met for dinner in the Grand Hotel, Vincennes, on January 11. A business session followed during which special consideration was given the local hospital situation and a special committee was appointed to secure information and report to the society.

Recording of a panel discussion on "Low Back Pain" which was moderated by Dr. George J. Garceau, Indianapolis, was used as program material for six members of **LaGrange County Medical Society.** Their meeting was held January 7 at 5:30 p.m. in LaGrange County Hospital. Officers for the year were elected during the business meeting.

Officers were installed at the 56th annual dinner meeting of **Lake County Medical Society** January 12 in Phil Smidt's restaurant.

Highlight of the evening was the presentation of the 1954 Oberlin Award to Mrs. Oscar Ahlgren of Whiting, immediate past president of the Federation of Women's Clubs of America. The award was made for distinguished service in the interest of public health.

"What's Going on at the 1955 State Legislature" was the subject of Jack Reich, execu-



ENJOYING CHRISTMAS DANCE—Seated at the table in the foreground is a group of Allen county physicians and their wives at the December 7 Annual Christmas Dinner Dance of Fort Wayne Medical Society in the VanOrman Hotel, Fort Wayne. Woody Neff and his orchestra furnished music for dancing. The social committee, Drs. G. D. Buckner, R. M. Johnston, S. C. Snyderman, and W. A. Kleifgen, reported that 195 doctors and their wives attended.

From left to right around the table are Mrs. M. Jack Powell, Dr. Howard A. Stellner, Mrs. Stellner, Dr. Richard Miller, Mrs. Maurice E. Glock, Dr. Glock, Mrs. Miller, and Dr. Powell.

Officers were elected at the business meeting and Dr. Basil B. Dulin was voted into membership.

James Dinadio, Indianapolis attorney, presented an exposition on workmen's compensation laws.

New officers of **Miami County Medical Society** assumed their duties January 1 following their election December 30 when the society met in the Elks club, Peru. A business meeting followed the dinner. Matters pertaining to the Dukes-Miami County hospital were discussed.

Dr. George Crane, author of "The Worry Clinic," was the guest speaker at the December 16 dinner meeting of **Montgomery County Medical Society.** His subject was "Psychiatry in Daily Practice." Seventy-five members and guests attended the meeting in the new Student-Union building at Wabash College, Crawfordsville.

Morgan County Medical Society members held a dinner meeting at Martinsville Mineral Springs December 19 with 19 members in attendance. After dinner there was a general round table discussion and election of officers. R. J. Amick, ISMA field secretary, was a guest and gave a report on the AMA interim session and on anticipated legislation to be introduced during the 1955 session of the Indiana General Assembly.

The annual meeting of the **Noble County Medical Society** was held December 15 in the St. James Hotel, Albion. Officers and delegates to state convention were named during the business session which followed dinner.

"Treatment of Congestive Heart Failure" was the topic of a paper presented by Dr.

William G. Bannon, Terre Haute, before 17 members of **Parke-Vermillion County Medical Society.** The dinner meeting was held in the Vermillion County Hospital, Clinton. Election of officers, and a report by the ISMA field secretary concluded the program.

Dr. Fred Glenn, Tell City, was named president of the **Perry County Medical Society** at a meeting held January 5 in the office of the county nurse at Cannelton. A general business meeting followed.

"Orthopedics for the General Practitioner" was discussed by Dr. Myer Stumor, Michigan City, at the January 4 meeting of **Starke County Medical Society.** Ten members attended the dinner which was held at Starke Memorial Hospital, Knox. Review of hospital cases was included in the general discussion during the business session.

A clinical pathological conference on hypertension was held at the January 5 noon meeting of **Tipton County Medical Society** in the Tipton County Memorial Hospital. The discussion was led by Dr. H. L. Ericson, Windfall. Ten members attended.

At the business meeting Kenneth W. Bush, ISMA field secretary, discussed a number of topics related to the state legislature, and services of the headquarters office.

Dr. S. Benjamin Fowler, associate professor of clinical orthopedic surgery at Vanderbilt University, Nashville, Tennessee, spoke January 11 to members of **Vanderburgh County Medical Society.** His talk was on "Surgery of the Hand" dealing largely with reconstructive surgery.

The meeting was held in Hotel McCurdy. The annual report of the retiring president was given and Dr. L. Edward Gaul, 1955 president, outlined plans for the year and made committee appointments.

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DRUGGISTS ENTERTAIN DOCTORS. Johnson County Pharmaceutical Society members were hosts to members of the Johnson County Medical Society November 24 at a dinner meeting in the Franklin Country Club. Upper picture shows officers and guests of the two groups. Left to right, standing, Henry W. Heine, executive secretary, Indiana Pharmaceutical Association; James A. Waggener, executive secretary, Indiana State Medical Association; Dr. Walter L. Portteus, president, Indiana State Medical Association, and a Johnson county practicing physician. Seated are Frank Lobraico, president, Indiana Pharmaceutical Association, and Earl F. McClelland, president, Johnson County Pharmaceutical Association.



JOHNSON COUNTY MEDICAL GROUP. Standing, left to right: Drs. Harry Murphy, Lyman D. Eaton, Charles Jones, president, W. L. Porttens, Robert H. K. Foster, C. C. Woodcock, W. W. Stogsdill, Kenneth Sheek, Arthur W. Records. Seated, left to right: Drs. Alfred Chappel, Joseph Ferrara, Charles F. Deppe and John Machledt. Members not present were Drs. W. D. and O. A. Province, Franklin, and Dr. George E. Brown, Greenwood.

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*Pratt, R., & Dufrenoy, J.: Texas Rep. Biol. & Med. *12*:145, 1954.

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March 1955

of the INDIANA STATE MEDICAL ASSOCIATION

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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

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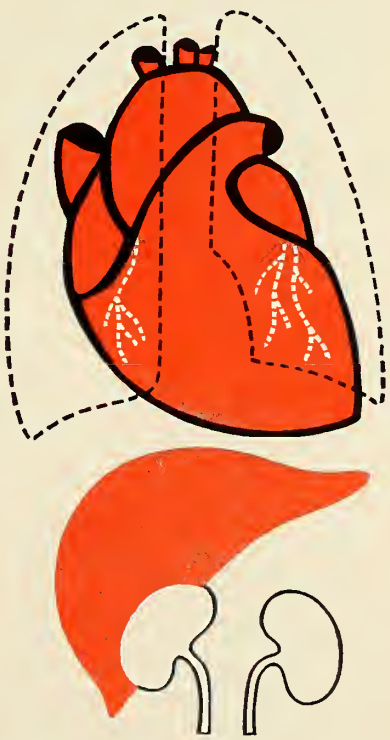
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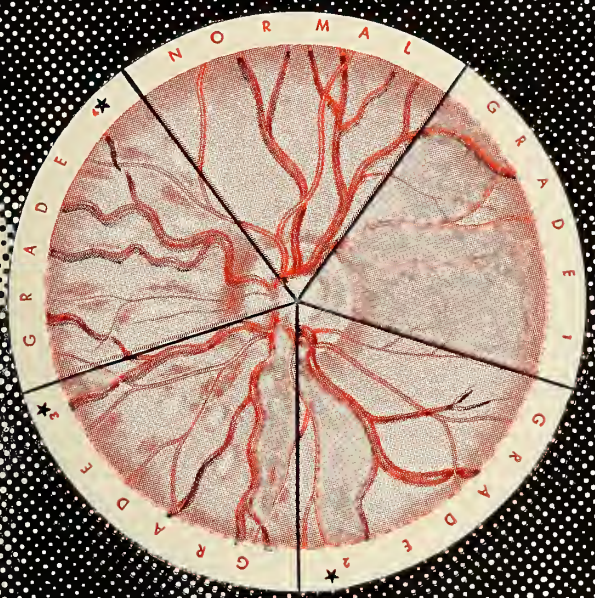
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Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

MORE ON THE N.H.S.

The recent report on England by Dr. James Fox, at the Annual Conference of Medical Society Officers makes another report in the October 1954 *Nassau Medical News* (Garden City, L.I.) by Dr. Everett C. Jessup all the more interesting. While Dr. Fox spent his time in practice chiefly at Edinburgh, Dr. Jessup apparently covered England. As will be noted in the first sentence, this is Dr. Jessup's third visit and report. We offer the article quoted *in toto*, because of its great immediate interest and the moral to be drawn.

In the January 1950 and February 1953 issues of the Nassau Medical News the writer outlined his first-hand impressions of the British National Health Service. This past summer he again took the opportunity of an English visit to ascertain how things were "getting on."

To more sharply focus the present situation, it might be well to restate the conclusions of the previous articles. The first was written one year after the plan had gone into effect.

"It is a highly complicated interference in human relations, which properly administered, will probably solve the problems of the medical care of low income groups, but it will alter the whole practice of medicine in achieving that end. It is expensive, leads to bureaucracy and politics in medicine and is the entering wedge of the socialized state."

The second, written in 1952, concluded:—

"My present opinion of the National Health plan remains essentially the same as in 1949. As prophesied by the writer in the 1949 report, a change in ministry has not changed the system. The man who has lost out, whose profession seems to be fast becoming a trade, who has become a dis-spirited servant of the state, is the general practitioner."

Two more years have passed. How fares this challenging experiment in human living, this endeavor on the part of the state to furnish free medical service to all of its citizens, with everything that touches on or appertains to its practice and administration, for the average annual sum of seven pounds, seventeen shillings, per capita?

During the writer's brief visit this year, June 26th to July 21st, many articles on the National Health Service (N.H.S.) appeared in the London papers. The character of these articles is quickly grasped by glancing at their headlines.

"DOCTOR-PATIENT. WHAT HAS GONE WRONG?
Are we losing the old happy relationship between doctors and their patients in this country?"
"STATE HOSPITAL FRUSTRATION
Doctor's Treated Dictatorially"
"THE NEW DESPOTISM"
"DOCTOR'S SURGERIES THAT ARE 'GERM-RIDDEN' DUMPS
Scots Labour M.P.'s Criticism"
"B.M.A. TO HOLD PAY INQUIRY
Doctor's Call for 'United Front'"
"NEW SPIRIT NEEDED IN THE STATE HOSPITALS
Consultants in Many Areas Claim that Medical Staffs are Being Frustrated by the Attitude of Lay Committees and Administrators. . . If they Are to be Frustrated as Well as Over-Worked, the Consequences May be Calamitous"
"DOCTOR SAYS 'WE ARE NOT STOOGES OF COAL BOARD'"
"ONE SHILLING PRESCRIPTION COST 131 POUNDS, 9 SHILLINGS, 1 PENNY
Drug Sent from U.S."
"KEY HEALTH SERVICE BEGGING
Pay is too Low to Get Women to Train as Doctors' Aides"
"N.H.S. IS HEADING FOR A BREAKDOWN"

Such headlines denote dissatisfaction, agitation, possibly rumblings before a storm of protest.

From this material and from interviews with many people, much was learned, and is herewith set down for your information.

There has been no new hospital opened in England since 1939!

Thirty thousand, five hundred beds have been added to existing hospitals.

Of the 20,000 physicians in England, 600 have remained outside of the plan, while many in the plan still do some private practice.

The B.M.A., this year, reaffirmed its position to full-time, salaried, general, medical service.

The cost of N.H.S., this year, is estimated at three hundred million pounds, plus.

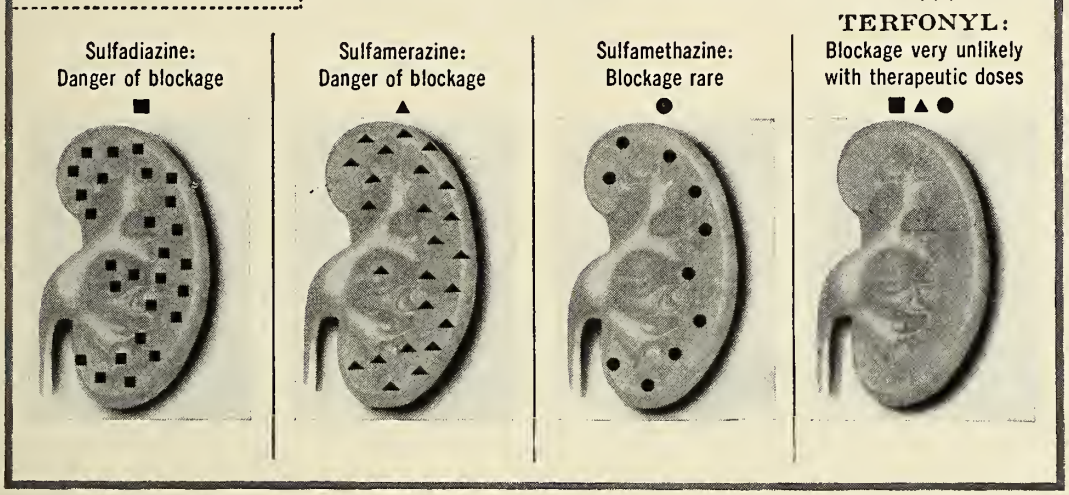
Free medicine allows the prescribing of expensive medicine, even if imported. The government paid one American firm, last year, $450,000 for dexedrine tablets

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alone! American pharmaceutical concerns are doing a land-office business.

A panel physician may take on four thousand patients. Such a physician may "treat" 125 patients in an evening! The waiting room may be so crowded that people queue-up in the street.

There is a three-tiered, administrative authority over the hospitals:

One Ministry of Health in London;
Fourteen Regional Boards;
Three hundred eighty-eight Management Committees.

All hospital procedures are systematized and directed by the Ministry of Health. Local boards or committees thus have lost much of their power and initiative. This has occurred, notwithstanding the fact that local autonomy had been promised originally.

Representatives of trade unions are on boards of most hospitals. Everybody, outside of the professional staff, is graded and now receives more money for less work.

Graduating hospital residents may wait one or two years, or even longer, before being given a practice by the Ministry. As a result the residents pull every wire to retain their jobs in the hospitals. One young lady doctor reported at the B.M.A. meeting that she kept herself going by borrowing 6,000 pounds and starting an interior decorating establishment.

The newspapers reported verbatim proceedings of the sessions of the British Medical Association in Glasgow which the writer attended. Let us quote from some of this material.

Sir John McNee, President of the B.M.A.:

"The few minutes which might only be available for an examination in a crowded surgery in Britain today portend ill for the practice of medicine. The fault is no longer confined to general practice, for it has been infecting consultants, with their increasingly busy hospital departments and clinics. This state of affairs cannot be allowed to go one, for it undermines the whole foundation of the practice of medcine."

Dr. F. L. Bishop, delegate from Durham:

"The National Coal Board are accepting all sorts of sick certificates which should not be given. Twice in the last month I have had miners come to me and ask for certificates because they have slept in. I told them I had sunk low, but not as low as that."

Dr. A. E. Loden, Tumbridge Wells:

"The present system (N.H.S.) is nothing more nor less than direction of labor and there is no other body in the country that would stand for it."

Dr. I. D. Grant, Glasgow, deputy chairman, referring to a recent B.M.A. visit to the Ministry of Health said:

"I came away with the feeling that the Minister and the Ministry wanted private practice to die of inanition. They are paving the way for what is still the dream child of many politicians, a salaried State service.

"That would be disastrous for the people of this country and the doctors. Against that the maintenance of an active and virile private practice working in friendly rivalry with the Health Service is going to be our stoutest bulwark."

Here are two letters from physicians, also found in the London papers, that are illuminating:

"I am a doctor in a very large practice and have been so for over 20 years. Before the advent of the National Health Service it was rare to hear medical men being criticized. They were respected by all classes.

"They were able to give their best to those genuinely ill and not confronted, as today by innumerable patients with trivial and often imaginary maladies.

"In my area, hundreds of people belong to Government establishments which allow them 13 weeks sickness on full pay each year.

"Most of them belong to sick clubs as well, so they are better off on the sick list. No wonder they flock to our surgeries with imaginary symptoms. When doctors are exhausted by multitudes of unnecessary demands, it is not surprising that their relationship with their patients should deteriorate."

Devon—F.K.

"From 1931 to 1948 I was a family doctor in the old National Health scheme, and till 1951 in the new service. Working for the N.H.S. now means working for an employer who expects you to put in 24 hours a day; offers you no prospect of promotion; always nags you but never praises; expects you to provide your own 'work-place' at your own expense; and sides with the critic if ever your work is criticized.

"Of the countless numbers who overcrowd our waiting-rooms very, very often one can recognize the same faces two or three times weekly. These are the trivial ailment cases who criticize us so readily and so frequently."

London—Medicus.

Just before my arrival in England two reports were published, both highly critical. One followed a government investigation of general practice, condemning the character of service and office techniques of many general practitioners. The other was a study by the Nuffield Hospital Trust, showing that most of the strain on doctors was caused by a 15 per cent group of patients.

An expression of opinion that came from the heart was vouchsafed to the writer by one of the leading general practitioners of London:

"No, my son is not going into medicine. Medicine is finished. Its soul is killed."

There is enough evidence in all the foregoing that the English physician is unhappy and that he is making his patient unhappy and therefore critical. The latter is finding an unsympathetic attitude on the other side of the office desk. The old family councilor is no longer



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there and there is no one to take his place. Possibly the breakdown of the system, the first crack in the wall is here. The creation of the plan had political motivations and it will be through politics that it will be changed or abolished. When enough voters rise in resentment against it, then the politician will act.

An insight into the political character of the plan was given to the writer by Mr. Hinkle, the President of the British Dental Association. We sat together at the annual dinner of the British Medical Association. He told the writer this incident and gave full permission to publish it. It was put in writing the same evening.

Before the adoption of the N.H.S. plan and during the Coalition ministry, he was on a committee of the British Dental Association formed to discuss with Aneurin Bevan and other parliamentary leaders, the part to be played by the dentists of the country. Due to the rather backward state of British dentistry the committee felt strongly that any new plan should be entered upon with great caution, that the profession of dentistry was completely unprepared to take on any grandiose scheme of caring for the teeth of all the population of England. The committee pleaded for a slowly, progressive widening of dental responsibility, beginning first with the youngest children, then broadening the field to include younger adolescents and so on, until, in the course of years, the whole population would be covered.

The answer of Mr. Bevan in opposition was short, much to the point and decided the issue.

"Gentlemen, infants and children have no votes."

All the foregoing paints a picture of a plan not going too well in practice.

No hospitals have been built; one health center has been erected in London out of the 163 planned; the mental hospitals are terribly overcrowded and the medical accommodations for the elderly sick are fearfully inadequate.

The grandiose idea of giving everything for nothing has been amended. Patients must now pay one shilling for a prescription and a certain percentage of the cost of dental treatment, surgical appliances, false teeth, spectacles, hearing aids, etc.

The Minister of Health recently summed up the whole matter rather bluntly and tersely when he said:

"There is no doubt that the national Health Service, as envisioned by the 1946 Act, will not be possible for a generation to come."

Finally, is it possible to sense the present attitude of the various groups affected by this service? This is statistical information which the writer does not possess, but he is willing to give his personal impression.

Ninety-seven per cent of the population is enrolled in the plan. Undoubtedly a majority is satisfied with it.

The pharmacists, appliance makers, optometrists, etc., are satisfied with it.

Pharmaceutical concerns are disgruntled over American competition.

The dentists, who were enticed in the beginning by the bait of high income to give their approval to the plan, have had that income cut in half and are now a very frustrated group.

The medical schools are crowded with students whose education is subsidized.

There has been an over-production of hospital residents and young specialists, with resultant hardship.

Nurses have definite complaints of being underpaid and over-worked. The latter is undoubtedly due to the same shortage of nurses as exists in the United States. In some areas, because of this lack, beds and even entire wards, are out of use.

The 29 teaching hospitals, which have been appeased by the grant of some local autonomy and the custody of their own, endowed funds, are not suffering too greatly.

On the whole, the state hospitals are not happy places for the non-professional workers.

The specialists, having been given all the hospital jobs, with the privilege of having private patients outside and the use of nursing homes, are almost satisfied with the status quo. They are now agitating for more pay.

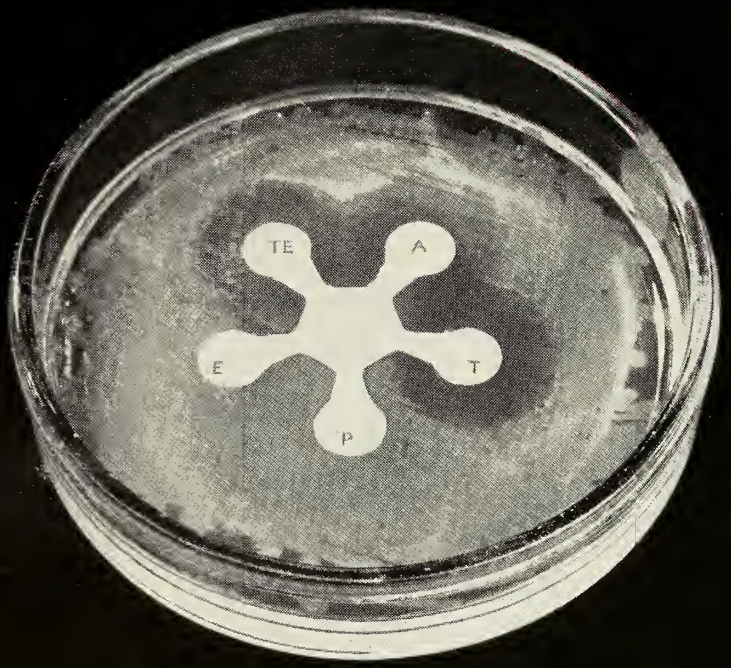
As for the general practitioner, his profession is fast becoming a trade. Some physicians are satisfied with the opportunity, recently improved, to earn a large income on this basis, but there is every evidence that the deep happiness and satisfaction that come from practicing the art of the family physician, are rapidly being lost in England. It so happened that every general practitioner, with whom the writer talked, was critical of N.H.S.

Although the present party in power in the United States has openly declared opposition to any system of socialized medicine here, yet, as such systems contain so many fascinating and tempting elements for the politician and the professional do-gooder, it is well for the writer to repeat and end this article with the concluding admonition of his last paper on N.H.S.

"There is only one rational attitude for the people of the United States to take. England is the guinea pig. Before we embark on this venture, let England prove or disprove the worth of this socialistic experiment in the way of living."

One of the important items reported above is the one concerning Mr. Bevan, who, incidentally, was mentioned also by Dr. Fox in a none too complimentary way. Anyhow, don't ever forget that "infants and children have no votes."

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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

THE 'UTOPIA' OF SOCIALIZED MEDICINE

There is no question but that living under socialized medicine is a "great" experience, if you confine the connotations of the term to vast, massive or overwhelming. Socialized medicine is all of that on many counts, particularly overwhelming.

First in magnitude, of course, is that it gives the people all kinds of health and medical service "for nothing," after first, however, taking away from the people at large in taxes, three times what this service would cost when supplied by private doctors, even though performed by them in an efficient and impartial manner, which it woefully is not, under socialized medicine.

Like everything else that the government gives to anybody, it never gives you anything for "nothing" unless it also gives you along with it a "great" deal of government control and domination. It also, happily from the standpoint of a power aspiring governmental regime, gradually but effectively conditions you for full-scale governmental dictation in all other respects.

Until you get used to it, however—get used to waiting for days for the doctor to come—you don't find the "service" too satisfactory. Particularly when the harried and greatly over-worked government doctor does finally get there, and is in no mood or physical or mental condition to provide you with very much of a diagnosis, prognosis or anything else.

Of course, under socialized medicine, the government "cures" everything for you from corns to dandruff, and gives you "for free" everything from hand lotion to hair dye—that is, under certain conditions, and therein lies the "rub," whether it be liniment, ill-fitting free false choppers or abrading shoulder braces.

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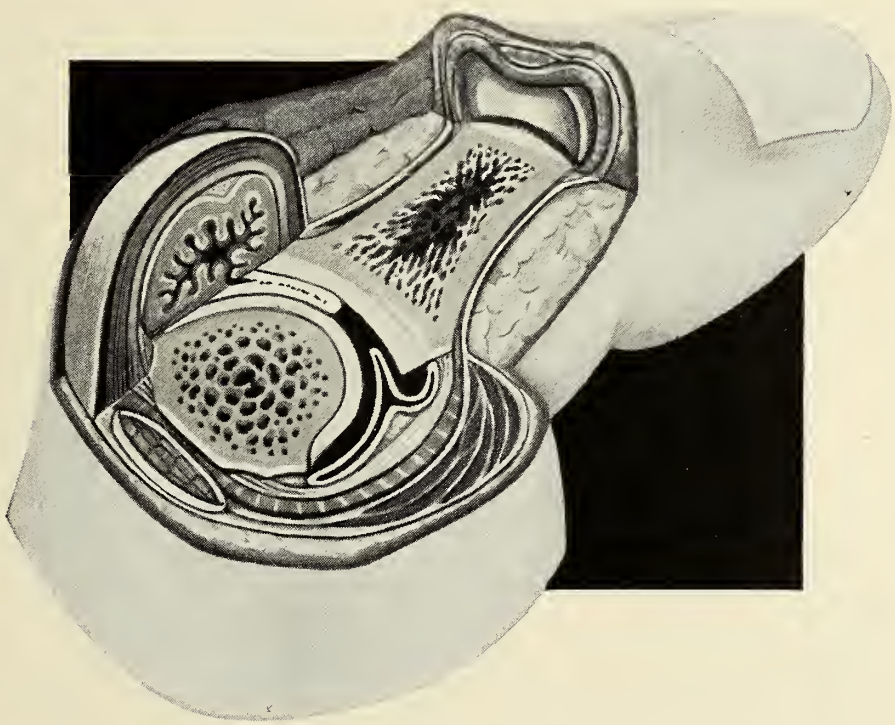
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*Bunim, J. J.: Research Activities in Rheumatic Diseases. Pub. Health Rep. *69*:437, 1954.



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mental control—that is, if you hope ever to get any free medical attention again.

For instance, the Wall Street Journal cites the case of a young man in Leicester, England, who went in swimming and lost a set of false teeth, which he got "for free" under Britain's National Socialized Health Program. His application for a second set (he had had the first for three years and they were pretty well worn in spots), was turned down on the ludicrous ground that he had "exercised lack of care and good judgment in swimming in a rough sea."

The socialized health council had not elicited anything but this very perfunctory information and wholly ignored the possibility that there might have been extenuating circumstances.

As the Wall Street Journal logically enough contemplates, "this ruling raises some interesting questions. Was the sea rough when the man first went in or did it become rough later? Is that particular stretch of beach always rough, and are the nearby beaches to be denied all wearers of government teeth? Is it careless or not to proceed about London's streets during one of that city's many mists? It seems to us that to rule that a man may be denied another toupee because he lost the first the government gave him in a high wind, is to say that government responsibility in the matter of toupees and teeth should go so far and no farther. But to say that is to question the whole scheme of socialized medicine. For someone is bound to ask, as in the case of the young man from Leicester, how in the world did he lose his own teeth in the first place?"

We would add that we believe that this inflexibly enforced perpetual responsibility for the perpetuity of government incisor-molars and synthetic hirsute adornment is particularly unjust in such cases as that of the young man from Leicester whose bureaucratic masticators were virtually worn out, or in the case of a man who gets caught in a sudden summer squall and loses a toupee that is very ratty and badly frayed and in fact is well over-due for a replacement.

We would respectfully add a case recently reported where an Englishman got some free medicine for a bad cold and when he came back a couple of weeks later with a recurrence of "aggravated coryza," he was refused any more medicine because he used poor judgment in getting out in inclement weather and getting his feet wet. It was not until a neighbor reported that he had pneumonia that the health bureau decided to cut the bureaucratic red tape. The belated medicine didn't do much good then, however, because the next day the man was dead.

We can see where a system where you can get "for free" everything from shoulder braces to delousing lotion would be pretty tempting. However, for our part, we believe that we would still rather continue to pay our own medical expenses (even though admittedly they come high), and have something to say about whether we are going to go tooth-less, toupee-less or life-less. After all, in the latter eventuality, we somehow cannot get much consolation, even though everything therein costs you "nothing"—including the funeral expenses.

—Fort Wayne News-Sentinel.

FEDERAL HEALTH INSURANCE?

President Eisenhower has again proposed to Congress that a health reinsurance program be enacted into law to provide for "catastrophic" payments. He first proposed such a medical payment. He first proposed such a plan in the 83rd Congress, last year, but it was rejected by the lawmakers. Now, with his request again before the national legislature, there is once more considerable debate over it.

Two examples of opposing views on the health plan are reprinted here. The Chicago Sun-Times, supporting the plan, says:

"The President's message frankly admitted that 'as a nation, we are doing less than now lies within our power to reduce the impact of disease.' The nation is deficient in three special categories:

"1. Many Americans cannot afford needed medical care and are not protected by adequate health insurance.

"2. Too many communities have no hospitals or clinics or those they have are out of date.

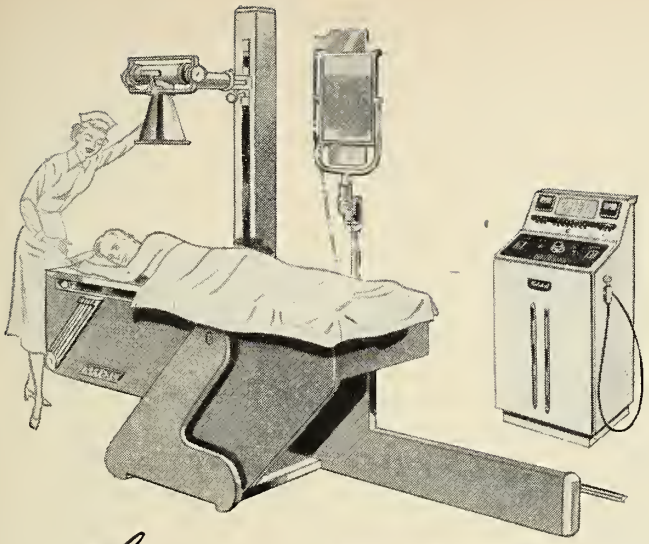
"3. There are critical shortages of doctors and nurses.

"The President proposed that Congress encourage private insurance companies to give more families broader benefits. This would be done by a government reinsurance plan, along the principles of the Federal Deposit Insurance Corp., which guarantees bank deposits up to $10,000 and which is financed by premiums paid by the banks.

"In the health plan, the government would set up an insurance program, at an initial federal outlay of $25 million, to protect private and nonprofit insurance companies against heavy losses paid out to those suffering 'catastrophic' illnesses or accidents. This system also would encourage insurance companies to extend coverage to rural areas, where group enrollment is ordinarily difficult.

"Two out of three Americans carry hospital insurance and about half have medical insurance. But only one out of 150 can afford 'catastrophe' insurance.

"The President's plan stays within the spirit of the Republican platform. It is not as radical as plans supported by former President Truman and by the late Senator Taft. It should have the enthusiastic support of the Democratic Congress, since



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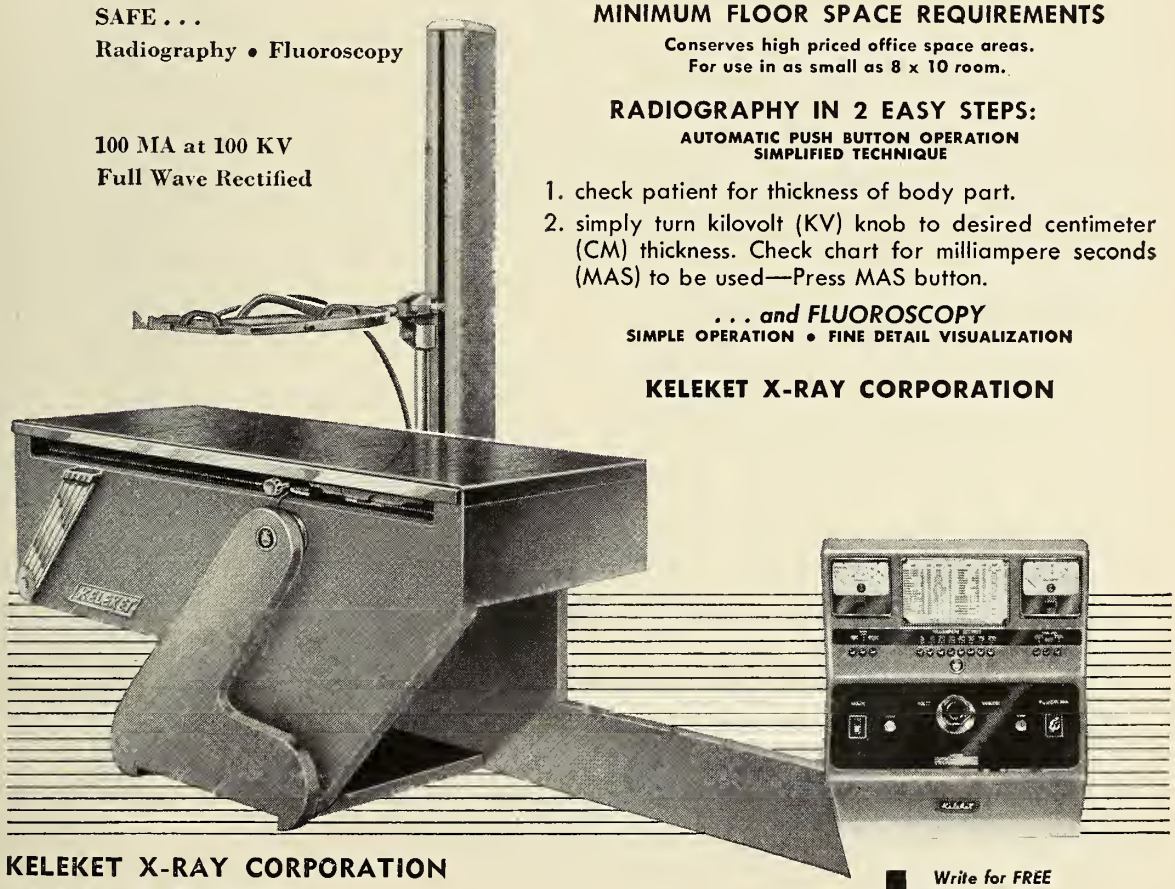
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it is at least an experimental step in the direction of a badly needed better health program. The Democrats might want something more extreme, but they would be wise to settle for Ike's moderate plan.

"Mr. Eisenhower's plans for helping communities build more hospitals and training more doctors and nurses certainly demand immediate approval."

The Indianapolis Star, opposing Mr. Eisenhower's proposal, puts it this way:

"President Eisenhower has often stated as his philosophy of government that the federal government should only do for the people what the people cannot do for themselves. Yet he has proposed a 'reinsurance' program that contradicts this praiseworthy view. His plan seeks to do in the field of health insurance what is already being done by private industry. He claims that the insurance industry has to have help in the form of a federal reinsurance fund to provide for 'catastrophic' medical payment coverage. Yet the insurance industry is already doing the job without even making use of its own reinsurance facilities.

"Thus the only arguments for the President's program are based on false assumptions. There is no need either for federal money or for federal planning in this field.

"For instance, here in Indianapolis, American United Life Insurance Company has just announced its 'catastrophic' health insurance plan. Under this plan a man and wife can be protected against 75 per cent of all medical expenses up to $7,500 for as little as $65 a year. The first $500 of medical expense is deductible. Other insurance companies offer smaller plans in the same price range. They are not getting and do not need any federal aid to make this insurance available.

"We see no reason, therefore, according to the President's own oft stated philosophy, why a single cent of federal money should be spent on an unnecessary 'reinsurance' program—much less $100,000,000." —Kokomo Tribune.



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DURING THE LAST two and one-half months the Physician Placement Service of the Indiana State Medical Association has received 52 inquiries from doctors for information concerning available locations in Indiana. During the same period 8 additional communities where a physician is needed have been listed. Crisscross information has been supplied both groups.

Population of the localities seeking doctors ranges from 500 to 5,400. Of the doctors making inquiry, 25 are general practitioners, 7 are general surgeons, 9 specialize in internal medicine, 1 is a pediatrician, 4 specialize in obstetrics and gynecology, 2 are urologists, 2 specialize in orthopedics, 1 in industrial medicine, and 1 seeks a preceptorship.

ADDITIONAL LOCATIONS

NEW HAVEN (Allen County); population 1,900. Located 7 miles from Fort Wayne, Indiana, where hospital facilities are available. Office and practice well established and the opening exists because the doctor who was there has left for training in internal medicine. Contact R. C. Smith, M.D., 1610 Pemberton, Fort Wayne, Indiana, for details.

WOODBURN (Allen County); population 500. The Lions Club and other civic minded individuals are interested in getting a young doctor for their community. Located 15 miles east of Fort Wayne—large rural area. Contact Mr. Donald G. Gundy, President, Woodburn Lions' Club for details.

EDINBURG (Johnson County); population 3,500. Ten miles from Franklin and Columbus where hospital facilities are available. Office and home available. There is industry as well as farming in this area. Contact Mr. Ralph Kail, Edinburg Grain Company, for details.

RUSSIAVILLE (Howard County); popula-

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tion 1,050. Located 12 miles from Kokomo where hospital facilities are available. Contact Mr. Leon Vandiver, banker, Russiaville, Indiana.

CLERMONT (Marion County); population 500. Located 15 miles from Indianapolis. No other physician in community. Contact Mr. Philip Summers, Clermont, Indiana.

TELL CITY (Perry County); population 5,400. Established practice, office and equipment for sale. Also home for sale. The home is brick with office space on one side. Ideal location for a general practitioner. Dr. Donald Lashley who had practiced here for 14 years died suddenly. Contact Mrs. Donald Lashley, 606 Ninth Street, Tell City, Indiana, for details.

SHELBURN (Sullivan County); population 1,600. No physician in the town. Home and office can be provided. Community is willing to help a physician get started. Contact Mr. Damon W. Pugh, R. 1, Shelburn, Indiana.

DANA (Vermillion County); population 900. There is one physician in this community and she is anxious to have some other physician located there. Very good farming community. Two hospitals within a radius of 15 miles. Office of the late Dr. W. C. Myers is available. Contact Mrs. W. C. Myers or Mr. Lang Helt—both of Dana, Indiana.

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Henry J. Minsauer, M.D. (internal medicine), 530 Highland Terrace, Sheboygan, Wisconsin.

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Miriam S. Daly, M.D. (pediatrics), 3300 West North Avenue, Baltimore 16, Maryland.

Harold L. Daly, Jr., M.D. (general surgery), 3300 West North Avenue, Baltimore 16, Maryland.

James E. Brennan, M.D. (general surgery), U.S. Naval Hospital, Corona, Calif.

Charles Baumbach, M.D. (obstetrics and gyne-

cology), 3679 Daleford Road, Shaker Heights 20, Cleveland, Ohio.

James F. Rimel, M.D. (general surgery), Building 2578, Apt. 2, Fort Eustis, Virginia.

John D. Tharp, M.D. (general practice), 4141 Clarendon Avenue, Chicago 13, Illinois.

DeWitt Erk, M.D. (obstetrics and gynecology), 1875 Forest Hills Blvd., East Cleveland 12, Ohio.

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Edward D. Morris, M.D. (general practice), 119 E. Fayette Street, Celina, Ohio.

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Eldon D. Van Sandt, M.D. (general surgery), Leila Hospital, Battle Creek, Michigan.

Ralph Weller, M.D. (general practice), General Hospital, Indianapolis 7, Indiana.

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Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.: J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.: Brit. M. J. 2:755, 1953.

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Brown, H. W.: J. Pediat. 45:419, 1954.

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Books: Received and Reviewed

THE CONCEPT OF SCHIZOPHRENIA. By W. F. McAuley, M.D., Principal Psychiatric Registrar, Downshire Hospital, Northern Ireland. 145 pages. Price, $3.75. Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1954.

The author evaluates the present knowledge of schizophrenia, discussing the historical background and evolution of the syndrome, as well as present-held dynamic concepts. The role of heredity is discussed and the author concludes that although heredity does play a part in the etiology of schizophrenia, the method by which it does cannot, as yet, be elucidated. Social and environmental influences are discussed in detail, the author emphasizing psychoanalytic and dynamic concepts, particularly the individual's failure of integrated adaptation. The author also reviews the researches which have been undergone, both from the neurophysiological and metabolic standpoints. Although these researches have been valuable, the author concludes that they further underline afresh the difficulty and frustration met in the somatic approach, for much that can be considered cause may rightly be the effect of the characteristic life which the schizophrenic leads. An excellent chapter discussing primary and early symptoms, as well as the differential diagnosis, is also included. Treatment considerations are limited to short chapters on the results of a series of patients treated with insulin therapy as well as patients who have had leucotomy.

The author, in conclusion, states that we are forced to look outside the individual and at the social and cultural stresses that play havoc with human nature if we are to find an answer to the foremost problem in mental illness today. The author further concludes that there is no quick cure and that the surest defense is the promotion of good sound mental health where the individual and society will be able to withstand the attack of the schizophrenic state.

The book is well written; the material is presented in a comprehensive manner, and as a result, the book provides a lucid and valuable guide to one of the most difficult problems encountered in psychiatry.

M. F. GREIBER, M.D., **Muncie.**

FILMS IN PSYCHIATRY, PSYCHOLOGY AND MENTAL HEALTH. By Adolf Nichtenhauser, M.D., Marie L. Coleman and David S. Ruhe, M.D., Medical Audio-Visual Institute of the Association of American Colleges; 263 pages. Price, $6. Health Education Council, Number 10 Downing Street, New York 14, N. Y. 1953.

This book, justly termed unique by the publishers, has been written to make films in psychiatry, psychology, and mental health education more useful to more people. The core of the book is a series of 51 penetrating and critical reviews of films, supplemented by brief descriptions of 50 additional significant and available films in this area released for showing up to January 1953. A discussion of film reviewing techniques, suggestions on how to use the book, the use of motion pictures in the teaching of psychiatry, and further discussion regarding the cumulative meaning of the reviews is ably presented in four chapters immediately preceding the reviews.

This book is a must for everyone who may ever need to select a film in psychiatry, psychology or mental health for teaching, programing, study or research. Particularly valuable is the suggested audience guide to films which enables the selector to procure the right film for a particular type of audience. Up-to-date information on the source or sources from which films can be obtained is also given with each review.

This book will undoubtedly stimulate the production of better new films in this area of medical science.

M. F. GREIBER, M.D., **Muncie.**

LET'S EAT RIGHT TO KEEP FIT, written by Adelle Davis, published by Harcourt, Brace and Company, New York, can best be described as a book lacking in every virtue.

Opening the book to almost any page quickly corroborates this assertion. A random opening on page 39 reveals the statement: "For three reasons, eating too little fat is probably a major cause of overweight." This striking statement is entirely unsupported by facts. The scientific consensus is that obesity is caused by excessive intake of calories including those supplied by fats.

Another random opening of the book reveals the statement: "Among elderly persons visual difficulties caused by multiple nutritional deficiencies are almost the rule rather than the exception." This sweeping statement is again unsupported by scientific observations.

Consider the following statement: "I gave a series of lectures at a Woman's Club where most of the audience consisted of women sixty to eighty years old. On several occasions I tried without success to find one person in the audience who did not show symptoms of vitamin B_2 deficiency." Miss Davis does not go into details as to how she "ruled in" vitamin B_2 deficiency for this audience.

Again a random opening of the book to page 179 reveals a remarkable course of therapy for a woman with such severe nosebleeds that blood transfusions were required every few days. Witness the therapy of Miss Davis: "I planned a diet containing liver daily and a quart of tiger's milk to which were added powdered bone and dilute hydrochloric acid." What, no unicorn horn!

After ten days the lady in question wrote as follows: "Had a hemo taken yesterday and it was 79. Pretty good, huh? A queer thing. I told you about the hot flashes and my nose would start practically every time I had a hard one. Well, haven't had one hot flash since I saw you . . . Gosh, sure is wonderful not to be afraid to breathe for fear of a nosebleed."

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Let it again be emphasied that these are random selections. Careful scrutiny reveals that any two or three pages will yield morsels as indigestible.

In the language of Walt Kelly's comic strip, Pogo, this book is indeed a "treasure house of ignorance."

HAROLD D. LYNCH, M.D., **Evansville**

REVIEW OF MEDICAL MICROBIOLOGY. By Ernest Jawetz, M.D., Joseph L. Melnick, Ph. D., and Edward A. Adelberg, Ph. D. 360 pages. Lange Medical Publications, P. O. Box 1215, Los Altos, California.

Review of Microbiology written by three well known authors is the latest of the series of comprehensive text books published by Lange Medical Publications.

Physicians, residents, medical students, medical technologists, both in training and after graduation should take time to read this book carefully and will be well rewarded. All hospitals and laboratories, particularly ones which have residents and are training medical students and technologists and nursing tutors should add this book to their library.

As the title of the book implies, the authors have carefully and intentionally avoided lengthy elaborate discussions of details of techniques, procedures and materials, and subjects of a controversial nature, and have focused their attention on a very concise, accurate and up-to-date presentation of facts which are of particular significance in the study and practice of microbiology.

The first few chapters of the book are devoted to the study of basic science which is very often lacking in most modern textbooks of bacteriology and the knowledge of which is essential to the proper understanding of the principals involved in the vast field of microbiology which is gradually unfolding by the most assiduous modern and up-to-date research works in bio-chemistry, cyto-chemistry, genetics, chemotherapy, epidemiology, etc.

One chapter each in the book is devoted to the study of classification of bacteria with reference to Bergey's Manual of Determinative Bacteriology, Microbiology of Special Environments such as air, water, milk and food as regards analysis, bacterial flora, control and prevention of bacterial contamination, and transmissable diseases, chemotherapy with short descriptions of most of the present day antimicrobial agents, with mode of action and undesirable side effects, and two chapters on antigen-antibody mechanisms as applied in the diagnosis of diseases. The rest of the book is devoted to bacteriology proper with short but accurate descriptions of diagnostic bacteriological laboratory tests which will be very useful to physicians and technicians.

In comparison with the size of the book it is heartening to see the illusive viruses discussed and to find that they have received careful consideration with an appendix on viral diseases of animals, and vaccines for attempted prevention of virus infections of animals. This will serve as a ready reference for a busy veterinarian.

The figures, diagrams and microphotographs are well prepared and are adequate. The list of reference books and journals is at the back of the book and is very small, but the text bears no reference to these books and journals, and the journals are without any date of issue. The table of contents and index are well done. The book is bound in cardboard, the paper is good, and the print is clear.

RAMEN K. DAS, M.D., **Muncie**

SURGICAL PATHOLOGY. By Loren V. Ackerman, M.D. 836 pages, 913 illustrations. Price $14.50. C. V. Mosby Company, St. Louis 3, Mo. 1953.

As stated in the preface, this book has been written for the medical student as well as for the practicing physician. It is written in a very practical way. It covers the most common lesions and presents them with the clinical and gross descriptions which will be of the greatest benefit to the practitioner.

Correlation between the gross findings and the clinical observations is stressed. Photographs of the lesions and gross specimens, as well as photomicrographs, are numerous and well reproduced. The clinical photos are especially diagnostic.

The text is complete but not wordy and avoids rare and inconsequential details. Each condition is discussed briefly from a practical viewpoint, and after the gross and microscopic description, a clinicopathologic correlation is presented.

While the term, surgical pathology, would suggest that the subject is of interest only to surgeons and pathologists, an examination of the text will show that it covers some diseases which are not necessarily surgical in nature, and all diseases are discussed and presented in such a way as to render practical aid to any doctor interested in diagnosis. This work would fit the reference shelf of any doctor, no matter what the nature of his practice.

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Iceland Disease in Indiana:

A CASE REPORT

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INTRODUCTION

IN 1950 A DISEASE SIMULATING, but distinct from, poliomyelitis was first described in a report[1] of an epidemic occurring in Iceland during the early months of the winter of 1948-1949. A similar epidemic occurring in the late summer of 1950 in New York State was recently reported.[2] The present report concerns a case first seen in October, 1953 in Indiana with markedly similar clinical manifestations and believed to be identical with those previously reported and referred to as Akureyri disease[1] or Iceland disease.[2] Because it is considered to be a new disease which is not a variant of poliomyelitis and because of its possible westward transmission it is hoped that this report will serve to alert other physicians to this entity and thus enable more definitive studies. Since the patient was an intelligent, observant individual it was possible to obtain an excellent report of the development and progress of the disease, enabling a more detailed presentation in which her own comments virtually summarize the previously reported characteristics of this illness.

CASE REPORT

S. A., a 41-year-old married white female graduate student in the School of Health, Physical Education, and Recreation, was admitted to the Indiana University Student Health Service Infirmary on October 4, 1953 complaining of severe pain and muscle spasms involving the left side of the neck and radiating into the left shoulder area. She also complained of palpitations (pulse 100) and difficulty in beginning urination.

S. A.'s visits outside of Bloomington, Indiana consisted of one day (September 12) in Chicago and one day (September 20) in St. Louis prior to her departure on September 27 by automobile for a conference in Philadelphia which was attended by some 1,200 delegates from all sections of the United States and foreign countries. There was no known contact with anyone having an illness of any kind. She arrived in Philadelphia on September 30.

At noon on October 1 she noted the development of a "stiff neck accompanied by a headache." Her discomfort progressed throughout

the afternoon and evening and was unrelieved by aspirin. Although she "felt feverish" there were "no signs of head or chest congestion." Movement of her head became more difficult because of the "increasing pain in the neck muscles." That night she noted "difficulty in dancing; I was all feet; there seemed to be something wrong with my coordination." On retiring at 2:00 a.m. she had difficulty in lying down and finding a comfortable position because she "ached all over and the pain in the head, neck and shoulders was definitely worse."

After sleeping poorly she awoke at 6:00 a.m. on October 2 and on attempting to arise "started a muscle spasm on the left side of the neck and down into the left shoulder that felt like a charley-horse." She reportedly could not move her body above the waist "without excruciating neck pain which extended from the left shoulder up into the neck and base of the head." Her headache was of a "pounding type across the forehead and at the base of the skull." She experienced "slight chills and felt feverish." She attained a sitting position only with assistance and by splinting her head and neck with her left hand and arm. "Any sudden movement or strain on the neck or shoulders caused the recurrence of muscle cramps on the left side; the right side of the neck seemed to be involved but did not cramp." She felt "dizzy and lightheaded." After the movements of dressing and breakfast the "cramps" receded but she noted a "burning sensation at the base of the skull and a constant throbbing ache in the head and left side of the neck." She departed from Philadelphia with others by car on the afternoon of October 2 and noted that "every sudden jerk of the car caused sharp deep pain in the neck and shoulder area; the burning sensation in the back of the head at the base of the skull was more severe after the muscle spasms."

On October 3, after an overnight stop in Wheeling, West Virginia, she experienced the same difficulty in arising as noted the previous day. A hot shower and hot compresses applied to the neck and shoulders "had no appreciable effect and seemed to irritate the discomfort." Before continuing the trip she saw a physician at the insistence of her traveling companions. He suspected poliomyelitis and recommended hospitalization which was refused and the trip resumed. Analgesics and opiates were ineffective. "Absolute quiet from movement of any kind from the waist up was the only defense against spasms; after six hours of travel any sudden jar would cause a chain-reaction of cramps that seemed to involve both sides of the back of the neck." On several occasions the car was stopped "until quiet eased the pain and the muscles began to relax."

Additional symptoms appeared on October 3. "Sometime that day a feeling of pressure-type pain developed in the pit of my stomach and there was some nausea." No emesis was reported. "Some hours before reaching Bloomington around midnight throat pain began and it became difficult to swallow; it would take some effort and waiting to swallow liquid; the ache was deep in the throat and dull."

On October 4 "greater effort was needed to raise to a sitting position." Her only comfort came from lying on the left side and splinting the head and neck and "any movement of the upper body would produce multiple muscle spasms." She reported that "at no time from the onset did pain subside completely; it started more or less locally and as it generalized it became more intense and throbbing."

Following her hospitalization on October 4 all attempts to relieve her neck and shoulder discomfort were ineffective. Hot compresses only served to increase the discomfort. The author saw this patient in neurological consultation on October 5. At that time her pupils were somewhat constricted but bilaterally equal and displayed a sluggish reaction to light. This was attributed to previous codeine medication. Extraocular movements were normal except for some impairment of convergence. The right optic disc margins were blurred but no true papilledema was present. A questionable lower right facial paresis was noted. Corneal and gag reflexes were present. Other cranial nerve tests were considered to be within normal limits. Muscular examination revealed spasms of the posterior cervical muscle group most marked on the left. There was marked spasm of the left trapezius and moderate spasm of the left deltoid and biceps muscles. Sensory examination revealed a hypesthesia and hypalgesia throughout the left trunk and extremities. Temperature sense was likewise decreased on the left, but more readily demonstrable in the upper trunk and extremity.

Vibratory and position senses were intact. Reflexes were recorded as:

Reflex	Right	Left
Biceps	++	+++
Triceps	++	+++
Radioperiosteal	++	+++
Patellar	++	++++
Ankle	++	++
Abdominal upper	++	0
lower	++	0

Babinski, Brudzinski, Kernig, Hoffman, and Romberg signs were absent. By October 7 there was a marked decrease of the left trapezius spasm and the patient was generally more comfortable. The blurring of the right optic disc margins had cleared. The reflex and sensory findings were unchanged.

Laboratory examinations were essentially negative and within normal limits. Blood studies on admission revealed hemoglobin 77% (12.4 gm.); 3,730,000 red blood cells; 10,650 white blood cells with a differential count of 70% polymorphs, 22% lymphocytes, 6% monocytes and 2% basophils. Spinal fluid examination on October 8 revealed a pressure of 120 cm. of water, normal Queckenstedt test, clear colorless fluid, six cells, total protein 38 mgm., sugar 81 mgm., and negative Pandy test. Skull and chest x-rays were normal. At no time during hospitalization did her temperature rise above 99 degrees F.

In view of the improving clinical condition of the patient and the inability to establish a diagnosis of poliomyelitis or any other etiological basis for her symptomatology she was discharged on October 10 to be followed as an out-patient. At that time it was recorded that her "symptomatology appears to have been aggravated by anxiety and emotional over-reaction to her initial discomfort."

Her headache disappeared in a few weeks and she has had very few since. Any attempts to remain out of bed resulted in the onset of fatigue after about 30 minutes. It was not until late November that she was aware of any improvement in her fatigability or in her ability to turn easily in bed and be comfortable lying on either side. "Walking or being on my feet for more than a few hours caused pain in the back of my legs, seemingly between the bone and the muscle, sometimes one leg, sometimes the other, or both; there was often joint pain in knees and ankles." She also commented that "the flesh over the whole body was extremely tender and massage was intolerable."

During the 2½-months period following her discharge the patient felt that "muscle weakness, feelings of fatigue and tiredness, emotional inadequacy, and neck muscle pain seemed to be the most irritating follow-up symptoms. There has been no recurrence of the severe spasms experienced during the acute stages of the illness, but slight spasms do occur at unpredictable times." She added that "feelings of depression and anxiety were major problems during these months. The most difficult time was while I was in the infirmary and the following three or four weeks. It seemed that the most simple physical activity brought on fatigue which was oppressive and this generally was followed by emotional upsets. I had shortness of breath, fast pulse, palpitations and fears heretofore unknown to me. I had extreme difficulty in controlling what sometimes amounted to sheer panic. These emotional upsets did not start until about October 5 when the pain was more sustained and severe than any I had ever experienced before."

During January, 1954 the patient noted slow improvement in that she could turn her head more easily, could lean over to pick up objects from the floor without sharp pain in the neck and shoulder muscles, could sustain activity for longer periods of time and climb stairs less laboriously. She reported fewer days of "sleeping most of the day and night" and felt an "increased ability to store a little more energy." However, any fatigue, any effort to lift heavy objects, any attempt to lean over for more than a few minutes or turn the head "up, down, or sideways" resulted in aching neck and shoulder muscles. She commented that "often there would be a dull and sometimes throbbing ache in the back of my head at the place where the former burning sensation had been; when this occurred it usually took several hours to disappear." Late in January she noted the gradual development of itching "noticeable on the legs and feet at first and then spread to all of the body." She reports that "there seemed to be no rash or eruption of any kind and nothing appeared after rubbing; I changed soaps, powders, etc., to no avail." This itching persisted

until March "disappearing as it had come, leaving the legs and feet last."

During February she felt improved while taking dexamyl prescribed by another physician. However "at no time did the muscle discomforts disappear; they were more tolerable and I felt more emotionally secure." On invitation she took a plane trip to California, arriving February 27.

After seven days of renewing social and professional acquaintances "fatigue took over" and she felt as if she were "suffering from the flu." Again "every muscle and joint ached, and the pain in the neck was more severe than for the past 3 to 4 months." She felt that she "had to force myself to get out of bed in the mornings and if left alone would sleep 14 hours without awaking." An orthopedist was seen and a retrospective diagnosis of poliomyelitis was made. Physical therapy was prescribed but "this seemed to irritate the neck and shoulders and caused pain to develop where there had been none prior to treatment." As a result daily treatments were stopped after a three-weeks interval. It was also noted that "heat applications irritated more than helping and the therapist remarked that unusual tenderness in the neck and shoulders precluded effective treatment." One trial of "neck stretching ended in headache and neck pain which lasted for several days." During this interval cortisone produced some relief of persistent joint pains. A neck brace was prescribed and seemed to provide more relief from the painful fatigability than any other therapeutic efforts. General improvement resulted from a strict routine of rest with activity limited to three hours each morning and afternoon.

On her return to Bloomington in April, 1954 she felt that her "total physical and emotional condition was markedly improved; joint and muscle discomfort disappeared; fatigue was a lessening problem although I still slept a great deal." Improvement continued through May and June with continued use of the neck brace and the rest routine. However, "it became obvious that breaking the rest routine would bring back some of the former symptoms."

In July, 1954 the patient listed the following as "symptoms still remaining":

1. Fatigue, but less easily
2. Tenderness in neck and shoulder muscles
3. Sharp pain in neck (mostly on right side) during day and night
4. Dull ache and throbbing in lower back of head on occasion (left side)
5. Low grade temperature continues (never above 99.8 degrees F.)
6. Still need large amounts of sleep (12 to 14 hours)
7. Some remaining tenderness in flesh over body
8. Discomfort in reading or writing or working over desk with head tipped forward
9. Less easily depressed emotionally (but still a problem)
10. Restless, some days more than others
11. Need to swallow carefully to avoid choking on liquids
12. Trembling and nervousness when under slight tension
13. Much slower in movements than prior to illness

In addition to the above she commented that "there has been a loss in mental acuteness and my ability to retain things; memory disturbances are more apparent on some occasions than others." The patient also reported that her husband was concerned because she seemed to have lost her "drive" and avoided people and social contacts. This was in distinct contrast to her behavior prior to her illness.

Neurological examination on July 21, 1954 revealed intact cranial nerves throughout except for an absent gag reflex on the right which was attributed primarily to a loss of the sensory portion of the reflex arc. Sensory examination disclosed a moderate hypesthesia throughout the right trunk and extremities with a dysesthesia on the left manifested by an altered reception of sensation which was difficult for the patient to describe. Pain, temperature, vibratory and position senses were unaltered. Muscle strength and tonus were considered to be within normal limits throughout. Moderate tenderness was elicited on palpation over the entire posterior cervical,

shoulder and scapular areas bilaterally. Reflexes were recorded as:

Reflex	Right	Left
Biceps	++	++
Triceps	++	++
Radioperiosteal	++	++
Patellar	++	+++
Ankle	++	+++
Abdominal upper	++	+
lower	+	++

No pathological reflexes were elicited.

DISCUSSION

The following summary discussion is based largely on the more detailed reports of Sigurdsson, et al.[1] and White and Burtch[2], as well as on the observation of the case being reported.

Epidemiology. Previous reports indicate that the infective agent of Iceland disease is transmitted by personal contact with an incubation period of 4 to 10 days. Both epidemics reported showed a higher incidence among females than among males.

Clinical Manifestations. Onset may be acute or insidious with the most common presenting complaint being a sore aching tenderness of the muscles, usually in the posterior cervical area and shoulder girdle, but frequently radiating to one or more extremities during the course of the disease. A low-grade fever, rarely above 100 degrees F. may be present. Other symptoms suggestive of respiratory or gastrointestinal tract involvement or coryza may be present (headache, cough, sore throat, nausea, diarrhea, epistaxis).

Confusion with, and erroneous diagnosis of, poliomyelitis often results from the neuromuscular involvement consisting of (1) muscular weakness which is usually transient and without paralysis or wasting but may be accompanied by complaints of muscular twitching without objectively observed fasciculation, and (2) sensory symptoms of paresthesias and occasionally numbness. Paresthesias consisting of skin sensitivity over the area of aching tender muscles is frequently reported with no objective findings of sensory change on examination. However, the more severe cases may display some hyperesthesia and hypalgesia in scattered areas over the involved tender muscles. Disturbance of position sense usually has been noted early in the course of the disease.

A prominent manifestation of this disease consists of the emotional changes, usually noted as a marked mental depression with easily produced tearfulness accompanied by complaints of nervousness and sleeplessness. These changes are ordinarily in distinct contrast to the patient's pre-morbid behavior and reactions.

Laboratory Findings. Studies of the urine, complete blood counts, and spinal fluid examinations are found to be within normal limits. White and Burtch[2] reported an increased urinary creatine excretion early in the course of the disease. Specific laboratory attempts to establish the presence of poliomyelitis virus or Coxsackie virus have all been negative in the cases reported.

Diagnosis. In view of the present limited knowledge of this disease it appears that diagnosis must be made on the basis of clinical findings of low-grade fever; marked muscular tenderness and aching, especially in the area of the neck and shoulder girdle, with overlying skin sensibility; the absence of severe flaccid paralysis; sensory symptoms with few sensory signs; emotional changes ordinarily evidenced by depression; and the absence of laboratory findings which would support another diagnosis. One would need to eliminate such possibilities as acute anterior poliomyelitis, Coxsackie virus infection, acute infectious polyneuritis (Guillain-Barré syndrome), lymphocytic choriomeningitis, tetanus, rabies, and the various encephalitides.

Course and Sequelae. A prolonged convalescence, very often with symptomatic relapses, appears to be characteristic of this disease even though the initial illness may be relatively mild. In the cases previously reported with follow-up evaluation as long as 9 to 15 months after the initial examination very few were found to be symptom-free. The most persistent symptoms are those of muscular aches and tenderness, often with a burning quality, and easy fatigability and tiredness. The latter may be accompanied by complaints of muscular weakness. The continuation of sensory symptoms and headache is variable. In addition to muscular aches and easy fatigability, another complaint that is almost invariably present is that of being more easily depressed, more easily upset and

"nervous." Memory difficulties and arthritic symptoms are fairly common months after the acute attack.

Treatment. Symptomatic treatment is the only available treatment at this time. Bed rest for intervals as long as 2 to 3 months during the severe acute attacks have been reported. Frequent rest intervals would appear to be indicated for months following the acute episode. Orthopedic measures designed to support paretic muscles may be indicated.

COMMENT

It is seen in the present case that although the symptoms first noted were headache and stiff neck there was also apparent on the day of onset impairment of position sense evidenced by difficulty in dancing. This is in keeping with previously reported early involvement of the posterior columns of the spinal cord.

The present case presented evidences of hypersomnolence in contrast to the sleeplessness referred to in previous reports.

Despite subjective complaints of muscle weakness, this was not demonstrable on examination except on repeated examination of a particular muscle or muscle group. It would appear that muscle weakness was secondary to easy fatigability of the muscle and would seem to be in line with the inference of White and Burtch[2] that there may be direct muscular involvement as well as neurological involvement. At no time was there actual paralysis in the present case nor were deep tendon reflexes reduced.

The emotional changes reported in the present case were all the more evident because of the contrast with the previously confident, energetic, out-going, emotionally stable individual who had successfully carried out responsible administrative duties in a large school system in California. However, the changes noted are entirely in keeping with those observed in previously reported cases.

SUMMARY

1. A case of a disease simulating, but distinct from, acute anterior poliomyelitis is reported.

2. The disease is characterized by marked muscle aching and spasm especially in the posterior cervical area and shoulder girdle, associated with variable sensory symptoms and signs, emotional changes and a prolonged convalescence with a tendency to relapse on resumption of previously normal activity.

3. It is considered to be identical with a "new" disease previously reported as Akureyri disease in 1950 and Iceland disease in 1954.

REFERENCES

1. Sigurdsson, Bjorn, et al.: A disease epidemic in Iceland simulating poliomyelitis. Am. J. Hygiene. 52:222-238 (Sept.) 1950.

2. White, D. Naldrett and Burtch, Robert B.: Iceland Disease; a New Infection Simulating Acute Anterior Poliomyelitis. Neurology. 4:506-516 (July) 1954.

Extraluminal Mediastinography as an Aid in Diagnosis of Mediastinal Disease

A PRELIMINARY REPORT

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THE MEDIASTINAL SPACE has always been regarded as an esoteric area which harbors its abnormalities in a more or less secret fashion making diagnosis difficult and treatment procrastinatory. Although its domain was not inviolable, the surgeons of the last century were content to rely upon the "wait and see" policy for diagnosis. In contrast the modern surgeon seeks to explain mediastinal symptoms and signs promptly and accurately so that remedial measures for the cure or alleviation of the causative disease may be instituted early. This may require as a last analysis an exploratory mediastinotomy which, under present methods, does not carry an undue risk. The older procedure of therapeutic tests often yielded spectacular results but such methods leave the patient and his family in doubt as to the nature of the disease process and the prognosis which it may carry.

We have recently completed a review of 169 cases of mediastinal disease. The most important result of this study was the discovery that extraluminal pathology was often not suspected or missed completely as proved subsequently by surgery. This finding goaded us to search for additional aids in preoperative diagnosis. Mediastinography permits better visualization of the mediastinum and guides the surgeon in planning his surgery.

This study was aided by a grant from the Charles J. Wolf Foundation for Medical Research.

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ANATOMY

The mediastinum is in reality the mesenchymal remains of dorsal and ventral mesenteries forming a potential space. Here reside vital organs and tissues derived from all germ layers offering fertile soil with pluri-potential susceptibilities to abnormalities and morbid processes. Anatomical texts describe the mediastinum as composed of the following arbitrary divisions: a superior part which lies above the level of the pericardium or above an imaginary plane joining the inferior border of the manubrium to the disc between the 4th and 5th thoracic vertebrae; an inferior part which is divided into anterior, middle and posterior compartments. The anterior mediastinum lies in front of the pericardium and is situated below the level of the fourth costal cartilage. The posterior mediastinum lies behind the pericardium and extends downward along the lower 8 thoracic vertebrae to the diaphragm. The middle mediastinum is enveloped by the fibrous pericardium. This nomenclature is useful for the purposes of description and diagnosis because of the structures which are present in the various divisions and the predelictions of certain neoplasms, inflammations or other disease processes to appear in these relative anatomical spaces.

Our studies with contrast media revealed the

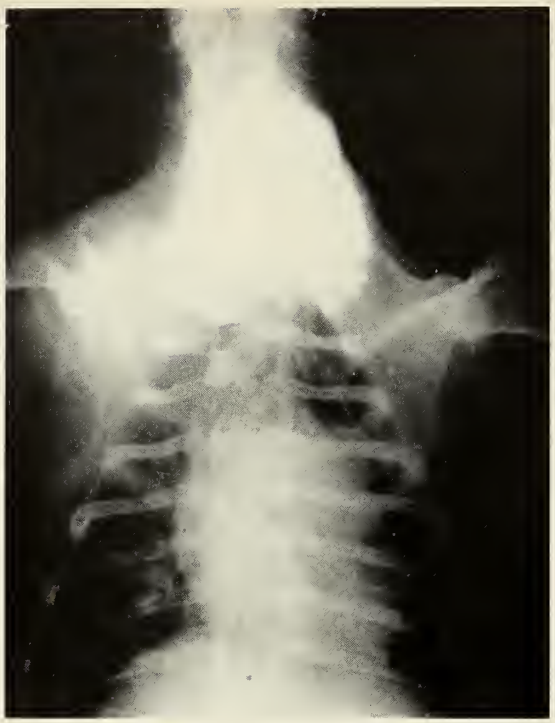


Figure 1—Outline of pretracheal cervical space in a normal dog as seen thirty minutes after the injection of 30 CC of a 35% Diodrast solution.

following spaces: A pretracheal cervical space which lies anterior to the pretracheal fascia and rests upon Sibson's fascia forming a roof for the pulmonary cupolae (Figure 1). A definite superior mediastinal space which lies behind the anterior and in front of the posterior space and apparently has no connection with them normally (Figure 2) although it sometimes communicates with the pretracheal space in the neck. The pretracheal fascia extends downward blending with the fibrous pericardium posteriorly forming the dorsal boundary of the superior mediastinum. An anterior space (previsceral compartment) which extends up into the neck between the superficial and pretracheal layers of the deep cervical fascia and down to the diaphragm anterior to the parietal pleurae above, and the fibrous pericardium below. It may be narrow in its upper portion but it does not necessarily lie below the level of the fourth costal cartilage (Figure 3). The superior and inferior sternopericardial ligaments may alter its configuration. The posterior (retrovisceral compartment) extends from the retropharyngeal space to the diaphragm anterior to the prevertebral fascia (Figure 4).

ETIOLOGY OF MEDIASTINAL DISEASE

Enumeration of the more common abnormalities which may cause mediastinal disease is helpful because it is a record of possibilities. Accurate diagnosis is based upon a consideration of probabilities in a given case when viewed in the light of all known facts. In general we have considered mediastinal abnormalities as either primary or secondary and as due to congenital anomalies, malpositions or malformations; traumatic injuries; inflammations, infiltrations, degenerations and metabolic changes;

Figure 2—Superior Mediastinogram in a normal adult. Left lateral view of the chest taken 5 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 2a—Superior Mediastinogram in a normal adult. PA view of the chest taken 5 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 2b—Superior Mediastinogram in a normal adult. Left anterior oblique view of the chest taken 5 minutes after the injection of 50 CC of a 35% Diodrast solution.



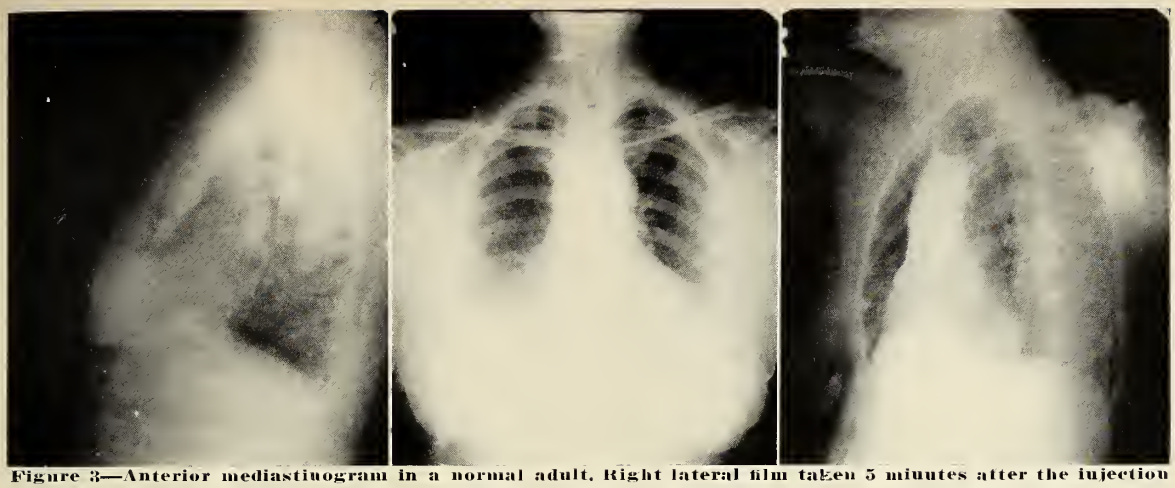


Figure 3—Anterior mediastinogram in a normal adult. Right lateral film taken 5 minutes after the injection of 50 CC of a 35% Diodrast solution. Figure 3a—Anterior mediastinogram in a normal adult. PA film taken 5 minutes after the injection of 50 CC of a 35% Diodrast solution. Figure 3b—Anterior mediastinogram in a normal adult. Right anterior oblique film taken 5 minutes after the injection of 50 CC of a 35% Diodrast solution.

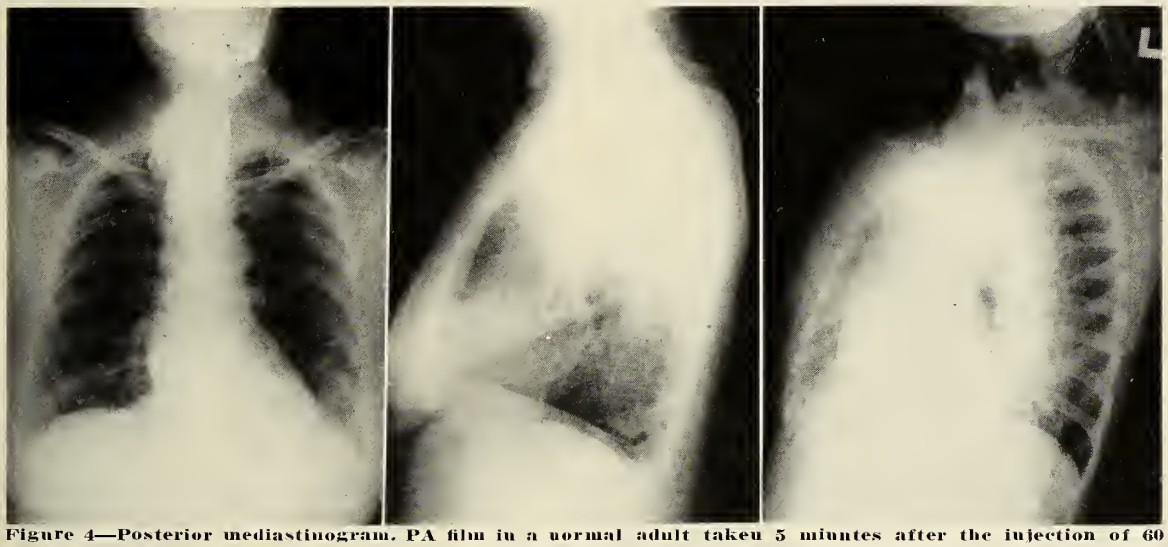


Figure 4—Posterior mediastinogram. PA film in a normal adult taken 5 minutes after the injection of 60 CC of 35% Diodrast solution. Note that the dye has not descended to the level which is observed in the 1½ hour film. (Figure 7) Figure 4a—Posterior mediastinogram. Right lateral film in a normal adult taken 5 minutes after the injection of 60 CC of 35% Diodrast solution. Note that the dye has not descended to the level which is observed in the 1½ hour film. Figure 4b—Posterior mediastinogram. Right posterior oblique film in a normal adult taken five minutes after the injection of 60 CC of 35% Diodrast solution. Note that the dye has not descended to the level which is observed in the 1½ hour film. (Figure 7)

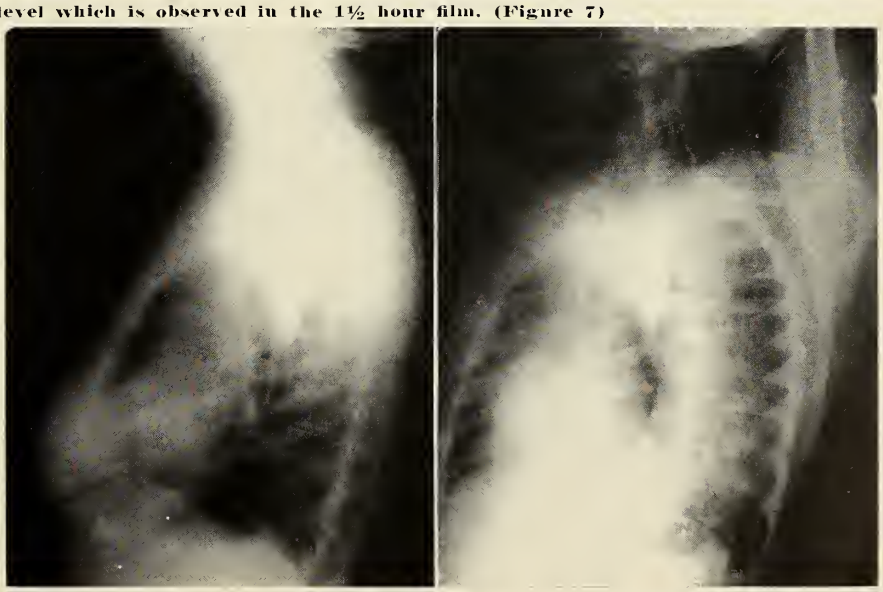


Figure 4c—Posterior mediastinogram. Right lateral in a normal adult taken 30 minutes after the injection of 60 CC of 35% Diodrast solution. Note that the dye has not descended to the level which is observed in the 1½ hour film. (Figure 7) Figure 4d—Posterior mediastinogram. Right posterior oblique film in a normal adult taken 30 minutes after the injection of 60 CC of 35% diodrast solution. Note that the dye has not descended to the level which is observed in the 1½ hour film. (Figure 7)

neoplasms; and obstructions due to any of the preceding aberrancies.

It is apparent that more than one morbid process may be present at the same time. However the scope of this paper does not permit discussion of the various causes of mediastinal enlargement or shrinkage.

DIAGNOSIS OF MEDIASTINAL DISEASE

The patient's history is extremely important in the diagnosis of mediastinal disease. Lesions now amenable to surgical attack often require the combined judgments of the internist, the cardiologist, the roentgenologist and the surgeon. The symptoms as elicited in the clinical history will usually indicate cardiorespiratory tolerance and reserve, as well, if not better, than can be estimated by most tests which are designed to evaluate cardiac or pulmonary function. The clinical signs which reveal the degree of malfunction or pathology are often so well recognized that they need very little comment here. However, the modern trend is to minimize the importance of a complete general physical examination. This is true because many of the physical signs occur late in the disease and may be disclosed by the roentgenologist long before physical signs are apparent. Nevertheless all laboratory findings must be interpreted in the light of a careful physical examination. This is particularly true of cardiac and vascular lesions because an exact anemnesis and circumspect physical examination may lead to the diagnosis of the lesion and the patient's ability to tolerate surgery before any laboratory aids have been summoned. In this connection one must bear in mind that some of the modern tests such as angiocardiography are not entirely innocuous. The various insidious changes which occur in superior vena caval obstruction may be cited as an example of the importance of clinical studies in the diagnosis of mediastinal disease. We have had four patients in whom no lesion could be demonstrated by any laboratory methods, yet the diagnosis of superior vena cava obstruction was apparent because of the history and physical examination. In each instance the diagnosis was angioneurotic edema, allergy or hypertension. Transient edema of the face was the predominant complaint and finding. The anterior and external jugular veins and median cubital and cephalic veins were not prominent when the patient was sitting or standing. However, on bending the facial fullness increased and the veins of the neck and arm became more prominent. Venous pressure studies confirmed the impression of superior caval impedence. Two of these patients had mediastinal xanthomotosis, one constrictive pericarditis with diffuse mediastinal fibrosis and one syphilitic mediastinitis.

Routine laboratory tests are necessary, particularly in patients with suspected syphilis, tuberculosis, and lymphoblastic disease. Bone marrow studies are helpful in the diagnosis of the more obscure conditions, such as disseminated lupus erythematosis and aleukemic leukemia. In addition, the cholesterol content and blood lipids may give a clue as was the case in two of our patients with mediastinal xanthomotosis. (See Chart 1)

X-RAY EXAMINATIONS

Although clinical signs may reveal mediastinal trouble the exact area and degree of disease can be observed only by careful radiologic examination. The primary PA and lateral films are the usual beginning of such an examination and these lead to a presumptive diagnosis in most cases. Oblique views and stereoscopic films, apicograms, planograms, tomograms, or laminograms aid in delineating the exact site of the lesion and may guide the surgeon in his approach. When these examinations are coupled with fluoroscopy such states may be clearly outlined because of the ability to differentiate the moving from the stationary shadow, the expansile from the fixed opacity and the dancing or pulsatile bodies from those which are immobile. This may be supplemented with roentgenkymography and cardiothoracic ratio studies.

A barium swallow may reveal displacement of the esophagus or the distortion of its lumen by extrinsic vascular abnormalities and this is very important, particularly in cardiovascular lesions. A barium capsule may aid in the early diagnosis of esophageal tumors. In the newborn, lipiodol may be swallowed with less severe reaction and may help in the diagnosis of esophageal atresias or tracheo-esophageal fistulae. Bronchography

CHART 1.

DIAGNOSIS OF MEDIASTINAL DISEASE

1. PAST PERSONAL HISTORY
2. HISTORY OF PRESENT ILLNESS
3. PHYSICAL EXAMINATION
4. ROUTINE LABORATORY TESTS
 - a. COMPLETE BLOOD COUNT
 - b. SEROLOGICAL STUDIES
 - c. BONE MARROW STUDIES
 - d. SPECIAL TESTS
 - i. CHOLESTEROL
 - ii. BLOOD LIPIDS
5. X-RAY EXAMINATION
 - a. PA AND LATERAL FILMS
 - b. OBLIQUE AND STEREOSCOPIC FILMS
 - c. APICOGRAMS, PLANOGRAMS (TOMOGRAMS OR LAMINOGRAMS)
 - d. FLUOROSCOPIC EXAMINATION
 - i. CARDIAC AND VASCULAR SHADOWS
 - ii. PULMONARY VASCULAR SHADOWS
 - e. ROENTGENKYMOGRAPHY
 - f. CARDIOTHORACIC RATIO
 - g. OPAQUE MEDIA
 - i. BARIUM SWALLOW
 - ii. BARIUM CAPSULE
 - iii. LIPIODOL SWALLOW
 - iv. BRONCHOGRAPHY
 - v. ANGIOCARDIOGRAPHY
 - vi. AORTOGRAPHY
 - vii. MEDIASTINAL PHLEBOGRAPHY
6. ENDOSCOPY
 - a. BRONCHOSCOPY
 - b. ESOPHAGOSCOPY
7. BIOPSY
 - a. PERIPHERAL NODES
 - b. SKIN NODULES
 - c. LIVER BIOPSY
8. THERAPEUTIC TESTS
 - a. X-RAY TREATMENT
 - b. DRUGS
 - i. STREPTOMYCIN
 - ii. PENICILLIN
 - iii. PARA-AMINOSALICYLIC ACID (P.A.S.)
 - iv. ISONIAZID (I.N.H.)
 - v. LIPOID DETERGENTS
9. EXPLORATORY THORACOTOMY
10. MEDIASTINOGRAPHY

and angiocardiography yield information obtained in no other way. Aortography with 70% diodrast (iodopyracet) or neoiopax or urokon sodium (sodium acetrizoate) is perhaps a more precise adjunct to modern x-ray diagnosis. Mediastinal phlebography may prove helpful, especially when both cubital veins are injected simultaneously.

OTHER DIAGNOSTIC METHODS

Endoscopy. The bronchoscope and the esophagoscope are indispensable in differential diagnosis not only because of the value of inspection through the scope but also for the purpose of obtaining biopsy material or washings for bacteria or exfoliated cells; especially when the lesion is beyond the reaches of the scope. Moreover, the bronchoscope will frequently disclose narrowings, distortions, pulsations, changes in mucous membrane of the trachea or bronchi from extrinsic pressure. The esophagoscope is particularly useful in early lesions or obstructions in which the diagnosis is not clear. These may be psychosomatic, inflammatory or neoplastic in origin; such as cardiospasm or achalasia, peptic ulcer, chemicoesophagitis, tuberculosis, syphilis, or benign or malignant neoplasms. The large dolichoesophagus or mega-esophagus is difficult to evaluate with the esophagoscope. It it comparable to looking into a barrel through a very small peephole. However, if the patient can swallow a thread or if the esophagoscopy can be done by retrograde methods, more accurate information may be obtained. The thread may be tagged with a small lead pellet or bead which worms its way through the narrowed aperture and may be followed by fluoroscopy. The esophagoscope may safely find its way down through the tortuous and labyrinthian channel by following the thread. When this is not done, esophageal perforation by the esophagoscope becomes a real hazard. On two occasions we have had to do an emergency mediastinotomy with repair of the esophagus.

Biopsy. Biopsy from peripheral nodes or node-bearing areas may yield important evidence of the nature of mediastinal enlargement and obviate the necessity for an exploratory mediastinotomy. This is especially true in the supraclavicular spaces even though nodes cannot be palpated. Not infrequently a peripheral nodule reveals itself in the skin or the liver may be palpable. Excisional or needle biopsy may disclose metastases which would obviate the necessity for operation except as a palliative procedure.

Therapeutic Tests. In some instances a suspicion of lymphoblastoma or tuberculosis or

nonspecific inflammatory disease warrants a therapeutic test with x-ray or drugs such as streptomycin, penicillin, para-amino salicylic acid (P.A.S.), isoniazid (I.N.H.) or specific drugs for lipoid dyscrasias which are not as yet available but which seem to be in the offing. Sometimes blood counts and bone marrow studies fail to reveal the diagnosis and peripheral nodes do not show the exact nature of the disease. However, the use of the x-ray as a therapeutic measure may often cause a prompt regression as in the case of lymphosarcoma which may be diagnostic in itself. The same may be said concerning a course of treatment with one of the antituberculous remedies or many of them in combination. Some observers frown upon this method of diagnosis for the simple reason that inflammatory nodes frequently regress under x-ray therapy and the diagnosis of a fatal lymphoblastoma should never be placed upon a patient without more accurate information.

Exploration. Exploratory thoracotomy or mediastinotomy may be necessary to make the diagnosis. This is more frequent than is the case in abdominal surgery because of the difficulty at times in establishing an accurate group of findings.

MEDIASTINOGRAPHY

We became interested in this method of diagnosis because of the difficulty in finding many of the hidden types of pathological processes within the mediastinum, particularly those behind the heart shadow. The introduction of opaque material within the mediastinal space could yield the following information:

1. The contour of the normal mediastinum
2. The visualization of tracheal or bronchial tears
3. The presence of extraluminal extensions of intraluminal disease within the bronchial tree, esophagus or blood vessels
4. The degree of extraluminal pressure causing the defect to appear in the intraluminal shadow
5. The extent and location of mediastinal lesions which have no intraluminal connections
6. The more accurate interpretation of shadows which begin within the lungs or adjacent organs
7. The demonstration of communications beneath the diaphragm and delineation of areas occupied by the pancreas, kidneys and the adrenals thereby revealing so-called hidden carcinoma or other disease processes. Indeed, perirenography and retroperitoneography is probably quicker, safer and more accurate than air injection

EXPERIMENTAL OBSERVATIONS

The dog's mediastinum is a variable structure and anteriorly and inferiorly the pleurae join to form a very thin latticework separating the two pleural cavities, therefore anterior mediastinography in the dog is not as clear as in the human. However we were eager to establish the safety and usefulness of mediastinography and the following experiments were done:

Experiment No. 1: Dog B 266. A mongrel dog weighing 9.7 kilograms was anesthetized with .3 of a gram of sodium pentobarbital per kilogram of body weight. A small incision was made anterior to the sternomastoid muscle and 50 cc of 35% diodrast were introduced posterior to the esophagus. X-ray films were made immediately after the procedure and at two hour intervals until the material was absorbed. The best films were made thirty minutes after injection. It was found that the mediastinum was delineated in a fairly clear manner and that the material was almost completely absorbed within 3 to 4 hours. No significant changes were noted in cardiac or respiratory rates and venous or arterial blood pressures which would in any way contraindicate the use of this procedure.

Experiment No. 2: Dog B 267 weighing 13.5 kilograms was anesthetized with 0.41 grams of sodium pentobarbital per kilogram of body weight. Fifty cc of 35% diodrast solution were introduced in the suprasternal notch anterior to the trachea. The mediastinogram was not as clear as in the posterior mediastinum due to the anatomical configuration of the dog. There was also a very slight rise in venous pressures from 0.1 cc of blood to 3.5 cc of blood immediately following injection. This persisted for about thirty minutes. The arterial pressure fell from an average of 126 before injection to 116 mm. Hg. When this experiment was repeated, however, the rise in venous pressure did not occur and the arterial pressure remained constant.

Experiment No. 3. Dog B 266. A non-irritating radioluscent body composed of nylon thread approximately 1½" in diameter was introduced

in the posterior mediastinum of the dog through a left thoracotomy. No adhesions or evidence of the previous Diodrast injection were found. Ten days later 50 cc of 70% diodrast were introduced and the foreign body was delineated in the lateral x-ray film.

Experiment No. 4: Dog B 267. The same procedure was done as in experiment No. 3 except the foreign body was introduced in the anterior mediastinum and ten days following this procedure a mediastinogram was made showing the non-opaque foreign body to be present.

Experiment No. 5: Dogs B 263 and B 265. Injection of diodrast in a dog in which vascular alterations have been made. These dogs had aortic pulmonary shunts which had been made six weeks and three months previously. Anterior mediastinograms did not show any gross alterations.

Experiment No. 6: Dog B 262. An anterior mediastinogram was made on a dog that had a coarctation operation three months previously. There was very little alteration from normal.

We concluded from our experimental observations that the injection of Diodrast into the mediastinal space was harmless for immediate or late effects, that it was absorbed within three to four hours and was painless insofar as could be ascertained.

CLINICAL MEDIASTINOGRAPHY

We were desirous of ascertaining the size of the mediastinal space in humans. Therefore we injected methylene blue solution into the anterior and posterior mediastina of fresh autopsy specimens. The superior mediastinal space holds roughly 75 to 100 cc; the anterior or previsceral space 50 cc and the posterior or retrovisceral compartment 100 to 150 cc.

A 35% solution of Diodrast was injected into the mediastinal spaces of selected patients suspected of having mediastinal lesions. Skin tests for sensitivity were done in all cases. There were no significant changes in pulse, blood pressure or electrocardiographic tracings after injections and the patients tolerated the material extremely well. However some pain was experienced about ten minutes after the injection. The superior mediastinum is entered as follows: the skin over the suprasternal notch is anesthetized with ½% novocaine. A No. 18 Gauge 4″ spinal needle which has been slightly bent is inserted about midway between the trachea and sternum. The plunger of the syringe is pulled back to be sure that the needle is not in a blood vessel and then 75 cc of a 35% solution of Diodrast are injected rather slowly. X-ray examinations in various positions are made immediately after injection, then every half hour for six exposures. The material is best seen in the half hour films and is completely absorbed in about three hours. See Figure 5.

The posterior mediastinal space is clearly visualized by injecting 100 cc of a 35% Diodrast solution. This is accomplished by introducing a No. 18 gauge spinal needle anterior to the

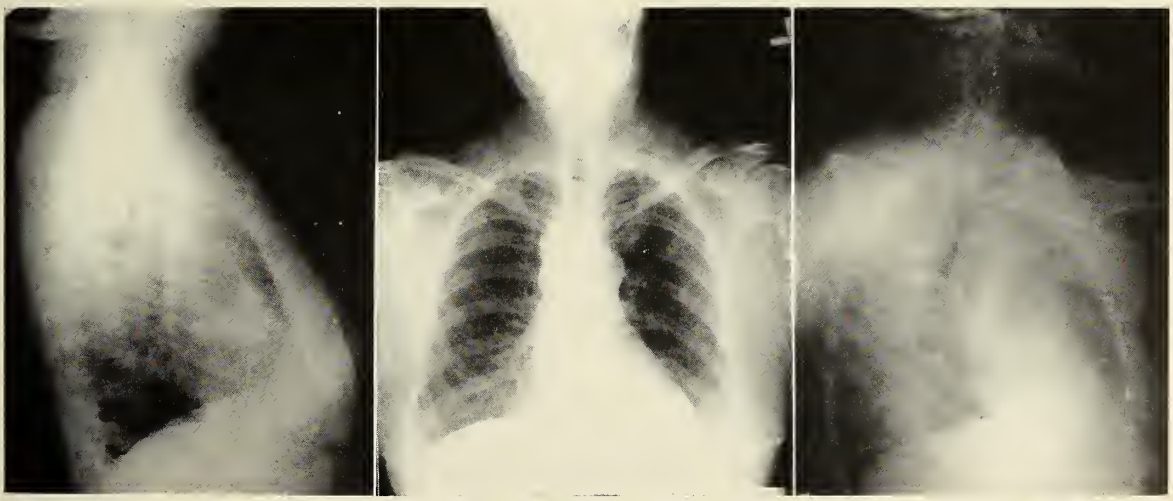


Figure 5—Superior mediastinogram in a normal adult. Left lateral view of the chest taken 30 minutes after the injection of 50 CC of a 35% Diodrast solution.
Figure 5a—Superior mediastinogram in a normal adult. PA view of the chest taken 30 minutes after the injection of 50 CC of a 35% Diodrast solution.
Figure 5b—Superior mediastinogram in a normal adult. Left anterior oblique view of the chest taken 30 minutes after the injection of 50 CC of a 35% Diodrast solution.

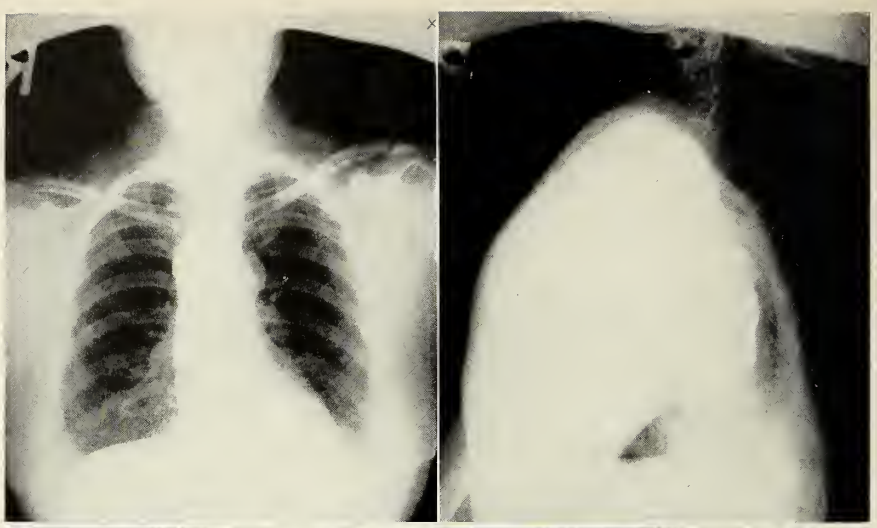


Figure 5c—Superior mediastinogram in a normal adult. PA view of the chest taken sixty minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 5d—Superior mediastinogram in a normal adult. Left lateral view of the chest taken 60 minutes after the injection of 50 CC of a 35% Diodrast solution.

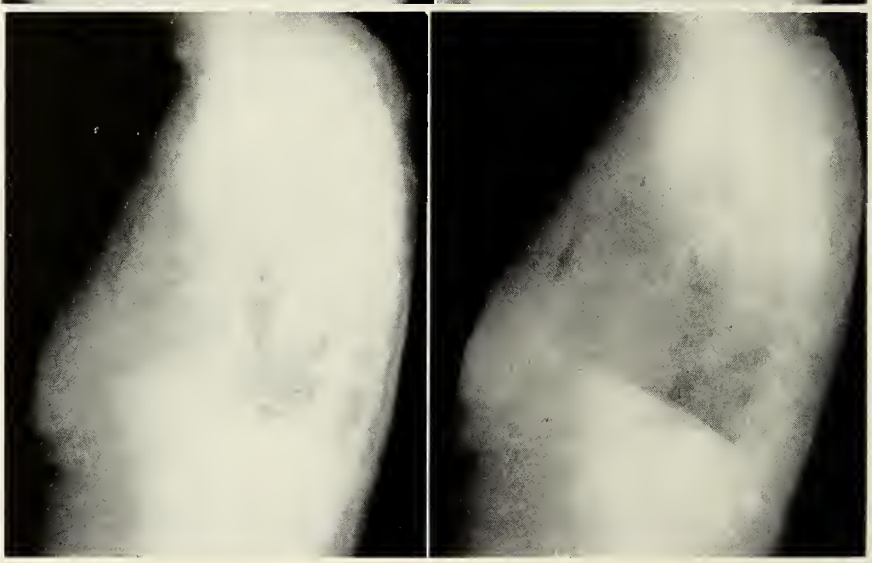


Figure 6—Anterior mediastinogram in a normal adult. Right lateral film taken 30 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 6a—Anterior mediastinogram in a normal adult. Right lateral film taken 60 minutes after the injection of 50 CC of a 35% Diodrast solution. Note that the dye has descended to the diaphragm.

Figure 7—Posterior mediastinogram. PA view in a normal adult one hour after the injection of 75 CC of 35% Diodrast solution.
Figure 7a—Posterior mediastinogram. Right lateral view in a normal adult one hour after the injection of 75 CC of 35% Diodrast solution.
Figure 7b—Posterior mediastinogram. Right posterior oblique view in a normal adult one hour after the injection of 75 CC of 35% Diodrast solution.

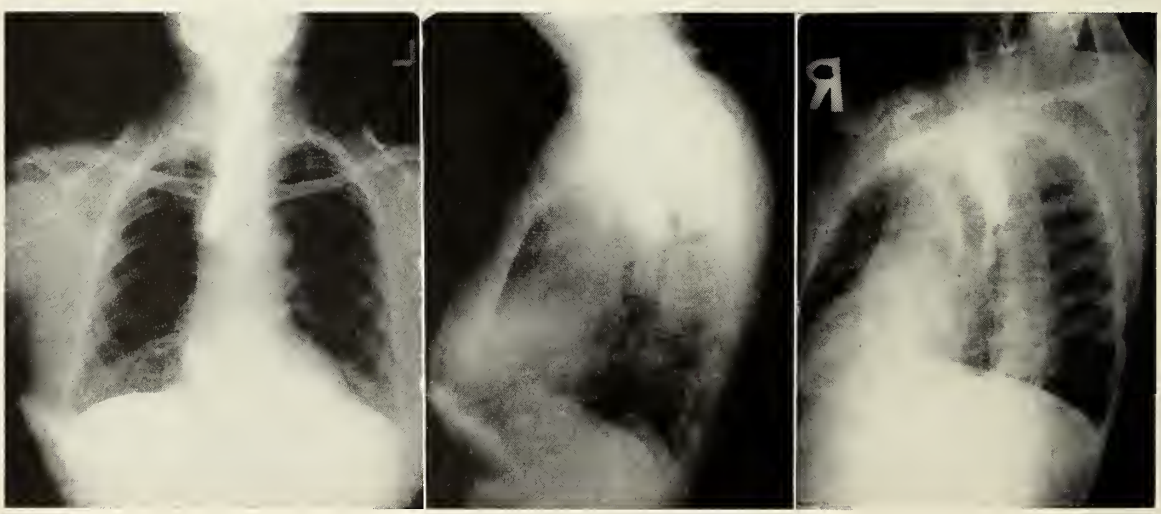




Figure 7c—Posterior mediastinogram. Right posterior oblique view in a normal adult 90 minutes after the injection of 75 CC of a 35% Diodrast solution.

Figure 7d—Posterior mediastinogram. Right lateral in a normal adult 90 minutes after the injection of 75 CC of 35% Diodrast solution.

sternomastoid muscle on either side until the vertebral column is reached, then pulling slightly forward and directing the needle medially into the prevertebral space or retrovisceral compartment. See Figure 6.

The anterior space is injected with 50 cc of 35% Diodrast with a curved No. 18 needle immediately behind the sternum. (Figure 7) Films of the kidneys, ureters, and bladder, showed excellent visualization of these structures due to the rapid absorption and excretion of the Diodrast. See Figure 8.

Samples of mediastinograms made in the presence of injuries to the chest and new growths are shown in the accompanying illustrations, Figures 9 and 10.

SURGICAL TECHNIQUES

The various avenues of approach to the mediastinal space are well described in most textbooks of surgical techniques and need not be discussed here. However, it is interesting to note that many of the modern procedures and surgical approaches to the mediastinum including median and transverse sternotomy had their origin in the last century and were successfully carried out either extrapleurally or transpleurally although the advent of endotracheal anesthesia and modern surgical accouterments were not available at that time.

DISCUSSION

We realize that the cases in which mediastinography has been tried are too few, the time too short, and experience inadequate to justify any definite conclusions concerning the usefulness of this method. However, from preliminary studies we are inclined to believe that it may be of value as an additional aid in the diagnosis of obscure mediastinal disease and perhaps in retroperitoneal and perirenal lesions as well although this is by no means sure.

Mediastinography may have a useful place as an aid in the diagnosis of mediastinal disease. Perirenography or retroperitoneography may also prove helpful in revealing hidden morbid processes in these areas.

We are indebted to the Lilly Research Division for the use of their laboratories and experimental animals.

Figure 8—Pyelogram in a normal adult taken 60 minutes after the injection of 50 CC of a 35% solution of Diodrast in the Superior Mediastinum.

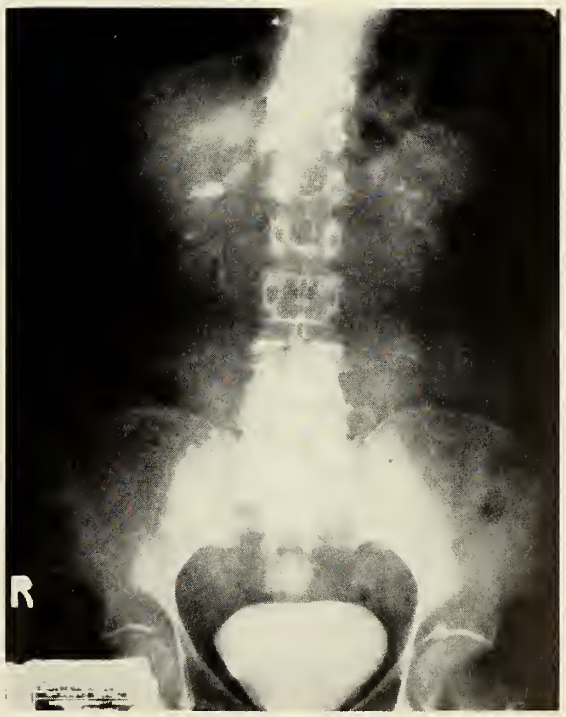


Figure 9—Mediastinal emphysema as shown by the superior mediastinogram. Note the tracheotomy tube in place and the dissemination of the dye through the superior mediastinum due to the presence of air. No opening into trachea could be seen. Right lateral chest taken 15 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 9a—Mediastinal emphysema as shown by the superior mediastinogram. Note the tracheotomy tube in place and the dissemination of the dye through the superior mediastinum due to the presence of air. No opening into the trachea could be seen. PA view taken 15 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 9b—Mediastinal emphysema as shown by the superior mediastinogram. Note the tracheotomy tube in place and the dissemination of the dye through the superior mediastinum due to the presence of air. No opening into the trachea could be seen. Left lateral view taken 30 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 9d—Mediastinal emphysema as shown by the superior mediastinogram. Note the tracheotomy tube in place and the dissemination of the dye through the superior mediastinum due to the presence of air. No opening into the trachea could be seen. PA view taken 30 minutes after the injection of 50 CC of a 35% Diodrast solution.

Figure 10—Patient with marked scoliosis following thoracoplasty in the right side. Posterior mediastinogram was made to delineate the exact position of the tumor which is shown attached to the spinal column. This proved to be a neurofibroma which had not extended into the posterior mediastinum. Film was made 30 minutes after the injection of 50 CC of a 35% Diodrast solution. PA view.

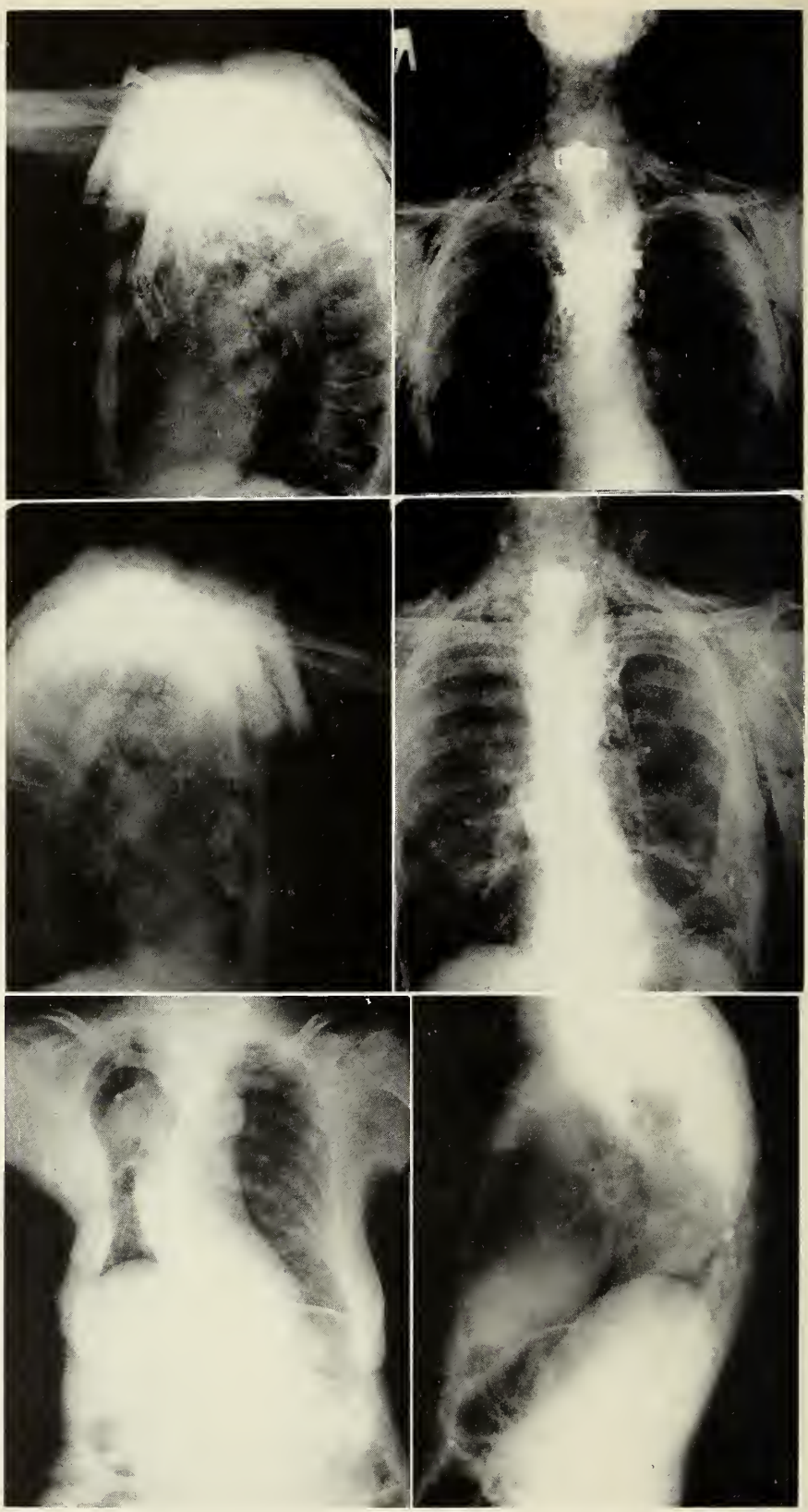


Figure 10a—Patient with marked scoliosis following thoracoplasty on the right side. Posterior mediastinogram was made to delineate the exact position of the tumor which is shown attached to the spinal column. This proved to be a neurofibroma which had not extended into the posterior mediastinum. Film was made 30 minutes after the injection of 50 CC of a 35% Diodrast solution. Right lateral chest.

Dermatology and the Practice Of General Medicine*

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THE PRACTICE OF MEDICINE has evolved to the extent that today the medical school graduate depends heavily upon laboratory tests to establish the diagnosis of a patient's illness. And with the advances made in the field of laboratory medicine, such a trend is justifiable. However, one wonders just how often the physician orders a battery of laboratory tests in an effort to determine the exact nature of a patient's illness, instead of arriving at the same end by a thorough physical examination. All too often the laboratory has been used to establish a diagnosis rather than confirm a clinical impression.

Of all the basic technics of physical diagnosis, inspection of the patient would seem to be the most easily accomplished. Frequently either a thorough examination of the patient's skin is neglected, or little attention is paid to it. The skin reflects changes of systemic disease that in themselves may be diagnostic of a certain condition or give direction to subsequent investigations that will establish the nature of the illness. Dermatology, with its emphasis upon the morphology of cutaneous changes, has much to offer in the evaluation of general medical problems.

This fact has been unconsciously appreciated by those physicians who care for children. The infectious exanthems are essentially alike with their prodromes of malaise, fever, fatigue and a greater or lesser degree of lymphadenopathy. It is only when the cutaneous eruption appears that differentiation of one from another can be accomplished. To a lesser extent than is perhaps true with the exanthems, examination of the skin may give a clue to the solving of a more complicated illness.

PRURITUS

Sometimes the skin changes are pathognomonic of a certain skin condition. At other times, only nonspecific skin findings may be present. Pruritus is one such subjective symptom that falls into the latter category. Itching is the usual symptom of localized patches of dermatitis. However, whenever itching becomes generalized in the absence of specific cutaneous changes, the possibility of an internal disorder must be suspected. Most physicians appreciate the intense pruritus of the skin which can be seen in disease of the liver. Jaundice may or may not be present.

Patients with renal disease may complain of generalized pruritus. The accumulation of nitrogenous waste products is considered responsible for this symptom, yet the degree of pruritus does not parallel the increase in concentration of urea nitrogen and nonprotein nitrogen in the blood. Intense pruritus may be seen with relatively low values for these products.

Diabetics may complain of generalized pruritus as one of their presenting symptoms. The triad of polydipsia, polyphagia and polyuria may assume secondary importance to the patient.

Lymphoblastoma may be accompanied by intractable pruritus—Hodgkin's disease and mycosis fungoides are particularly noteworthy in this regard. An occasional patient with hyperthyroidism may complain of generalized pruritus. In patients of advanced age, severe arteriosclerosis may be the sole finding to account for the pruritus. If the underlying pathologic process is amenable to treatment, relief of the itching

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usually occurs. Symptomatic treatment is rarely of prolonged benefit.

URTICARIA

Urticaria is seen and not infrequently dismissed as of no great importance. Most often no adequate explanation of its presence seems to be available. However, by a careful search, food and drug intolerances may be found to play a role, particularly in urticaria of short duration. Although any drug may give this type of allergic reaction, today the antibiotics, particularly penicillin, and the sulfonamides are most frequently responsible. The urticaria in an occasional patient may represent part of the picture of a parasitic infection, or a bacterial focus of infection in the teeth, tonsils, sinuses or prostate. Chronic urticaria may be a part of the prodrome of a great many systemic diseases. Large wheals, those of a centimeter in diameter or larger, which persist many hours at a time are more often associated with systemic disease than are the transitory lesions that are a few millimeters in diameter. The latter are more often seen in chronic tension and fatigue states.

It is always advisable to give due consideration to the cause of urticaria and only hesitatingly assign the etiologic role to an abnormal psychic state. Lupus erythematosus, periarteritis nodosa, and the lymphoblastomas may all be initiated by this cutaneous reaction.

HYPERPIGMENTED STATES

Those diseases in which hyperpigmentation of the skin occurs are often most easily appreciated because of the contrast with normal skin color. Among these are Addison's disease, in which the skin assumes a brown hue which at times may become almost black. The generalized hyperpigmentation is accentuated on the exposed areas of the face, neck, hands and forearms and in the intertriginous areas of the body. In addition, a mottled hyperpigmentation may occur on the buccal mucous membranes. The skin is of fine texture, soft to the touch and relatively free of wrinkles so that the patients often look much younger than their actual ages. Critical medical features are low blood pressure with small pulse pressure and decreased urinary excretion of 17-ketosteroids: less than 2.5 mg. in 24 hours in the male and less than 0.5 mg. in 24 hours in the female.

Hemochromatosis is that disease in which hemosiderin and hemofuscin are deposited in various tissues of the body and represents an inborn fault of iron metabolism. Its synonym "bronzed diabetes" aptly describes the skin color found in the disease. Shades of yellow give a golden hue to the skin. Here again there is accentuation of the pigmentation in the exposed areas. The diagnosis of hemochromatosis cannot be made without the presence of cirrhosis of the liver, so that dysfunction of the liver seems basic to this disease. Quite in contrast to the name of bronzed diabetes, only about half of the patients have diabetes and this is atypical. Histologic study of a biopsy specimen from the skin gives pathognomonic evidence of this disease when iron is found beneath the lamina propria surrounding the sweat glands.

At times, plaques of velvety verrucous excrescences with hyperpigmentation are seen in the intertriginous areas of the body where skin folds approximate one another. Histologic study discloses that the warty character of the skin is accounted for by marked acanthosis of the epidermis. The axillas and anogenital areas show these changes early, with subsequent but less severe involvement of the folds of the neck and the cubital and popliteal fossae. These changes, referred to as acanthosis nigricans, have no significance in the prepubertal individual. In the postpubertal period, however, acanthosis nigricans heralds the presence of a malignant lesion somewhere in the body. Most often the lesion is found in the gastrointestinal tract. In females the uterus is often the site of the new growth. Despite the acquisition of new knowledge in skin pigmentation, an explanation is lacking for this phenomenon.

Confused, but to be differentiated, is pseudoacanthosis nigricans, in which a delicate brown staining of the skin folds is noticed in very obese persons. Friction and local heat are responsible for this condition.

The foregoing must be differentiated from hyperpigmentation of the skin resulting from certain of the heavy metals used as medicaments. The deposition of the particular metals together with the associated hyperpigmentation colors the skin in a manner that is characteristic for some of the metals. Histologic and spectroscopic studies give considerable aid in determining the type of metal involved in individual cases.

Arsenic was used for many years not only as a general tonic but as treatment for psoriasis, dermatitis herpetiformis, pemphigus, and many of the rarer dermatologic entities. Seen less frequently now than previously is chronic arsenism in which a "raindrop" pigmentation of the body is seen with or without keratosis of the palms and soles, superficial basal cell epitheliomas, and squamous cell epitheliomas. Silver used in the form of argyrol in nasal and genitourinary conditions will give a generalized pigmentation to the entire cutaneous surface with the exposed areas showing the most pronounced changes. The skin in argyrosis is slate gray in contrast to the brownish hyperpigmentation noted in other conditions. Less common is hyperpigmentation of the skin due to gold and bismuth. When other explanations are not readily available, a history of the use of one of the heavy metals will give a clue to the understanding of the origin of the increased skin color.

Ochronosis is the result of a rare inborn fault of metabolism in which patients present a grayish discoloration of the skin overlying cartilaginous tissues. In this disease, tyrosine is metabolized in an abnormal manner so that yellowish brown granules are deposited in the cartilage of the ears, ribs and joints. The sclera may also present pigmented angular macules. Associated with these findings is a distinctive type of osteoarthritis involving the vertebral column and one or more of the larger joints of the extremities. A history of voiding normal-colored urine that turns black on standing often gives a clue to the diagnosis.

PURPURA, ANEMIA AND HEMATOLOGIC STATES

Purpura is always a clinical sign that warrants serious consideration until proper evaluation proves otherwise. A purpuric eruption oftentimes is only the cutaneous manifestation of an otherwise generalized reaction of all body tissues than can on occasion be fatal. Evaluation should include a careful history of drug consumption. Drugs most commonly responsible for purpuric eruptions are the barbiturates, the sulfonamides, the salicylates, arsphenamine, and sedormid. Toxicity from some chemicals encountered in industry, such as trinitrotoluene, tetrachlormethane and dinitrobenzene, is manifested by purpura.

One of the cutaneous signs in lupus erythematosus, periarteritis nodosa and lymphoblastomas, especially the leukemias, is a purpuric eruption. Some of the infectious diseases such as scarlet fever and variola are associated with purpura during their course, whereas the rickettsial diseases are characterized by the type and distribution of their purpuric eruption.

At times purpura is found without abnormal laboratory or physical manifestations. The occurrence of the lesions beginning on the most dependent part of the body together with a positive Rumpel-Leede tourniquet reaction is interpreted as indicating that increased capillary permeability is a cause of the purpura. There are no systemic complaints from this simple purpura, often referred to as static purpura.

The anemias may occasionally be manifested by purpura but more characteristic features are the lemon-colored hue to the skin, glossitis associated with dysphagia (Plummer-Vinson syndrome), dryness of the skin and hair, and brittleness of the nails with koilonychia (spoon nail). Many of the rare types of anemia such as the Mediterranean anemias, including Cooley's anemia and sickle cell anemia, are associated with ulcerations of the lower part of the legs. These ulcerations are nonspecific in character and are not diagnostic in and of themselves.

Polycythemia vera is a disease which is rare before middle age. The patient's complaints are those of headache and vertigo, and a history of recurrent hemorrhages or thrombosis may be obtained. The patient usually presents a brick-red color of the upper part of the trunk, neck and face. The conjunctivae are suffused and the ear lobes and fingertips are bright pink. Acne rosacea of the face may be present. Generalized dilatation of the veins and capillaries is present, a finding which may be more noticeable in the eye grounds by funduscopic examination. Thrombosis may be present at the time the patient is seen.

COLLAGEN DISEASES

Of the so-called collagen diseases, scleroderma is perhaps most worthy of being included within this group. Homogenization of the collagen of the skin is perceived clinically as a sclerosis of this tissue. A similar pathologic process can occur in the lungs, heart and alimentary tract, particularly the esophagus, giving rise to dyspnea, cardiac failure and difficulty of swallowing,

respectively. Acrosclerosis, a special form of the disease, refers to involvement of the acral parts of the body and the presence of Raynaud's phenomenon. The prognosis in the latter form is much better than in generalized scleroderma.

The disease begins with mild edema and tautness of the skin with lack of pliability. Subsequently, the skin becomes bound down to the underlying tissues and, when this occurs over joints, results in their partial immobilization. The hands eventually may be fixed in a clawlike contracture. With atrophy the skin becomes glossy and free of wrinkles because it is stretched so tightly over the underlying structures. Thus the facies become pinched, the fingers, thin and tapered. Spider hemangioma and hyperpigmentation of the skin of the upper part of the body suggest an unfavorable prognosis if they occur early; after the disease has been present some years, they indicate resolution of the process.

Until recently, a "butterfly" rash of the face was the *sine qua non* of systemic lupus erythematosus. Today, the L. E. clot test emphasizes again and again that lupus erythematosus is a disease of diverse and unusual manifestations, and that it may replace syphilis as the great imitator. With or without cutaneous involvement, lupus erythematosus is suggested by the triad of symptoms that consists of fever, arthralgia and fatigue. Most often the patient is a young adult woman of fair complexion who exhibits hypersensitivity to many things including drugs, bacterial toxins and sunlight. Characteristic laboratory findings are leukopenia, elevation of the sedimentation rate, hypoproteinemia with reversal of the albumin-globulin ratio, and albuminuria with progressive azotemia.

The macular erythema in a butterfly pattern on the face is well recognized. The skin on the neck, forearms and hands may be similarly involved. This reaction on the exposed surfaces gives credence to the factor of light sensitivity. At times marked edema of the body initiates the process. The face participates in this reaction also. Macular erythema with minimal telangiectasia and atrophy may be found about the paronychial areas and on the dorsa of the fingers between the joints of the digits. This involvement helps to differentiate dermatomyositis as will be noted later. Less specific findings include hemorrhagic puncta on the palmar surfaces of the fingers or generalized purpura. Recurring urticuria may be an early sign. Less frequently, bullous reaction or superficial ulcerations are seen.

Discoid lupus erythematosus is that form of the disease unassociated with systemic manifestations. Lesions are found on the exposed areas of the body and consist of well-delineated erythematous plaques with scaling, atrophy and telangiectasis centrally. The lesions extend peripherally, and with coalescence of small lesions, rather extensive areas become solidly involved.

Dermatomyositis, like disseminated lupus erythematosus, may early be manifested by marked edema of the skin. On palpation, however, the tissues have a doughy feeling. Muscle involvement leads to pronounced weakness with characteristic involvement of the proximal musculature of the extremities, the pelvis and shoulder girdle, and the back. Patients find it difficult to raise the arms above the shoulder level, to ascend or descend stairs, or to arise unaided from a supine position. Because of the atrophy that results from the muscle destruction, the patient becomes extremely thin and emaciated.

The tissues about the face and eyelids and over the knuckles of the joints have a peculiar rose color with a violet hue referred to as heliotrope. These areas of skin later show atrophy and telangiectasis, which thus are similar to the skin changes seen in lupus erythematosus. However, the involvement is over the joints rather than the interarticular areas. This localization affords some help in the differentiation of these two closely related and confusing diseases. The occurrence of calcinosis cutis is ordinarily indicative of beginning quiescence of the disease.

Periarteritis nodosa presents no diagnostic skin findings. The disease must be suspected in any patient complaining of abdominal pain and peripheral neuritis associated with nephropathy and hypertension. Occasionally noted are subcutaneous tumors which are arranged along the course of the blood vessels and which are specific lesions of the disease. More often seen but nonspecific in character are generalized erythema, erythema multiforme, erythema nodosum, urticaria, purpura and livedo reticularis.

INFECTIOUS GRANULOMAS

The so-called chronic infective granulomas caused by the tubercle bacillus and the Trepo-

nema pallidum are rarely seen today. Those caused by some mycotic agents are infrequently seen yet morphologically are distinctive so that dermatologic evaluation is important. North America blastomycosis is a systemic mycotic disease in which skin lesions are found that consist of sharply circumscribed plaques that have central ulceration surrounded by a fine verrucous hyperkeratotic periphery in which pustules 1 to 2 mm. in diameter can be seen. A band of dusky erythema surrounds the plaque. The involvement of other structures, namely the lungs and bone, offers considerable difficulty in differential diagnosis. Sporotrichosis is another of the mycotic infections which is not distinctive in the type of ulceration but rather in the distribution of the involvement. The primary lesion is a nodule that becomes necrotic and ulcerates, and is most frequently seen on the most peripheral part of an extremity. Younger lesions can be seen along the lymph channels that extend centrally from the initial lesions, the chancre.

Despite the value of a cutaneous examination, culture of the causative organism offers the ultimate in the differential diagnosis of mycotic infections.

SARCOIDOSIS

Sarcoidosis is characterized histologically by the presence of noncaseating epithelial tubercles. Clinically, these granulomas can occur in every tissue of the body so that the signs and symptoms may be extremely diverse. The cause remains unknown.

Dermatologists were among the first to study the disease. Their interest was piqued because of the occurrence of firm red-brown nodules, and at times annular lesions or round plaques, in the skin. Less often these nodules could be palpated along the course of the larger vessels. Only later was it recognized that the skin was less frequently involved in sarcoidosis than were other organs and systems. Establishing the diagnosis of sarcoid in a skin lesion often explained an associated infiltration in the lungs, uveoparotid fever, iritis, hepatosplenomegaly, cystic lesions of the bones and bizarre neurologic manifestations that were originally felt to be unrelated. In the past the dermatologist so often cued the diagnosis that more recently he has been asked to examine the patient to find sarcoid in the skin in an effort to explain a heterogeneous group of symptoms.

LYMPHOBLASTOMAS AND NEW GROWTHS

The lymphoblastomas, which include mycosis fungoides, Hodgkin's disease, the leukemias and lymphosarcomas, are closely related disease entities. At times the same patient may show evidence of having more than one disease of this group. Histopathologic study of skin, lymph nodes and internal organs and hematocytologic studies establish the diagnosis. Specific histopathologic skin findings are frequently seen in mycosis fungoides and only infrequently in the other members of the group. Nonspecific skin findings consisting of exfoliative dermatitis, generalized erythroderma, eczematoid plaques, with or without lichenification, urticaria, erythema multiforme, purpuric and hemorrhagic lesions, bullae, and herpes zoster and simplex are much more common. Pruritus is a common accompanying symptom and at times may be the sole presenting complaint.

Few new growths of the skin have systemic implications except cutaneous lesions from a primary lesion elsewhere in the body. Such metastatic growths are ordinarily nonpainful, hard, and fixed in the skin. Although most cutaneous metastatic lesions are in close proximity to the primary growth, there seems to be a tendency for some tumors to metastasize to the scalp. This is particularly true of carcinoma of the breast. Interestingly enough the metastatic nodule may make its appearance even before there is any clinical evidence of the primary growth. At this stage palliative therapy alone is the rule.

METABOLIC DISEASES

In the field of metabolic diseases a heterogeneous group of conditions is considered, some of which present cutaneous manifestations specific for a disease entity. In hyperthyroidism the patient's skin is soft and moist. Exophthalmos may be present. Generalized pruritus, urticaria and vitiligo may be associated. In hypothyroidism, or myxedema, on the other hand, the patient's skin becomes dry, thickened, rough and scaling, and waxy yellow, and his hair becomes dull, coarse and thinned. Huskiness of the voice occurs and enlargement of the tongue makes talking difficult. These changes are all seen in addition to the nonpitting induration of the skin from which the disease gets its name.

On occasion, a peculiar type of localized edema, usually on the lower part of the leg, occurs postoperatively in a patient who has had a thyroidectomy for toxic goiter. The skin overlying such a plaque has a "pigskin" appearance. The lesion is asymptomatic and does not respond to any treatment.

The xanthomas represent errors in fat metabolism and are often associated with evidence of systemic disease. The lesions may be found without abnormal values for blood lipids, however. The lesions consist of discrete yellow to brown papules with orange hue to the summits of the lesions. Telangiectatic vessels are often found coursing over their surfaces. At times the papules may coalesce to form firm indurated plaques.

Xanthelasma is perhaps the best known of the xanthomas. Approximately 70 per cent of the patients have altered values for blood lipids, especially those for cholesterol and total lipids. Xanthelasma may be the first sign of a similar process that is occurring in the vascular system and that eventually will lead to angina pectoris, hypertension and arteriosclerosis. In xanthoma tuberosum, in which the lesions are most commonly located on the extensor surfaces of the body, the blood values for cholesterol, cholesterol esters and total lipids are likewise elevated. In nearly 50 per cent of such cases, angina pectoris or occlusive vascular disease of the extremities is found. This form of xanthoma appears to be inherited and transmitted as a dominant trait.

Quite in contrast to these forms is xanthoma disseminatum in which the lesions occur on the flexural surfaces of the body. No changes in values for blood lipids are found. Except for the occasional patient in whom diabetes insipidus develops because of the peculiar localization of the xanthoma in the brain, the general health is unaffected. It is in xanthoma diabeticorum that the highest values for the blood lipids are found. In this disease the lesions are similar in distribution to those of xanthoma tuberosum but in addition lesions are commonly found in the palms and soles. As the name would indicate, diabetes is associated. Xanthoma on the palms and soles usually indicates serious underlying systemic disease. In a jaundiced patient, one should consider the possibility that xanthomatous infiltration is occurring in the biliary tree, giving rise to xanthomatous biliary cirrhosis.

In addition to the skin manifestations already mentioned in association with diabetes mellitus, specific lesions of the disease referred to as necrobiosis lipoidica diabeticorum are found which consist of indurated sclerotic plaques, usually single, situated on the lower part of the legs. The surfaces of the lesions have a glistening yellowish hue centrally with a dull erythematous or violaceous hue peripherally. In older lesions, telangiectatic vessels course over the surface of the plaque and ulceration may be present. The name arises from the changes seen in the collagen tissue histologically. The skin lesions may precede and thus herald the clinical manifestations of diabetes; however, in 10 per cent of cases, diabetes cannot be found. Eighty per cent of the patients are female. Adequate control of the diabetes does not seem to influence appreciably the course of the skin lesions.

Primary systematized amyloidosis is a rare type of metabolic disturbance in which deposits of amyloid are found not only in the skin but also in the internal organs. This disease is in sharp contrast to secondary amyloidosis in which amyloid is deposited in the kidney, liver and spleen secondary to long-standing infection elsewhere in the body, such as tuberculosis, osteomyelitis and nephritis. The cutaneous lesions of systematized amyloidosis consist of translucent chamois-colored papules and nodules occurring anywhere on the body but primarily about the face. Deposition of amyloid in the muscles of the tongue may result in macroglossia and difficulty in talking. Similar involvement of the blood vessels causes them to rupture easily, resulting in ecchymosis at sites of trauma. Multiple myeloma is often an associated finding. The presence of myeloma cells in the bone marrow and Bence Jones proteinuria help to establish this.

Erythema and edema are sometimes found in the hands and are particularly noticeable on the palmar surface. Tenderness of the skeletal musculature may be noted because of amyloid infiltration. Of the internal organs, the muscles of the gut and the heart are commonly involved.

A rare hereditary disease, porphyria, occurs when the pyrrole nucleus of hemoglobin is metabolized in an abnormal manner. Uroporphyrins are formed and excreted in the urine and this finding becomes the hallmark of this unusual disease. If the anomaly becomes manifest in early life, so-called congenital porphyria, the

patient shows marked photosensitivity, blistering leading to eventual mutilation of the exposed portions of the body, and red teeth and urine.

In porphyria cutanea tarda, or the hepatic type, the disease may remain latent for many years. It is only at times of insult to the liver by alcohol or other hepatotoxins that clinical signs of the disease are manifested. The characteristic features are those of mild blistering of the skin with trauma on exposure to the sun, hyperpigmentation and suffusion of the face, neck and upper part of the trunk giving a mahogany color to the skin, scarring, yellowing and hardening of the skin of the face and hands (the so-called sclerodermoid changes), and hirsutism. Milia are frequently found in the areas of scarring. Only occasionally is the urine dark or port-wine colored when voided, but invariably it darkens upon standing.

A third form of porphyria is the acute intermittent type in which the cutaneous findings are minimal. Recurrent attacks of abdominal colic and neurologic disorders are the clinical features that predominate, and confuse and obscure the basic underlying problem.

SUMMARY

An effort has been made to summarize briefly the cutaneous manifestations of certain systemic diseases. Clues obtained from a thorough examination of the skin may lead to the elucidation of an otherwise unrecognized systemic disease. It is not to be intimated that the dermatologic approach to the various conditions described is the primary or only method of investigation, but rather that cutaneous signs should be utilized to aid in the diagnosis of an underlying disease.

Quotes:

DR. JUSTUS OHAGE, President, Minnesota State Medical Association—"Everyone who comes in contact with doctors learns to recognize the dignity of medicine. The dignity of medicine is closely akin to what we mean by the essential dignity of man. As physicians we can never afford to lose sight of the individuality and personality of every patient we see. This is our tribute, paid daily, to the dignity of man. It is reflected back on us in the high regard that our patients have for the ultimate dignity of medicine."

DR. CLAUDE D. BONHAM, Past President, Colorado State Medical Society—"Changing attitudes in diagnosis are interesting to watch. Our G. P.'s used to use subjective findings a lot but these were rejected for scientific objective findings. When purely objective findings were found wanting some of the 'old' have been renamed 'psychosomatic syndromes' and are now considered essential in the practice of good medicine. Perhaps we now can agree that 'horse sense' without special title was good!"

DR. DAN MELLEN, President, Medical Society of the State of New York—"One of the weaknesses of this generation is fear. Fear of atomic destruction, fear of cancer, fear of heart attacks, and other fears daily plague the minds of our people. Unless checked, this fear-complex may cause untold harm. As counselors, physicians have an excellent opportunity to combat this epidemic of fear. In the office, at the bedside, through health forums, radio programs, TV shows, and emergency services doctors can alleviate to a great extent fear of dreaded diseases and sudden sickness."

A Clinical Evaluation of Dibistine: A Combination of Two Antihistamines

SIMON S. RUBIN, M.D.

Gary

THE VARIABILITY in the therapeutic potencies and the side actions of the different antihistaminic drugs is well known. Some antihistamines are potent therapeutically but cause drowsiness so frequently that their use is limited. A few are excitants, or may produce mild euphoria. Still others are characterized chiefly by the production of gastrointestinal symptoms. Some antihistamines produce unfavorable reactions in as many as 50 per cent of all patients. Some of those with few side effects may be low in therapeutic potency. In short, many of the antihistamines have distinctly individual characteristics.

It seems logical that by proper selection of the best qualities of two antihistamines, a preparation might be obtained which would relieve common allergic symptoms in a high percentage of patients and yet might minimize the side effect. Although the literature on antihistamines is voluminous, little work has been done in assessing the effects of a combination of such drugs when administered together.

Hubbard and Berger[1] studied the action of Phenindamine and Prophenpyramine administered simultaneously. Their 200 patients were given the two drugs separately in doses of 100 mg. daily and the two together in a total dose of 200 mg. daily. The number of patients getting relief from the combination was significantly greater than for each of the antihistamines given singly. Phenindamine caused excitatory phenomena in one-fourth of the group. The side reactions from Prophenpyramine given alone were of an entirely different type—depression and somnolence, in an incidence of 8 per cent. Reactions from the combined drugs were about as frequent as with Phenindamine alone but were much less severe. It seems obvious that the high incidence of side actions was due largely to the high percentage of excitatory effects from Phenindamine.

Wittich,[5] and Simon and Toohey[6] have reported that Dibistine gave good therapeutic results, in a small group of allergic patients, with a minimum of undesirable side effects.

A combination of antihistamines which are not excitants was chosen for the present study. This combination, known as Dibistine,* contains 25 mg. of tripelennamine and 50 mg. of antazoline. Tripelennamine has long been known as a potent histamine antagonist, effective in a wide range of allergic conditions. Although it does not cause as much drowsiness and vertigo as some antihistamines, nausea and related symptoms have limited its use in some patients. It was hoped that by reducing the dose to half and combining it with another antihistamine, therapeutic benefits could be maintained with decreased side effects. Antazoline does not have as remarkable a therapeutic range or potency as tripelennamine but is notably low in side effects. It rarely causes drowsiness, gastrointestinal symptoms or insomnia. Its effect is rather that of a mild relaxing agent. It should be noted that these two antihistamines were combined, not in equal amounts, as in the Hubbard and Berger study, but each in half the usual therapeutic dose. As will be seen from the following data, not only the type of antihistamine selected for combination but also the ratio of one to the other appears to be significant since the absence of appreciable side effects may be explained on the basis of smaller doses of each drug.

The experimental and clinical work of the

* Supplied by Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

two component drugs, tripelennamine and antazoline, have been extensively studied by many workers. An excellent review of these and other antihistamines can be found in "The Antihistamines," a monograph by Feinberg, Malkiel, and Feinberg.[2]

PROCEDURE AND RESULTS

The use of Dibistine was begun in our practice early in the 1950 ragweed hay fever season, at which time a large group of hay fever patients received this combination. A tendency to relatively few and mild side actions was an outstanding observation in this series. It was this fact that led us to further study of this preparation. Since then 284 patients, 204 adults and 80 children, received Dibistine. In this study the adult dose was 25 mg. of tripelennamine HCL (Pyribenzamine) and 50 mg. antazoline HCL (Antistine) taken 3 or 4 times daily. Children under 12 years of age received one half the adult dose. The period of therapy varied from several days to several months. Patients who received Dibistine for several months had periodic blood counts and urinalyses, and showed no abnormal changes.

The results of treatment are shown in Table I.

TABLE I

No. Patients	Allergic Manifestations	Good	Fair	Poor
122	Seasonal hayfever	89	28	5
60	Perennial allergic rhinitis	34	20	6
46	Urticaria	24	14	8
21	Atopic dermatitis	9	6	6
17	Contact dermatitis	10	4	3
18	Chronic bronchial asthma	4	3	11

The designation "good" indicates that these patients had all or most of their symptoms controlled. Those who were classified as "fair" had a large part of their symptoms controlled, while those in the "poor" category had little or no relief. It will be noted from table I that the best results were obtained in seasonal hay fever. Although Dibistine did not always keep the wheals of urticaria under control, it nevertheless abolished the pruritus in most instances. Most of the contact dermatoses were due to poison ivy. Here this combination appeared to reduce the pruritus and to shorten the course. As shown in our previous clinical studies of the antihistamines, they are of little help in asthma, and are definitely contraindicated in acute bronchial asthma. In our group of asthmatic patients Dibistine was given only to those who had chronic symptoms. It was very helpful in relieving the allergic cough, especially in children, which frequently is a premonitory stage of asthma. In judging the results in table I, it should be noted that almost all the patients were under allergic management—that is, they were receiving desensitization treatment. Dibistine was used as adjunct treatment to control the remaining symptoms.

The total number of patients and the number having side effects are shown in table II.

TABLE II

Total number of patients	284
Severe reactions	4
Moderate reactions	6

Patients were questioned to determine whether they experienced drowsiness and depression, dryness of mouth, nervousness and excitation, frequency of urination, dizziness, nausea, or other gastrointestinal disturbances. Of the four patients with severe side actions two patients had nausea, dizziness and frequency of urination; one patient had severe dryness of the mouth, nausea and drowsiness; and one patient had severe drowsiness, weakness and some gastrointestinal disturbances. Only four patients in the entire group had to discontinue Dibistine because of side actions, and the remaining six were able to use one half the dose without any ill effects.

Twenty-eight patients who obtained good or fair results with Dibistine were given Benadryl, Neoantergan, Ambodryl, and Perazil. Of the 28 patients, 24 reported better relief of their symptoms from Dibistine than from any of the other four antihistamines. One patient obtained better results with Benadryl but preferred Dibistine because she experienced uncomfortable side actions from Benadryl. Another patient had better results with Benadryl and no appreciable side effects. The remaining 2 patients preferred Ambodryl; one of these patients had no side actions from this drug while the other experienced only mild effects. Of 15 patients who had previously taken Dibistine, 7 stated that they experienced as good or better results with Pyribenzamine, but 3 of these preferred Dibistine because they had less side actions with the latter. Many of the patients who had previously taken several of the other antihistamines stated that

they had better relief from Dibistine with fewer side actions.

In making these comparisons it should be noted that an accurate daily record of the patients' symptoms was kept and that daily variations in pollen counts were noted so that results could be properly evaluated. It has been shown by Rubin[3] et al., and by Feinberg[4] that unless these varying factors are taken into consideration it is difficult to evaluate therapeutic results in the treatment of hay fever.

SUMMARY

1. Dibistine, a combination of Pyribenzamine and Antistine appears to produce synergistic therapeutic results with a minimal amount of side effect.

2. As with all the other antihistamines, Dibistine should be used only for symptomatic relief from allergic manifestations and not as a substitute for allergic management.

REFERENCES

1. T. F. Hubbard and A. J. Berger: The Use of a Combination of Two Antihistaminic Drugs in the Treatment of Allergic Vasomotor Rhinitis. Ann. Allergy 8:350, 1950.

2. S. M. Feinberg, S. Malkiel, and A. R. Feinberg: The Antihistamines: The Year Book Publishers, 1950.

3. S. S. Rubin, M. A. Kaplan, A. L. Aaronson, and S. M. Feinberg: Potassium Salts in the Treatment of Pollinosis: A Clinical Evaluation, J. A. M. A. 114:2359, 1940.

4. S. M. Feinberg: A Method of Evaluation of Results in Hay Fever: Its Application to Certain Modes or Treatment. Ann. Int. Med. 6:1153 (March) 1933.

5. F. W. Wittich: A Clinical Report on the Use of Dibistine in the Treatment of Allergies. Ann. Allergy 10:625, 1952.

6. S .W. Simon, and J. J. Toohey: Clinical Experiences with Dibistine in Allergic States. Ann. Allergy 10:484, 1952.

Evidence on all sides shows that the enduring health programs are those the people have understood and those they have had a hand in developing. Hugh R. Leavell, M.D., Dr. P. H., Amer. J. of Pub. Health, Nov., 1954.

Steady elimination of chronic infectious illness has not only saved lives outright, but also has helped extend the average age of the population, so that physicians deal much more frequently than formerly with the ailments of old people, and society must construct appropriate institutions for their care. Esmond R. Long, M.D., Bulletin of History of Medicine July-Aug., 1954.

Abstracts:

THE DILEMMA OF GASTRIC CANCER

Pack, George T., M.D., The Dilemma of Gastric Cancer. J. M. Soc. New Jersey. Pp. 501:507. Vol 51, December, 1954

Doctor Pack does not believe it practical to survey for cancer of the stomach since various studies seem in agreement that of 800 adults over age 40 who do not have a story of indigestion, gastric cancer will be discovered in only one person. He emphasizes on the other hand that certain things may raise a suspicion of gastric cancer. He reports that 8 per cent of patients with primary pernicious anemia may be expected to develop cancer of the stomach as may 1 per cent of patients with achylia gastrica. The actual incidence of gastric cancer with gastric polyp is uncertain, and since malignancy is fairly often found in the resected polyp it is probably wise to consider all of them as at least pre-malignant. Malignancy in a gastric ulcer also presents a problem since malignancy is found in about 15 per cent of resected gastric ulcers even when unsuspected by gross examination of the specimen by the pathologist. Doctor Pack believes a gastric ulcer should probably be considered surgical if the ulcer does not completely disappear leaving no rigidity of the gastric wall in a very short period of time. He believes too that the surgery of gastric cancer has been too conservative. Of interest is his finding that cancer high in the stomach has a higher resectability rate than cancer in the lower portion of the stomach. As evidence that cancer surgery has been too conservative he cites experience of the major New York hospitals to this effect: "More than 50 per cent of those who had subtotal gastrectomies for cancer in important New York hospitals had recurrences in a part of the gastrointestinal tract which should have been removed at the initial operations".

The management of patients with total gastrectomy is considered at length in this article.

Stephen L. Johnson, M.D., Evansville.

SLIPPED ELBOW IN CHILDREN

Paul M. Beegel, M.D., The Journal of the Maine Medical Association, Vol. 45, No. 11, P. 293-295, November, 1954.

The condition of slipped elbow has been known since the time of Hippocrates. Other common terms applied to this condition are painful paralysis of the arm in young children, dislocation of the head of the radius by elongation, pulled elbow, subluxation of the head of the radius and nurse-maids elbow.

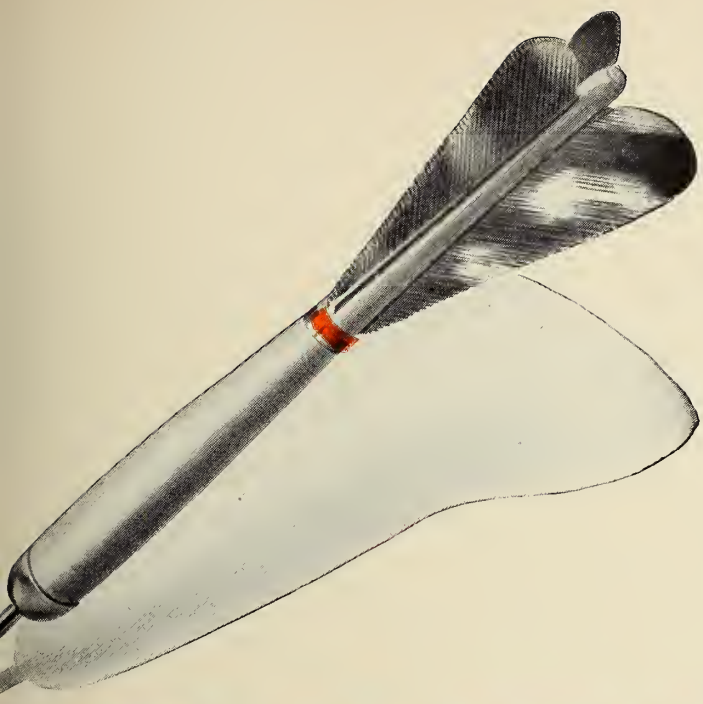
The mechanism of injury is most important. The pertinent point in the history is that the injury comes about when the child's arm is suddenly pulled on while extended. Immediately following this action the child begins to scream with pain and refuses to use the arm. The elbow is held in moderate extension with the arm at the side and the forearm in supination. Attempts to get the child to move the arm from this position usually fail. The child, if he is old enough, may complain of pain at the wrist due to referred pain, but usually the pain is of a vague nature and is in the elbow region. There is usually tenderness at the head of the radius. No swelling, ecchymosis, hematoma, bony protrusion, deformity or true paralysis will be noted. X-Rays of the elbow are negative since the amount of subluxation is not measureable even with comparative X-Rays of the normal elbow.

Anatomically it can be demonstrated that the typical flared head of the radius as illustrated by the adult form of the bone does not start its formation until about the age of five and does not obtain any degree of flare until about the age of eight or nine years. This makes it theoretically possible for the radius to move distalward and for the annular ligaments to allow some of its fibers to slip over the head of the radius without apparent tearing of the ligaments. The average age of occurrence of this condition is between two and four years but it has been reported in children as old as nine years of age.

Treatment of this condition is a simple matter. The physician should grasp the elbow with the thumb of the hand over the radial head, with the other hand the wrist is grasped and the forearm supinated and extended while the thumb makes pressure over the radial head. If there seems to be some resistance to reduction by this procedure, then the elbow should be grasped in a similar manner and the forearm rotated gently and continuously from pronation to supination, while at the same time the elbow is gently worked through a full range of flexion and extension. As a rule, however, reduction is usually accomplished by the first procedure. Some authors immobilize the affected arm in a sling for five to seven days, but this is usually not done and the author of this article has not found it necessary. Rare instances of recurrence of subluxation have been reported and it has been described that the application of a cast or splint to immobilize the elbow for three weeks is sufficient to allow stabilization of the joint to prevent further recurrences.

In conclusion, the author points out that this condition is best treated by an orthopedic surgeon, mainly on the basis that he would be more likely to make the best differential diagnosis. Any practitioner, however, can easily treat this condition if

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Chronic Pyelonephritis
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*REG. U.S. PAT. OFF.

he takes care to rule out other more serious problems such as brachial plexus injury, ligamentous injury or fractures.

Robert L. Parsons, M.D., South Bend.

THROMBOEMBOLISM

Ochsner, Alton, M.D., Thromboembolism. Rocky Mountain Medical J., 1059:1062, Vol. 51. December, 1954.

Ochsner points out that postoperative thromboembolism has not decreased, whereas infection and shock as complications of surgery have been almost completely eliminated in recent years. He feels that physicians in general have not differentiated between the two types, thrombophlebitis and phlebothrombosis, and that this is important because the manifestations, prognosis and therapy are different in every respect.

"Thrombophlebitis . . . is a condition in which the thrombus is caused by inflammation of the vein wall and change in the vascular endothelium. The clot in thrombophlebitis is firmly attached and does not become detached. For this reason the patient with thrombophlebitis or phlegmasia alba dolens, although having severe symptoms consisting of fever, pain and swelling of the extremity, has a good prognosis as regards life. There is little or no danger of pulmonary embolism . . ."

"On the other hand, phlebothrombosis . . . occurs as a coagulation thrombus in a previously normal vein. . . . It can become easily detached with the production of either non-fatal pulmonary embolism or massive fatal embolism. In contradistinction to thrombophlebitis, in which the symptoms are marked and definite . . . patients with phlebothrombosis present few, minimal, or no clinical manifestations. The patient may have a sense of impending disaster. There may be an elevation of the pulse out of proportion to anything else. On examination there may be tenderness along the course of the veins of the lower extremity. On the other hand, in many cases of phlebothrombosis there are no clinical manifestations whatsoever, the first evidence of the disease being a pulmonary embolism. In fact, in 40% of the fatal pulmonary embolisms observed at the Charity Hospital in the period from 1938 to 1950, there was no antecedent clinical evidence of venous thrombosis."

"We have previously shown that in thrombophlebitis the clinical manifestations are largely the result of vasospasm in the arterioles of the extremity. The paleness of the extremity as designated by the term phlegmasis alba dolens, its coolness, and the pain are due to ischemia. If this is overcome by chemical interruption of the sympathetic impulses, there is a rapid relief of the symptoms and a rapid subsidence of the swelling. In fact, within a few days the patient is usually perfectly well and has no residual sequelae. On the other hand, if prompt therapy during the acute phase is not instituted, the patient is likely to have persistent edema and develop other sequelae as a result of venous stasis. Compression bandages are essential in the control of the edema and the patient should be mobilized as quickly as possible after the temperature has returned to normal."

"Phlebothrombosis, on the other hand, must be treated rapidly and with no delay . . . because detachment of the clot may produce a fatality, it is imperative that the vein on the cardiac side of the thrombosis be tied as soon as possible after the diagnosis is suspected. Only in this way can one be sure that detachment of the clot cannot produce either a non-fatal infarction of the lung or a fatal embolism. The use of coagulants might be of value prophylactically, but it is our conviction that once phlebothrombosis has occurred, anticoagulants have little or no place in the treatment of phlebothrombosis. They can actually do harm by lulling the attending physician into a false sense of security."

"If it is suspected that venous thrombosis is present in the veins of the lower extremity, exploration of the superficial femoral vein bilaterally and ligation are indicated. If, however, it is suspected that the thrombosis might be within a pelvic vein or if, at the time of exploration of the superficial femoral vein, the clot is found extending up into the common femoral, the operation is discontinued and an inferior vena cava ligation just above the bifurcation is accomplished. In the patient with a suppurative thrombophlebitis, in which, in contrast to the usual case of phlegmasia alba dolens, embolism is possible because of liquefaction of the clot as a result of the suppurative process, it is likewise essential to tie off the vein on the cardiac side of the thrombosis. Since many cases of suppurative thrombophlebitis are seen as a result of puerperal infection, usually resulting from criminal abortion, it is desirable in such instances to perform not only inferior vena caval ligation just above the bifurcation but also bilateral ovarian vein ligation."

James M. Wilson, M.D., South Bend.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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1955 ANNUAL CONVENTION

ADVANCE NOTICES are out for the annual meeting at French Lick next October. A preview of the scientific program reveals some changes which should contribute to its interest and educational value.

The first actual convention day will be Monday, October 17. Sunday will be set aside for meetings of the Executive Committee and Council, and the first meeting of the House of Delegates. This scheme has proved effective in the past, and eliminates much of the conflict between the business sessions and the educational part of the program.

The Committee on Scientific Work has adopted a new framework for the clinical program. In order to allow as many members to take advantage of the ever popular instructional courses as possible, the number of courses is being increased and they are to appear on each of the three regular days, starting on Monday.

The schedule for Tuesday starts with two hours of instructional courses. The latter half of the morning will be devoted to several simultaneous roundtable discussions on such subjects as Obstetrics and Gynecology, Dermatology, Fluids and Electrolytes, and New Drugs in Hypertension.

Tuesday afternoon will be in two separate but related parts. First, a panel program on traffic accidents, featuring the preventive and epidemiological aspects, will be presented. Sgt. Elmer Paul of the Indiana State Police, nationally known expert in this field, will participate. Second, a medical treatment panel discussion of accidental injury with various subdivisions such as neurosurgical, maxillofacial and orthopedic, has been planned.

The first two hours of Wednesday morning will be given over to instructional courses. The remainder of the morning program will be a group of concurrent roundtables on such subjects as Burns, Treatment of Industrial Injuries, Collagen Diseases, and The Use of Radioisotopes.

Wednesday afternoon will see another innovation in the form of combined section meetings.

The Sections on Medicine, General Practice and Public Health & Preventive Medicine will hold a joint meeting, as will the Sections on Ophthalmology & Otolaryngology and Anesthesiology. The Section on Obstetrics and Gynecology will probably conduct a separate program. The Section on Surgery plans to devote its entire program to geriatric surgery.

Acceptances from all the participants and guest speakers have not been received at this time. The complete program will be announced later.

POLIO VACCINE PLANS

PLANS HAVE BEEN MADE for the administration of poliomyelitis vaccine on a large scale this spring, if the evaluation report on the 1954 field trial justifies its further use.

Dr. Thomas Francis, Jr., of the University of Michigan is now engaged in studying the data obtained in the first large field trial of the Salk vaccine, and is expected to have his report ready by April 1. Since the optimum time for administering the 1955 doses of vaccine, if it is to be used, will occur soon after the first of April, the planning has been carried out this winter.

The National Foundation of Infantile Paralysis has met with representatives of four national medical organizations[1] and with representatives of the federal government[2] to formulate policies of distribution and administration. The consensus of the meeting was reported as follows:

1. That if and when licensed by the National Institutes of Health, the vaccine will be supplied by the National Foundation to state health officers in amounts sufficient to provide for the vaccination of
 a. Children who participated in the vaccine field trial in 217 field trial areas in the United States in 1954 but who did not receive vaccine at that time.
 b. All children enrolled in the first and second primary grades of all public, private and parochial schools in the continental United States, Alaska and Hawaii in the spring term of 1955.
2. The plan of administration of the vaccine in any state or territory will be the administrative responsibility of the respective state or territorial health officer and will be worked out by him in cooperation with the state or territorial medical society and state or territorial education officials.
3. The 1955 vaccine program has been initiated by the National Foundation for the purpose of making possible early and widespread application of a newly established preventive measure against paralytic poliomyelitis; after completion of this program, the National Foundation will not participate in the production, distribution or administration of poliomyelitis vaccine.
4. The children in the first and second grades of primary school were selected for the program because of the high incidence of paralytic poliomyelitis in this group and their accessibility as organized units within the schools, keeping in mind the limitations on the amount of vaccine to be available for this program.
5. It is expected that additional vaccine, equivalent or greater in amount than that contracted for by the National Foundation, will be obtainable through usual commercial channels for the use of private physicians for their patients.
6. Vaccine for use in 1955 will be administered on the same dosage schedule as was followed in the 1954 field trial, namely 1 cc. of vaccine in each of the three doses, given intramuscularly, the second inoculation one week after the first and the third inoculation four weeks after the second.
7. Administrative procedures for the giving of the vaccine will be as simple as possible and will not

[1] American Medical Association, American Academy of Pediatrics, the Association of State and Territorial Health Officers, and the American Public Health Association.

[2] U. S. Department of Health, Education and Welfare.

require extensive record-keeping. Except in those states which wish and are in a position to conduct follow-up studies, no extensive nationwide evaluation such as was done in the 1954 field trial is contemplated.

8. Upon request from state health officers, the National Foundation will supply educational and other printed materials for use in the conduct of the vaccination program and will provide local cooperation and assistance through its chapters in all counties as requested by local health authorities.

Planning in Indiana was started by the State Board of Health and the Indiana State Medical Association soon after the announcement of the above policies. By the time this is published the preparations should be well along on the county level.

O RH NEGATIVE BLOOD

The Bulletin of the Riverside County (Calif.) Medical Association for October 1954 has a short note on the so-called "universal donor" which is well worth reprinting. It is by Wayne Scott, M.D., medical director of the blood bank of San Bernardino-Riverside Counties:

The term "UNIVERSAL DONOR" has been widely used among physicians and lay public alike. The greatest blow to this concept was the discovery of the Rh factors which cut about 85% of the "Universal Donors" off the list, leaving only the treasured type O Rh Negative donors. More frequent use of these donors developed a group of patients sensitive to type C and E in the Rh group and cut the list still further. Now the old concept that type O blood represents a complete lack of antigenic activity is being questioned. In addition the array of rare blood factors, (Kell, Duffy, etc.) constantly coming into clinical importance is further undermining the Universal Donor concept. The clinician should keep in mind that before "O" Rh Negative blood is ordered for a patient he must realize that its use for recipients of some other type is to be approached with caution and used only when speed is of the greatest importance or other blood is unavailable. The danger is rarely manifest at the time of a first transfusion. It only appears weeks to years later when the patient is transfused again and reacts to the earlier sensitization.

In summary, "O" Rh Negative blood is of great value at times, but should be avoided always if time permits the use of blood of the same type as the recipient. The true "Universal Donor" either doesn't exist or is very rare and the concept is a dangerous one.

Guest Editorials:

From The Journal of the Tennessee State Medical Association:

WHAT IS THE FUTURE OF PREPAID HEALTH INSURANCE?

As a member of the Committee on Prepaid Insurance your Editor has of late thought a lot about the limitations of the prepayment insurance plans now in vogue. This thinking developed particularly as the result of requests made by certain segments of the membership of the Tennessee State Medical Association. At the Annual Session last April, the Committee on Prepaid Insurance heard requests by members representing the internists, radiologists, pathologists and anesthesiologists for an extension of the Tennessee Plan to provide for benefits for non-surgical illness.

Every member of the Committee immediately recognized the difficulties these requests implied. First, if benefits in the non-surgical field were mandatory to the Tennessee Plan the premium would rise to the point where insurance would be priced out of existence, and would meet a lot of sales resistance from employers who pay either all or a good share of the premiums in group coverage. Secondly, if benefits were made a matter of choice to the subscriber, as a rider to the surgical plan, relatively few policies would be sold and the objectives of the non-surgical groups would be defeated. Subscribers think mainly in terms of surgical fees, because of their size, when showing an interest in prepaid insurance. Generally they do not think of the catastrophic effect of prolonged medical illness. (Admittedly this viewpoint is changing and could be hurried by education.) Representatives of the insurance carriers say that few subscribers will take insurance against anesthesiology or radiotherapy.

One aspect the doctor must keep in mind in medical prepaid insurance is the limit which must be put on fees. Any plan which goes beyond about three dollars per day for hospitalized patients only is so expensive in premiums as to preclude the sale of such insurance. This means that if a patient entered the hospital because of myocardial infarction and died on the third day, irrespective of the number of hours the doctor spent on the case, the total fee would be nine dollars. The premium must be high or the benefits must be very limited since prepayment insurance for medical benefits offers temptation to dishonesty on the part of both

patient and doctor. Medical benefits payable only for the hospitalized patient offer the temptation to hospitalize patients for colds or other minor complaints, especially in the proprietary hospital if hospital benefits also are provided.

As one contemplates the problem of eventually rising premiums for hospitalization insurance and demands for broader surgical and medical coverage one sees only an impossible situation when measured in premiums. The costs of coverage will be so high that protection will be salable to neither the employer for group employee benefits nor to the individual.

Your editor sees only one answer,—a deductible insurance program also known as *major medical expense insurance*. This type of insurance offers protection against the costs of catastrophic illness. The trend toward this type of insurance is gaining ground. According to *Medical Economics*[1] about 1,500,000 persons now are insured under this type of plan which was made available only several years ago. The statement is made also that the number insured under such a program doubled within the past year. Our Committee on Prepaid Insurance was told just recently by representatives from the Health Insurance Council that some of the labor unions in large urban areas in the East have requested a change to the deductible type of insurance in recognition of the fact the surgical prepaid insurance leaves out coverage against catastrophic illness of a non-surgical nature.

It is said in the article referred to that some thirty commercial carriers are experimenting with *major medical expense insurance*. Examples are cited to show variations in the amounts *deductible*, (varying from $200-$500); *co-insurance* (0.25 per cent), the portion the insured pays above the deductible amount; and the *maximum benefits* which range from $2,500-$7,500.

To your Editor this is the only type of insurance which makes sense. It is compatible with the American philosophy of self-reliance of the past, but with a guarantee against a catastrophic break in the budget. It would do away with the ridiculous situation in which even the most minor of surgical intervention is paid for. It would eliminate much of dishonesty by some patients and some doctors in the misuse of hospitalization insurance, thus reducing the premiums in this phase of prepayment insurance. Lastly, if the first several hundreds of dollars of medical expense is deductible, the door might be open to pay for costly procedures on an office or ambulant basis, as for expensive X-ray and laboratory studies.

It may be predicted that, short of some form of compulsory health insurance, *major medical expense insurance* will make rapid advances within the next decade.

R. H. K.

[1] Williams, C. A.: How They're Insuring Those Major Medical Expenses, Medical Economics, 32:97 (No.) 1954.

From The Journal of the Medical Society of New Jersey:

THE DECLINE OF THE HOUSE CALL

Once the standard symbol of the medical practitioner, the little black bag seems headed for a museum. The house call is coming to account for less and less of the doctors' practice. The horse and buggy doctor would have included the maintenance of both the horse and buggy in his income tax deduction if they had income tax in those days. Making calls was a large part of his practice.

Now that transportation has become swifter, the doctor's need for it has become less. Some physicians practically never make house calls. Others do so with great reluctance and impose on the patient such discouraging obstacles as higher fees and tardy arrivals.

The reasons for this reluctance to make house calls are that the doctor is too busy, that equipment in the office is better or that the patient is not as sick as he thinks. This is quite in line with the trend of the times. Probably nothing that can be said or done now will reverse the trend. However before the house call becomes completely extinct we would like to utter this requiem.

There is nothing quite as challenging as a closed door. The doctor who has never waited for the door to open has lost out on one of life's interesting experiences. With today's modern diagnostic equipment it is much easier than it used to be to make a diagnosis. But in the home, the doctor must make a diagnosis with only the simple equipment he can carry in the bag plus his eyes, his ears, his fingers, his medical training and, one hopes, his God-given common sense. If he can do that, he is really playing in medicine's major league!

A patient sends for a doctor only when he considers himself in trouble. The doctor who responds is viewed as a friend in deed. Many harsh things have been said about medical practitioners during the last two decades. But no one ever says them about the doctor who is willing to reply to a cry for help by making a call to the home. Such a call may be time taking, economically profitless and subject to certain technical and scientific deficiencies. It is a cheerful symbol of service to people in trouble—a service which is the glory and the touchstone of our creed.

The President's Page

MARCH 1955 represents the third-way mark in my year as president of the ISMA. To those committees which have met and outlined a positive program, my congratulations. To those which have not, I again ask you to make your committees alive and to carry on your assigned duties.

Legislative problems have, as usual, kept the headquarters office and the Legislative Committee working overtime during January and February. Certainly, we must improve our methods of getting more doctors at the grass-roots level to aid in legislative years.

We, as members, do not appreciate the magnitude of the job of carrying medicine's opinions to the legislators. Unsatisfactory legislation, as viewed by some, brings an avalanche of criticism from those who adopt the attitude of "let George do it" so long as it does not affect them. The idea of medicine's powerful lobby becomes a myth in action unless we, as individuals, are willing to exert our influence in favor of legislation for the betterment of the public.

Legislation passed in the 1955 session will soon become law which doctors as citizens are bound to obey. Any failure to prevent poorly drafted legislation from passing may be indirectly laid at our own doorsteps. As apathetic citizens we must share any criticism.

By definition, the word nurse, as applied to the nursing profession, means "a person trained to care for and wait upon the sick or infirm and to assist doctors and surgeons". This definition seems to be losing its meaning in our present-day hospitals where the nurse with her understanding of human nature and her special training is being made a glorified secretary. Patients are deprived of the kindly reassurance and comfort nurses can offer. Graduate nurses are relinquishing this function, and in their place come the nurses' aides who by logical reasoning will become the patients' principal contact with the philosophy of Florence Nightingale. In their efforts to improve their own lot the nurses' aides are becoming more organized and better trained, and I can envision the time when we will have nurses' aides to nurses' aides to nurses. To quote an old saying, "little fleas have lesser fleas upon their backs to bite 'em and so on ad infinitum". Increasing educational standards for nursing are tending to create specialists with little consideration for the bedside contacts so essential to good patient care. Our own profession has been accused of over-specialization with a resulting loss of human, personal understanding. While specialization is a definite necessity we must not lose sight of the patient. Our professions should not become top-heavy in that category.

Spring ushers in renewed activity on our Hoosier farms with the apparently inevitable increase in farm accidents. We, as menders of broken and maimed parts, should join our local farm groups in sponsoring programs of Farm Safety. It is generally agreed that farming is a hazardous occupation. Previously injured farmers are always willing to be displayed as horrible examples of carelessness at fairs and farm implement exhibits in an effort to impress upon their brethren the need for continued vigilance in handling the machinery of farming. The ISMA Rural Health Committee and medical societies in rural areas should take cognizance of this fertile field of public relations and foster meetings designed to bring to the farmers of Indiana a personal awareness of the hazards of farming.

W L Bortens M.D.

"Light is the task where many share the toil".—Homer

The Woman's Auxiliary

REPORTS TO I. S. M. A.

MARCH, 1955

On January 25, members of the Executive Committee of the Auxiliary to the I.S.M.A. traveled over icy roads and through falling snow to Indianapolis for an important planning session. Only one member was missing, and it wasn't the condition of the roads that kept her away. Perhaps the most important item of business we accomplished, was the decision to form a new State Committee under the heading "Medical Care Insurance." Our I.S.M.A. Advisory Committee approved the forming of this committee some time ago. We know this is an important phase of work at this time. As soon as the new chairman is appointed, we shall begin to gather information on this subject to pass on to each county Auxiliary. We hope to have all county chairmen appointed soon. We shall then be able to spread approved and helpful insurance information to the people of Indiana.

At this meeting, we also spent some time planning the House of Delegates meeting, which is almost upon us. We have secured a splendid speaker for our banquet, and are looking forward to a good attendance. Our goal? Every county Auxiliary represented at this meeting. It will be held in Evansville, at the McCurdy Hotel, April 28 and 29. Please check with your Auxiliary president, and, if possible, *send your wife!* We promise her an enjoyable time.

With only one more month to go in our administration, perhaps we should pause and take stock of our accomplishments. Has your county Auxiliary been able to reach the various quotas set for it by I.S.M.A., and by A.M.A.? I hope all presidents of county medical societies will check with their Auxiliaries to see if you can help them in any way. After all, their work is primarily to help their doctor husbands in the field of public relations. Their success is to your advantage, and if they fail, your own prestige has suffered!

As of December 8, our national TODAY'S HEALTH chairman reports that Indiana had 873 credits for 36% of our quota! I'm sure that all your Christmas gifts of TODAY'S HEALTH have helped boost that figure. Now that our "Operation Christmas" is over, we are starting on "Operation Doctors." As I have pointed out before, last year your I.S.M.A. membership was approximately 3,819. If each and every one of you would take ONE SUBSCRIPTION, for use in your waiting room, if you have one, or to give to a deserving patient or friend, if you haven't, we could reach that coveted 100% and 2,400 credits very easily. Only $1.50 a year to the profession! This project has been given entirely to the Auxiliaries to promote.

By the way, Mrs. R. F. Stover of Miami, Florida, our national chairman for TODAY'S HEALTH, was born and reared in Brazil, Indiana, graduated from Indiana University, and has a very personal interest in our progress.

Early in January it was my privilege to go to Lafayette to award our annual 4-H Club Nurse's Scholarship. The recipient is chosen by the 4-H Club leaders on the basis of her record in that organization, and on her desire to become a nurse. I read her record, and it was most imposing. I know she was well chosen. She is Fredina Jean Crowe, of Paoli, Indiana. It was an inspiration to me to attend this meeting. I was a guest at their banquet and treated royally. What wonderful future citizens those young people will make! As I stood before all those eager young faces, I took the opportunity to put in a good word for the nursing profession as a whole. There must have been good material for the medical profession there, too.

At this time, the papers are filled with the actions taken by the legislative bodies, at both the State and National levels. Our Auxiliary members are ever on the alert for information which concerns the medical profession, or the nation's health. Be sure to discuss vital issues with your wife.

Mrs. Harry C. Harvey
President

A Challenge

JOSEPH F. FERRARA, M.D.*

Franklin

WE HAVE BEEN SELLING IDEALS to John Q. Public for many years. We have built in the public mind the illusion that the doctor is a great humanitarian rather than a human. We have fostered the idea of the old family doctor—the doctor who just had the little black bag, the Lord, and a few pills. God love him for all he accomplished with what little he had to work with, and for the stature he gave the practice of medicine.

Could it be, though, that this is where we have fallen down in our public relations? Shouldn't we possibly reconstruct public opinion to fit not the old family doctor but the doctor of today beseiged with a new and different set of problems? Shouldn't we possibly educate the public along lines of modern day medical care? We don't do kitchen table surgery anymore. We deliver few babies in the home. This was the era of the old family doctor. While these are fond memories in the minds of many—the public does not want to return to this type medical care. They do want the old family type doctor—but with the modern scientific care that we practice today.

There is the problem of availability of the doctor. The doctor of today gets around more, sees many more patients because of modern transportation. He doesn't have to stay 2 or 3 days at some patient's home because of distance and no available hospital or clinical facilities.

In the old days the farmer didn't pick up the telephone and call his doctor, he saddled up his horse and went out and got the doctor. Today because of transportation and modern hospital facilities the doctor can serve more people. But the farmer can't understand why there can't be a doctor at every crossroad. On the other hand, the farmer doesn't send his son to Purdue to become an agriculture expert and send him out to buy a poor piece of ground in which the production potential could never satisfy the economic pressure.

* Presented at the January 23, 1955 Annual Conference of County Medical Society Officers in Indianapolis. Dr. Ferrara served as chairman of the committee on arrangements for the conference.

THE OTHER SIDE

Shouldn't we also condemn the public because they have become a bunch of shoppers? As one older doctor said, "Give me the old-fashioned family and I will give you the old family doctor". Recently a patient rushed into a doctor's office and had to see the doctor immediately. On seeing the doctor she stated "I would like to have my shot right away as I have an appointment with my gynecologist in another city." How do you think that doctor felt; yet, the public expects him to jump at their command.

Modern medicine has created a Frankenstein as it has created numerous specialties and more sub-specialties. The public has become specialist conscious and many go directly to the specialist feeling that they may get more for their money even though it costs them more. Recently a doctor saw a patient who had been to a specialist. The specialist had recommended a series of allergy shots. Since this patient did not want to inconvenience herself by driving the distance to the city to receive each of these shots, this specialist referred her to her famliy doctor to have the shots given. How do you think that doctor felt in that particular situation? He had nothing to do with the patient going to the specialist; yet, it was required of him by the specialist and the patient to give those shots. I realize I am stepping on the specialist's toes; yet, I practice a specialty. I believe the specialists can help by trying to promote the practice of patients coming through family doctors. This is asking quite a bit, but it would relieve a considerable amount of resentment on the part of the general practitioners toward the specialists. It makes the general practitioner feel he is left out in the cold by both the specialist and the patient. It also tends to create animosity between the general practitioner group and the specialty group, yet we are all doctors. To me, most of the specialists who are established can follow this program. The only hardship involved would be on the young man starting into a specialty on his own. Under this program he would have a little problem getting started as he might not

have enough contacts with general practitioners who would refer patients to him.

FEAR PLAYS A ROLE

I have taken a pot shot at the specialists, and now I will take a pot shot at the general practitioner. Too many general practitioners, if they cannot treat a patient conveniently or feel they do not want to take the time to examine the patient, have referred him to a specialist only to be told that there was nothing wrong with the patient. This does not set well with the patient as it has increased his cost of medical care. It does not set well with the specialist if he is a busy one. It also makes the patient lose confidence in his family doctor if he is referred to the specialist for every little thing. The element of fear has been instilled by publicity about heart trouble, cancer, appendicitis and a host of other things. People have been asked to watch for symptoms and to see their family doctor immediately. The public has been led to believe that if they have a cut they should have a tetanus shot and a shot of pencillin. Some demand this whether they need it or not. This all increases the burden of the present-day physician.

We must practice public relations on an individual basis at the grass-roots level. It can't be done by national organizations spending thousands of dollars in the newspapers. Public relations is not anything more than common horse sense and using the golden rule. Of course, this applies to both the doctor and the public. The public is very demanding and sometimes very harsh and critical. However, this also can be taken care of on an individual basis. Many doctors have trained their patients to come to their offices where they can be treated more adequately. In so doing, each of those doctors on an individual basis has helped to solve some of his problems through his own efforts and through his personal public relations.

On the other hand, this cannot all be done on an individual basis. Our state and national organizations should adopt an offensive attitude instead of being "agin everything". Instead of permitting lay organizations to front for us, we should promote and take an active part in these things ourselves, and take credit where credit is due rather than sit in the background and let some other organization carry the ball, as we cannot successfully sub-let our public relations.

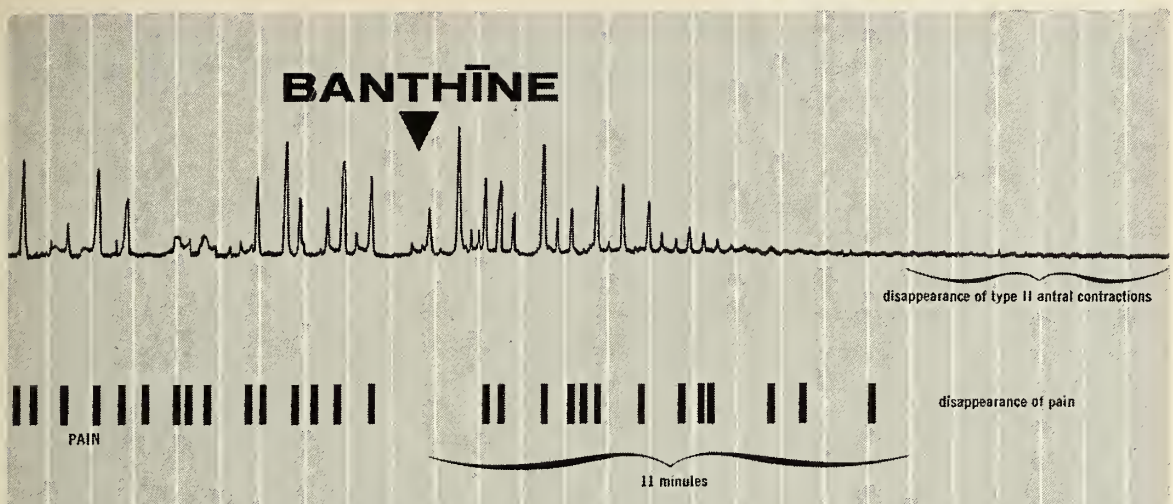
ABOUT FEES

In regard to fees, how are we going to convince the public that our fees are reasonable? We have to have a solution to this. Should it be by comparison of rising costs in every field? Should we educate them to understand that the world does not owe anyone a living, although this generation has been reared to believe so? Should we educate them to understand that we do not get something for nothing and that everything has a price? Even the Hippocratic Oath to which everyone refers, doesn't say that you have to do anything for free. How many times does the layman hold the Hippocratic Oath over the doctor's head as a sword of Damocles? The doctor being ignorant of what the oath actually states, many times crawls into his little shell and immediately is on the defensive. I will not take time to read the original oath; however, most allusions to the oath are in reference to the poor and the families of physicians, etc. I wish to read only this part of the oath. "To the poor and to families of deserving colleagues thou *shouldst* account it a privilege to render faithful attention". This was actually taken from the ten commandments to which the medical students are supposed to subscribe and is really an interpretation of the original oath. I wish to repeat that even in the interpretation they said the doctors *should* account it a privilege to render faithful attention.

Perhaps we should show the public, the unions and other groups that by comparison *we* are not getting something for nothing. A doctor cannot consistently charge more unless he is delivering more to the public than someone else is. On an hourly basis using union rates, charges could compare favorably.

If a brick layer works 8 hours a day, 5 days a week, for 52 weeks at $3.25 an hour he would receive $6,760 net. (By the way, the $3.25 is the guaranteed minimum wage for a brick layer working on our new hospital wing.)

Most doctors easily work an average of 12 hours a day, 6 days a week. Most work more hours but to simplify things, if the brick layer works 12 hours a day, 6 days a week for 52 weeks, with his time and one-half for overtime each day, and double time on Saturday his income would be $15,886 net. The doctor to net this, would have to gross an additional $6,000 to pay overhead and approximately, being very



Effect of 100 mg. of Banthīne administered orally on antral gastric motility and duodenal ulcer pain.

Hightower, N. C., Jr., and Gambill, E. E.: Gastroenterology 23:244 (Feb.) 1953.

Hypermotility and Hyperacidity

A recent evaluation of anticholinergic therapy in peptic ulcer emphasizes the fact that now the profession has at its disposal agents that are "effective in reducing both secretory and motor activity of the stomach."

The effect on motor activity is generally more pronounced and less variable than on secretion; pain relief is usually prompt; a high degree of effectiveness is noted in ambulatory ulcer patients.

Ruffin, J. M.; Texter, E. C., Jr.; Carter, D. D., and Baylin, G. J.: J.A.M.A. 153:1159 (Nov. 28) 1953.

With its proved anticholinergic effectiveness, Banthine has been found extremely useful in the medical management of active peptic ulcer, whether duodenal, gastric or marginal.

The immediate increase in subjective well-being and the simplicity of the Banthine regimen assures patient cooperation. The recommended initial therapeutic dose is 50 or 100 mg. (one or two tablets) every six hours around the clock, with subsequent individual adjustment. The usual measures of diet regulation, rest and relaxation should be followed.

Banthine is effective in other conditions caused by excess parasympathetic stimulation. These include hypertrophic gastritis, acute and chronic pancreatitis, biliary dyskinesia and hyperhidrosis. Banthine is contraindicated in the presence of glaucoma and should be used with caution in the presence of severe cardiac disease or prostatic hypertrophy.

Banthine bromide (brand of methantheline bromide) is supplied in scored tablets of 50 mg. and in ampuls of 50 mg. It is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. G. D. Searle & Co., Research in the Service of Medicine.

SEARLE

liberal, 10% more or approximately $2,200 to cover unpaid bills. In other words, the doctor would roughly have to do a business amounting to ----------$15,886

6,000

2,200

$24,086

ARE CHARGES ALWAYS TRUE?

The newspaper, by comparison today, is not the "old newspaper of yesteryear" that printed factual news, or at least gave both sides of a controversy. Instead newspapers today tend to give slanted opinions in their news reports rather than use their editorial columns for their own opinions. Thus, many times the newspaper report is garbled between facts, and the opinion of the writer. If an issue, right or wrong, is made that is front page news. The retort is on the back page unless they can develop controversy and reader interest which sells newspapers. Public relations is not answering accusations—it is instead a policy of operation which gives no room for accusations and a positive program of leadership which brings about favorable publicity. In many instances, are charges printed in the newspapers always true? After it hits the front page the damage is irrevocable—true or false. A year ago at the state meeting a feature writer from one of the Indianapolis newspapers who was present at a reference committee meeting actually put doctors in hot spots by quoting excerpts of what they said. They quoted the doctor but not the qualifying remarks the doctor made. The quotations they used created a lot of resentment among the doctors in the state toward this physician. Another example: At the recent state meeting our own President, Dr. W. L. Portteus, was interviewed by a reporter. He told the newspaper reporter that "I have a granddaughter". The next morning the newspaper article stated that Dr. Portteus had a daughter, age 1. Other remarks made in the articles of interviews with Dr. Portteus were not correct, causing many of his colleagues and the public to get the wrong impression. When Dr. Portteus questioned the reporter about it, he said, "I am sorry, that is not what I said; however, whatever I write goes through several rewrite men and also the editor. How it comes out into print I do not know, and I am not responsible for that". Isn't this sort of silly? What is the solution?

DOCTORS PAY TAXES, TOO

The medical profession is raked over the coals and is blamed for the high cost of medical care to the trustee and welfare patients; but why should the physician be singled out to be the only one to be charitable? The welfare departments and trustees have to pay for food, clothing, drugs, etc. for these patients. This is all taken care of by the taxpayer. The doctor is a taxpayer. Should there be any reason why there should be any distinction between fees charged to private patients or fees charged to trustee or welfare patients? Does the doctor owe the taxpayer anything? In general, retailers, druggists, grocers usually don't give discounts. Doctors when doing the work for free are not only unpaid for their services but it is costing them to support the program. Many of us do not mind giving free medical care but resent it when it is demanded of us with allusions to the oath. Why don't trustees, social workers, welfare workers, work for nothing, or suppliers contribute their services and merchandise? They would be doing a noble deed also. What *is* the solution?

In summary then, there are many places where the medical profession has fallen down. We can get no place with negative defensive action. I feel that we must take positive action and "fight fire with fire".

My little five year old daughter, Susie, came home one day and said, "Daddy, I learned the golden rule today." I said "Well, what is the golden rule?" She said "Daddy, the golden rule is 'Do unto others as they do unto you'." My immediate reaction was that Susie was absolutely correct. However, her mother immediately corrected me and corrected Susie. Of course that attitude is perfectly wrong. My wife says keep calm and turn your cheek. I know, I say, but it makes me dizzy turning my head from side to side. I believe that if doctors practiced the golden rule, we should have nothing to be ashamed of whatsoever. I am not ashamed of the way that I practice my medicine, are *you?* Why don't we tell people about it then? There are thousands of dollars of free medical care given by each doctor each year. This costs the doctor a considerable sum; yet, there is very little publicity given along this line as it is expected of them.

THIS CHANGING WORLD

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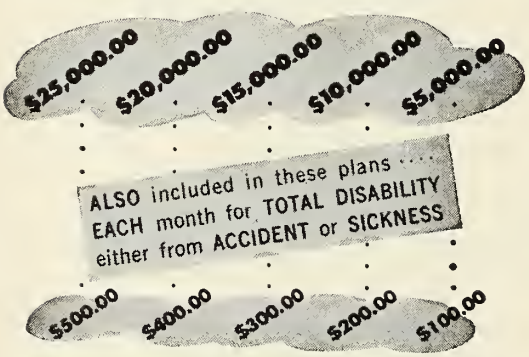
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of a changing political and economic philosophy as outlined by Plato in 327 B. C., when he wrote "All forms of government destroy themselves by carrying their basic principle to excess. The first form is monarchy whose principle is unity of rule. Carried to excess, the rule is too unified. A monarch takes too much power. The aristocracy rebels and establishes an aristocracy whose main principle is that selected families rule. Carried to excess, somewhat large numbers of able men are left out, the middle classes join them in rebellion, and they establish a democracy whose principle is liberty". Then says Plato, "That principle, too, is carried to excess in the course of time. The democracies become too free, in politics and economics, in morals, even in literature and art, until at last even the puppy dogs in our homes rise on their hind legs and demand their rights". Then, "Disorder grows to such a point"—(and here is the history of the past 25 years)—"that a society will abandon all its liberty to anyone who can restore order".

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Academy of General Practice Announces Annual Scientific Session

ALL MEMBERS of the Indiana State Medical Association are invited to attend the Seventh Annual Scientific Session of the Indiana Academy of General Practice which will be held in the Antlers Hotel, Indianapolis, on Wednesday and Thursday, April 13 and 14, 1955. Committee and delegates meetings of the Academy will be held on Tuesday, April 12.

The scientific program follows:

Wednesday, April 13

Ball Room—(Through Exhibits in Gold Room)

9:00—10:00 a.m. Eugene F. Boggs, M.D., Indianapolis
Private practice of internal medicine specializing in arthritis and allied disorders
"Cortisone: Indications and Contraindications —Safer Approaches to Therapy of the Arthropathies"

10:00—11:00 a.m. "FOUNDERS' LECTURE"
Robert A. Davison, B.A., M.D.
Assistant Professor and Head of Department of General Practice, University of Tennessee, College of Medicine
"Teaching General Practice in the Medical Schools"

11:30—12:00 m. Frederick D. Leete, Jr., Indianapolis, Insurance Counselor
"Co-ordinating Insurance from the Standpoint of Estate Planning"

12:00— 2:00 p.m. Special Buffet Luncheon for Convention Registrants—Boulevard Room

2:30—3:30 p.m. Selden D. Bacon, Ph.D., Professor of Sociology, Yale University; Director, Yale Center of Alcohol Studies
"Alcoholism"

4:00—5:00 p.m. Louis A. Buie, M.D., Senior Consultant, Dept. of Proctology, Mayo Clinic
"Diseases of the Terminal Portion of The Colon"

7:00 p.m. Annual Banquet (Ball Room)
Joint Meeting with Indianapolis Medical Society
Kenneth B. Babcock, M.D., Director, Joint Commission on Accreditation of Hospitals
"The Purpose and Philosophy of the Joint Commission on Accreditation of Hospitals"

Thursday, April 14

Ball Room (Through Exhibits in Gold Room)

9:00—10:00 a.m. I. W. Wilkens, M.D., Associate Professor, Indiana University School of Medicine
"Treatment of Diabetes Mellitus in General Practice"

10:00—11:00 a.m. "Past Presidents Lecture" Henry G. Poncher, M.D., Head of Dept. of Biology, Valparaiso University
"Some Practical Aspects of Pediatric Therapy"

11:30—12:00 a.m. A. D. Dennison, Jr., M.D., Associate in Medicine, Indiana University
"The Management of Intractable Heart Failure"

12:00— 1:30 p.m. Buffet luncheon served in Boulevard Room
Visit Technical Exhibits at noon recess

1:30— 2:30 p.m. Allan C. Barnes, M.D,. Arthur H. Bill, Professor of Obstetrics and Gynecology and Chairman of the Department, Western Reserve University
"The Conservation of Function in Gynecologic Surgery"

3:00— 4:00 p.m. Arthur J. Merrill, M.D., Associate Professor of Medicine, Emory University Medical School
"Chronic Renal Failure"

4:00— 5:00 p.m. Morris E. Thomas, M.D., Assistant Professor of Clinical Medicine, Indiana University School of Medicine
"Management of Hypertension"



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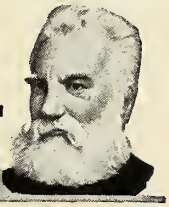
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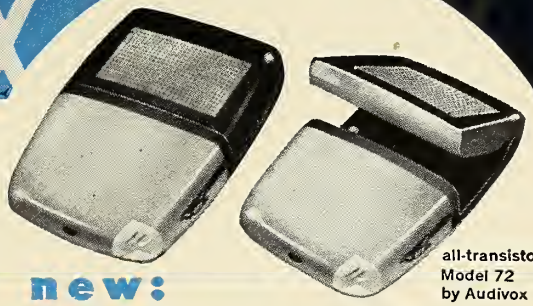
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D.C.—A bill that is not a part of the official Eisenhower health program is causing a stir in Congress.

The bi-partisan measure would provide 90 million dollars to be spent over three years to help construct and equip non-federal medical research and laboratory facilities. Often in the past five years efforts have been made to get Congress to set up various huge new research programs pointed at one disease and calling for direct federal operation of the project. Without exception they have been turned down, Congress deciding that the existing National Institutes of Health are the proper vehicles for such all-federal research.

The bill that Congress now is interested in takes a different approach. It would have the federal government "get in and get out," a system used successfully in the Hill-Burton hospital construction program. Grants would go to nonprofit hospitals, medical schools, medical laboratories and like institutions, and the institution itself would have to match the federal money. Once the particular construction had been completed and equipped, the federal government would relinquish all control or influence over the project, as under Hill-Burton. Unlike the Hill-Burton plan, the grants would go directly from the U. S. to the project.

The Senate sponsors of this bill carry more than ordinary weight within their own parties. They are Senator Lister C. Hill (D., Ala.), who not only is chairman of the Labor and Public Welfare Committee, but also heads the subcommittee that passes on most health appropriations, and Senator Styles Bridges (R., N.H.). The latter has added prestige as chairman of the Senate Republican Policy Committee. The House sponsor is Rep. Percy Priest (D., Tenn.), chairman of the Interstate and Foreign Commerce Committee, which like Senator Hill's committee is in charge of most health bills.

Introduction of specific bills to implement the President's own health program disclosed a few more details of what he wants from Congress, but generally the suggestions are the same Mr. Eisenhower offered in his State of the Union Message, his Health Message and other earlier statements.

The reinsurance bill, again the center of controversy, is much the same as last year's bill, but singles out certain areas where the administration believes reinsurance would be particularly helpful. They are the coverage of rural families, greater protection for low-income families (including home and office calls), and the insurance of major medical costs. The new bill also makes some technical changes designed to assure that the federal government does not intend to regulate the insurance industry.

The bill for federal guarantee of private mortgages on health facilities follows the general lines of last year's Kaiser-Wolverton plan, but makes

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House Confinement not required at any time

Accidental loss of hands, feet or eyesight pays monthly benefits — not just a lump sum

TAX FREE DOLLARS — Disability insurance income is not taxable. For example, $3600 disability insurance income is equivalent to about $5000 regular income

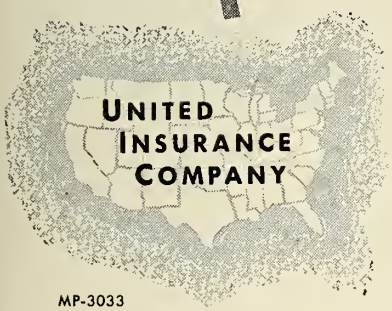
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some concessions. For example, the new bill drops the requirement that a facility has to devote most of its services to prepayment plan patients.

SOME SURPRISES

As introduced, the Defense Department's bill for more medical care for military dependents had no surprises at all. It is exactly the same bill offered last year. Efforts had been made to write in some compromises, but these were given up for the time being. The major question, as it has been from the start, is whether most dependents are to get their medical care from an insurance plan such as is proposed for other U. S. employees and their dependents, or are to be cared for by uniformed physicians in military hospitals.

Other parts of the President's program, now up for action in Congress, propose more money for the medical care of public assistance recipients, grants to states for training practical nurses and for more advanced nurse training, and more research and training in mental health.

A surprise Eisenhower request is that this country lift its statutory restriction on the amount of money U. S. may contribute toward the World Health Organization. Under present law the U. S. may not pay more than $3 million annually. The administration wants this ceiling lifted to $5 million.

Congress currently is deciding how much money to allow for health programs for the next fiscal year, starting July 1. Although the administration requested for Mrs. Hobby's department only about what it is spending this year ($2 billion), the budget for Public Health Service was upped about $77 million. Most of the research institutes are scheduled for substantial increases.

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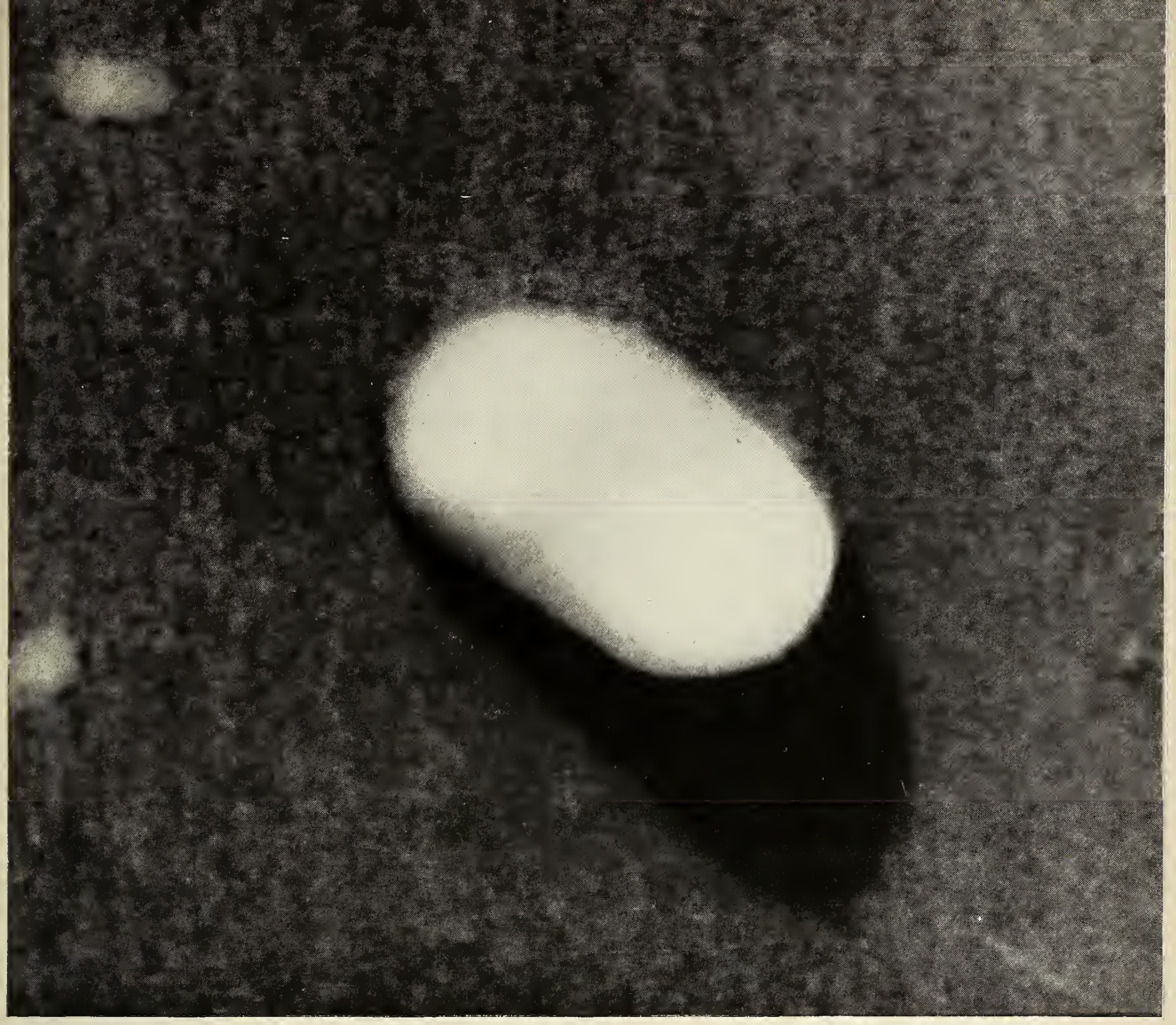
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Deaths . . .

Russell A. DeMotte, M.D., 54, Bloomington physician since 1928, died January 14 in the Bloomington Hospital. He had been seriously ill for a week from a heart condition.

Doctor DeMotte was a native of Odon and a graduate of Indiana University School of Medicine in 1927. During World War II he served for five years in the United States Navy with the rank of commander. He was a member of the Owen-Monroe County Medical Society, the Indiana State and American Medical Associations, and the Masonic lodge.

Olin B. Norman, M.D., Indianapolis, died in St. Vincent's Hospital, Indianapolis, on January 15 after a few days' illness. He was 73 and had just retired after 35 years practice in Indianapolis. He had planned to live in Florida.

Doctor Norman was a native of Lawrence county, a 1906 graduate of Indiana University, and received his medical degree in 1909 from Western Reserve University School of Medicine at Cleveland. From 1910 until 1919 when he entered service, Doctor Norman practiced in Bedford. He served with the Engineer Corps during World War I with the rank of lieutenant colonel. He retained that rank in the Army Reserve Medical Corps.

Doctor Norman was a member of the Indianapolis Medical Society, the Indiana State and American Medical Associations and was also affiliated with several civic and fraternal organizations. He served as chairman of the Auditing committee of I.S.M.A. from 1936 through 1950.

Robert M. Evans, M.D., 58, president of the Howard County Medical Society, died suddenly at his Russiaville home of coronary thrombosis on February 21. Doctor Evans was a 1926 graduate of Washington University School of Medicine, St. Louis, and was instructor in gastroenterology there before coming to Howard county in 1933. He had been in general practice in Russiaville. In addition to his county society, Doctor Evans was a member of the Indiana State and the American Medical Associations.

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What do Viceroys do for you that no other filter tip can do?



These filter traps, doctor, are composed of a pure white non-mineral cellulose acetate. They provide maximum filtering efficiency without affecting the flow of the smoke.

And, in addition, they enhance the flavor of Viceroy's quality tobaccos to such a degree that smokers report they taste even better than cigarettes without filters.

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NEWS NOTES — from State and Nation

Aero Medical Association Plans March Meeting

The Aero Medical Association will hold its 26th Annual Meeting at the Hotel Statler, Washington, D. C., from March 20 through March 23, 1955. The scientific program will consist of reports on aviation medicine, and will be participated in by doctors from many parts of the world as well as the United States. The organization is devoted to the science and art of aviation medicine and has for one of its primary aims the promotion of safety in flying.

New Quarterly Directed To Interns and Residents

Mead Johnson and Company has initiated a publication for interns and residents. It is a small magazine, to be published quarterly under the title of "Mead Digest". Its contents have been determined by a survey of its intended readers' wishes. Interns and residents who were polled expressed a desire for information relating to the establishment of a practice, and it is to this type of writing that the new magazine is dedicated. It will be mailed to all interns and residents in the United States.

COOK COUNTY GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES

STARTING DATES, SPRING 1955

SURGERY—Surgical Technic, Two Weeks, April 4, April 18.
Surgical Technic, Surgical Anatomy & Clinical Surgery, Four Weeks, June 6.
Surgical Anatomy & Clinical Surgery, Two Weeks, March 21.
Surgery of Colon & Rectum, One Week, April 11.
Basic Principles in General Surgery, Two Weeks, March 28.
General Surgery, Two Weeks, April 25; One Week, May 23.
Gallbladder Surgery, Ten Hours, April 11.
Fractures & Traumatic Surgery, Two Weeks, June 13.

GYNECOLOGY—Office & Operative Gynecology, Two Weeks, April 18.
Vaginal Approach to Pelvic Surgery, One Week, May 2.

OBSTETRICS—General & Surgical Obstetrics, Two Weeks, March 28.

MEDICINE—Two-Week Course, May 2.
Electrocardiography & Heart Disease, Two Weeks, July 11.
Gastroenterology, Two Weeks, May 16.
Dermatology, Two Weeks, May 9.
Hematology, One Week, June 13.

RADIOLOGY—Diagnostic Course, Two Weeks, May 2.
Clinical Uses of Radio Isotopes, Two Weeks, May 2.
Radium Therapy, One Week, May 23.

PEDIATRICS—Intensive Course, Two Weeks, April 4.
Clinical Course, Two Weeks, by appointment.
Cerebral Palsy, Two Weeks, June 20.

UROLOGY—Two-Week Urology Course, April 18.
Ten-Day Practical Course in Cystoscopy every two weeks.

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Essay Award Includes Presentation of Paper

To stimulate interest in the field of physical medicine and rehabilitation, the American Congress of Physical Medicine and Rehabilitation will award annually a prize for an essay on any subject relating to physical medicine and rehabilitation. The contest, while open to anyone, is primarily directed to medical students, interns, residents, graduate students in the pre-clinical sciences and graduate students in physical medicine and rehabilitation. The winner will be invited to present his essay at the annual clinical session of the Congress, to be held at Detroit between August 28 and September 2, 1955. For further information address the Congress at 30 N. Michigan Ave., Chicago 2.

Colonel Robert J. Benford, Medical Corps Officer of the United States Air Force, is to be the new editor of the Journal of Aviation Medicine. He succeeds Dr. Louis H. Bauer. During World War II Colonel Benford was air surgeon of the XX Bomber Command. In 1944-45 he was air surgeon of the I Troop Carrier Command, with headquarters at Stout Field, Indianapolis.

Brigadier General Isidor S. Ravdin, native of Evansville and graduate of Indiana University, recently became the first officer on inactive duty to receive the rank of Major General in the U. S. Army Medical Corps Reserve. General Ravdin is a professor of surgery at the University of Pennsylvania, a noted lecturer and author of scientific works.

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near Methodist Hospital which will provide lower cost of operation and greater range of specialized treatment facilities. Construction will start as soon as final plans are developed. The new Norways is part of the Indianapolis Hospital Development Association program. It will continue to be operated as a separate organization and hospital in the new location.

Dr. Norman O. Blackwell, a 1950 graduate of the University of Toronto School of Medicine, has joined the Norways Foundation Hospital staff as a resident.

At the January 1955 meeting of the Chicago Dermatological Society **Dr. Roland Wynn Jones** was elected to its membership and **Dr. John Eric Dalton** was elected to serve as its vice president during the coming year. Dr. Jones and Dr. Dalton have offices at 707 Hume Mansur Building, Indianapolis.

Dr. Paul E. Jarrett, chief of services in obstetrics and gynecology for the last two years at Fairchild Air Force Hospital, Spokane, Washington, is reopening his office at 315 Citizens Bank Building, Anderson, where he will limit his practice to obstetrics and gynecology. Dr. Jarrett held the rank of captain in the USAF Medical Corps.

American Goiter Association Meeting in Oklahoma City

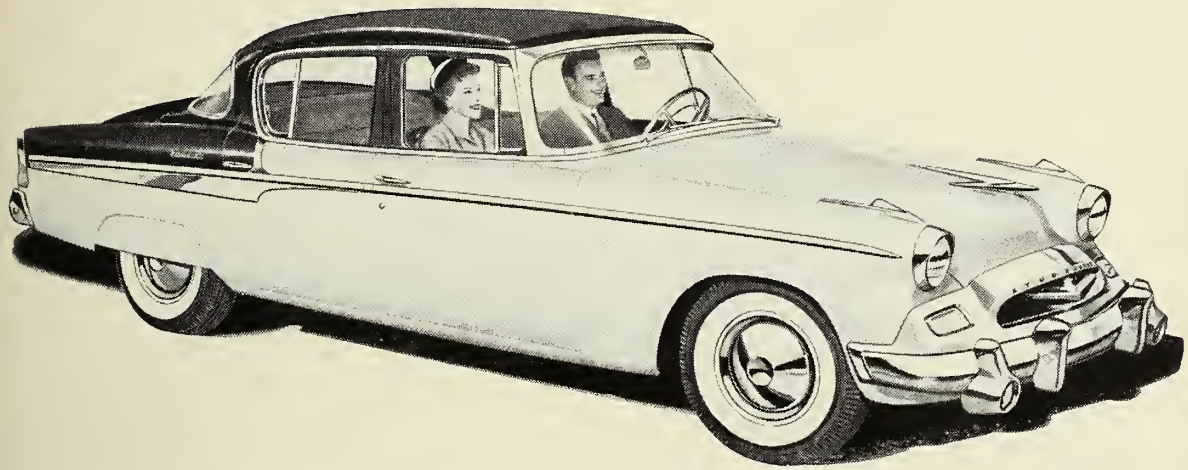
The 1955 meeting of the American Goiter Association will be held in the Skirvin Hotel, Oklahoma City, Oklahoma, April 28, 29 and 30. The program for the three day meeting will consist of papers and discussions dealing with the physiology and diseases of the thyroid gland. Full details may be obtained from Dr. John C. McClintock, 149½ Washington Avenue, Albany, New York, secretary of the association.

Dr. Kenneth L. Craft, Indianapolis, spoke on "Allergy in Its Relation to Tonsils and Adenoids" at the meeting of the Middle Section of the American Laryngological, Rhin-

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ological and Otological Society held January 24-25 in the Sheraton-Cadillac Hotel, Detroit. Dr. Craft will present a paper on "Diagnosis of Nasal Allergy" at the American Medical Association Convention in Atlantic City, June 6-10.

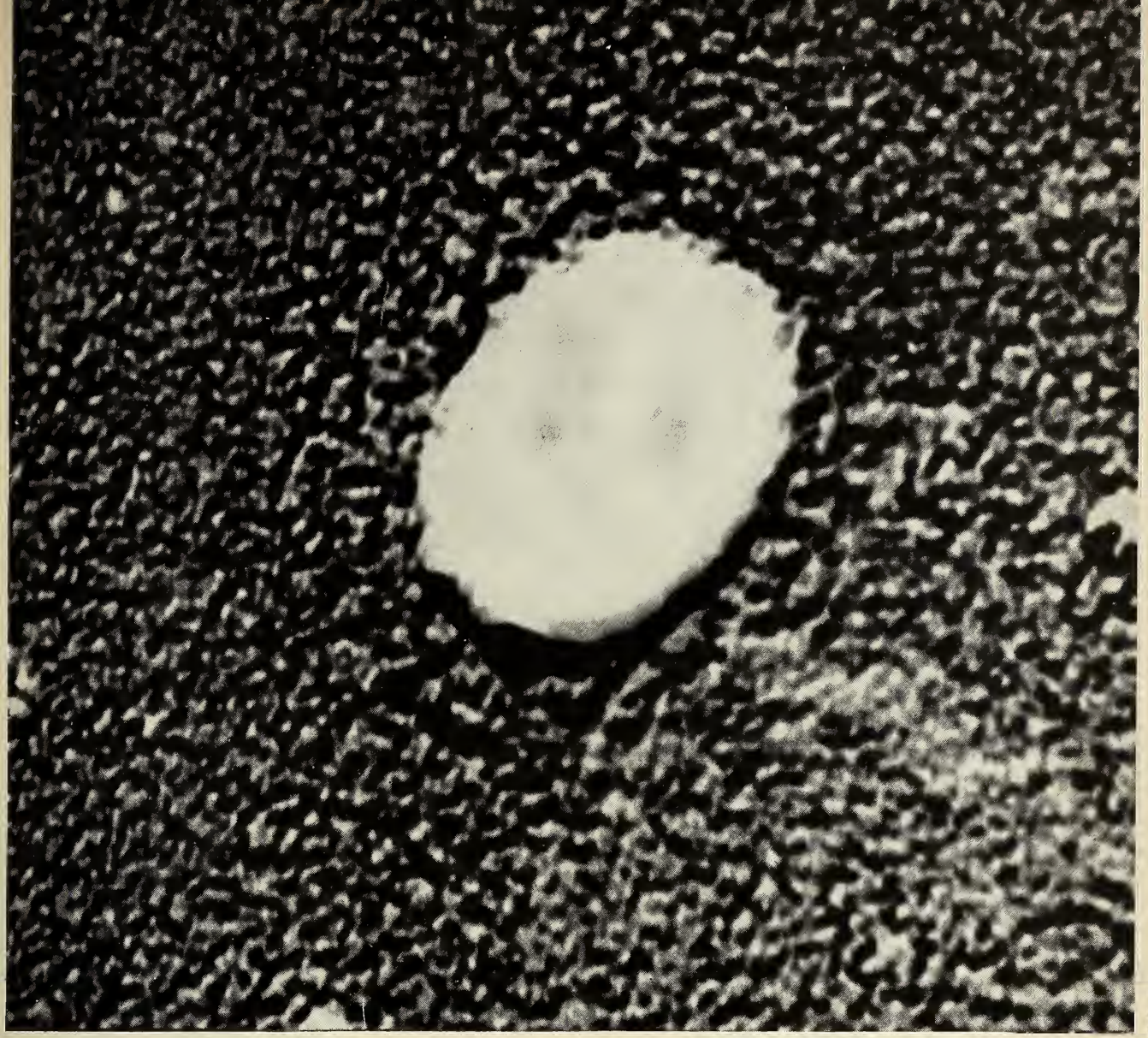
New research in proctology and related fields, as well as the application of these developments in the general practice of medicine, will be reported at the 7th annual meeting of the **International Academy of Proctology,** to be held from March 23 through 26 in New York. Scientific sessions will be in the Hotel Plaza in New York City on March 23, 25 and 26 and at the Jersey City Medical Center on March 24.

Dr. Jack G. Weinbaum, formerly of the University of Michigan at Ann Arbor, has been associated since March 1 with Dr. L. L. Blum in the practice of pathology in Terre Haute, with office at 206-210 Rose Dispensary Building. Dr. Weinbaum is a 1946 graduate of Long Island College of Medicine, New York, served his internship at Kings County Hospital, Brooklyn. He served 24 months in the Army Medical Corps. Dr. Weinbaum is a Diplomate of the American Board of Pathology, a fellow of the American Society of Clinical Pathologists and a member of the College of American Pathologists. Dr. and Mrs. Weinbaum have two children.

OB-GYN Board Examinations Scheduled for May 12-20

The next scheduled examinations, Part II, oral and clinical for all candidates will be conducted at the Edgewater Beach Hotel, Chicago, by the entire American Board of Obstetrics and Gynecology from May 12 through May 20. Formal notice of the exact time of each candidate's examination will be sent him in advance from the office of the secretary, Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6, Ohio.

Indiana physicians and nurses who participated in the Sixth American Congress on



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Obstetrics and Gynecology in December in Chicago included **Dr. Carl P. Huber**, Indianapolis, **Dr. Edward L. Engel**, Evansville, **Dr. Frank W. Peyton** and **Dr. R. J. Kerbery**, Lafayette, and **Mrs. Elizabeth Grossman**, R.N., **Fredricka Koch**, R.N., and **Bernice M. Senour**, R.N., all of Indianapolis.

Dr. Robert A. Schumaker was released from active duty with the Air Force on January 3 and has resumed practice in Terre Haute, where he has offices at 211-215 Fairbanks Building with Dr. C. L. Luckett. Dr. Shumacker entered service January 4, 1953, and had been based in Alabama, Texas and Georgia. His last assignment was as base surgeon for the 3302nd Pilot Training Squadron at Spence Air Force Base, Moultrie, Georgia.

Dr. W. H. Scoins, chief medical director of Lincoln National Life Insurance Company, Fort Wayne, has been named a member of a Medical Advisory Committee set up to give counsel to the Social Security Administration on medical aspects of administering the new "disability freeze" provision in the social security law. Dr. J. Duffy Hancock, University of Louisville School of Medicine, is chairman of the 14-member group.

One of the 12 research grants recently made by Eli Lilly and Company, Indianapolis, on a national basis, went to Purdue University to carry out research on new sources of antibiotics under the direction of Dr. C. L. Porter, professor of plant sciences, department of biological sciences.

Three Physicians Added to Davis Clinic Staff

Dr. Russell A. Eckert, graduate of Indiana University School of Medicine, has joined the staff of the Davis Clinic at Marion, as a radiologist. He is Board certified in radiology. Dr. Eckert joined the Davis staff December 1, 1954.

A pediatrician, Dr. D. Hugh MacNamee, joined the Clinic January 1. He is a graduate of Columbia University College of Physicians and Surgeons, and received graduate training in pediatrics at the Children's Medical Center, Boston, Massachusetts.

Dr. John D. Pattison, Pittsburgh, is the most recent addition to the Davis staff. He limits his practice to internal medicine. Dr. Pattison has just returned from his second tour of duty with the U. S. Navy during

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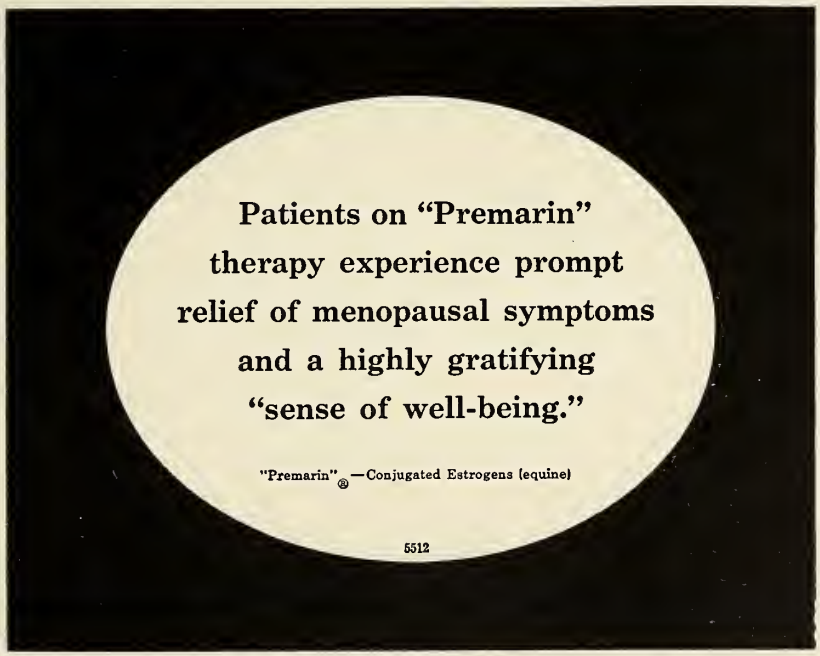
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which time he served for more than a year on the island of Malta.

Dr. Ivan Gailey, graduate of Albany Medical College, Albany, New York, has opened offices in Chrisney, where he will practice general medicine. Until recently Dr. Gailey was in partnership with Dr. Carroll Boyle at the Walter Struve Clinic, Poseyville. Dr. Boyle purchased Dr. Gailey's interest in the clinic. Dr. Gailey served as a pilot in the air force during World War II. After completing his medical education at Albany, he served his internship at Gary Methodist hospital and entered practice in Poseyville in July, 1953. Chrisney has been without a physician for several years.

Dr. John J. Sullivan, native of Omaha, Nebraska, is now associated with Dr. Harold D. Lynch, Evansville. Dr. Sullivan will specialize in obstetrics and gynecology. Dr. Lynch is a pediatrician. Dr. Sullivan is a graduate of Stritch School of Medicine at Loyola University, Chicago. He is a veteran of the U. S. Navy and was in general practice for four years in Clinton, Iowa, before returning to Loyola University Hospital to serve a residency in obstetrics and gynecology. Dr. Lynch and Dr. Sullivan have offices at 216 SE Riverside Drive.

Dr. Gerald F. Ward, who recently completed residency training in urology at Indiana University Medical Center, is now associated with Dr. Paul P. Bailey in the practice of urology at 206 Medical Center Building, Fort Wayne. Dr. Ward is a native of Wheatland, a 1948 graduate of I. U. School of Medicine, and served in the U. S. Navy Medical Corps from 1950 through 1952. Mrs. Ward is also a doctor and during 1953 and 1954 was an instructor in cardiology at the I. U. Medical Center. Dr. and Mrs. Ward and their daughter live at 2014 Curdes Avenue, Fort Wayne.



Society Reports

INDIANA STATE MEDICAL ASSOCIATION

The Council

January 16, 1955.

The Council of the Indiana State Medical Association convened for its midwinter meeting at 10:15 a. m., Sunday, January 16, 1955, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Elton R. Clarke, chairman, presiding.

Roll call showed the following present:

Councilors:

First District ——Minor Miller, Evansville
E. L. Fitzsimmons, Evansville, alternate, and chairman, Commmittee on Convention Arrangements
Second District ——Represented by Herbert O. Chattin, Vincennes, president, Second District Medical Society
Third District ——William H. Garner, New Albany
Fourth District ——J. E. Dudding, Hope
Fifth District ——M. C. Topping, Terre Haute
V. Earle Wiseman, Greencastle, alternate
Sixth District ——Harry P. Ross, Richmond
Seventh District ——Lester D. Bibler, Indianapolis
Eighth District ——Guy A. Owsley, Hartford City
Ninth District ——Wemple Dodds, Crawfordsville
H. E. Klepinger, Lafayette, alternate
Tenth District ——Not represented
Eleventh District ——Elton R. Clarke, Kokomo
Twelfth District ——Maurice Glock, Fort Wayne
Thirteenth District——Kenneth L. Olson, South Bend
G. O. Larson, LaPorte, alternate

Officers:

Walter L. Portteus, Franklin, president
Walter U. Kennedy, New Castle, president-elect
Roy V. Myers, Indianapolis, treasurer
Frank B. Ramsey, Indianapolis, editor of THE JOURNAL
A. W. Cavins, Terre Haute, Associate Editor of THE JOURNAL

Executive Committee:

E. H. Clauser, Muncie
Albert Stump, attorney
Robert J. Amick, field secretary
Kenneth W. Bush, field secretary
J. A. Waggener, executive secretary

Guests:

Cleon A. Nafe, Indianapolis, A. M. A. delegate
E. S. Jones, Hammond, A. M. A. delegate
Wendell C. Stover, Boonville, A. M. A. delegate
David L. Adler, Columbus, chairman, Committee on Scientific Work, and Liaison Committee with State Department of Public Welfare

J. William Wright, Sr., Indianapolis,
Don E. Wood, Indianapolis,
co-chairmen, Committee on Public Policy and Legislation
Andrew C. Offutt, Indianapolis, secretary, State Board of Health

Wesley Shannon, Crawfordsville, secretary, Montgomery County Medical Society

On motion of Drs. Dudding and Olson, the Council voted to seat Dr. Herbert O. Chattin, Vincennes, as representative of the Second District, since Dr. J. H. Crowder, Sullivan, the councilor, was not present.

On motion of Drs. Bibler and Dudding, the minutes of the meetings of the Council held at Indianapolis on October 24 and 27, 1954, were approved as printed in the December, 1954, issue of THE JOURNAL.

REPORTS OF COUNCILORS

Dr. Bibler announced that the date of the Seventh District meeting had been changed from May 17 to May 11, 1955.

District meetings are scheduled as follows for 1955:

First District ——Tell City, September 15, 1955
Second District ——
Third District ——New Albany, May 25, 1955
Fourth District ——Batesville, May 4, 1955
Fifth District ——Turkey Run, May 11, 1955
Sixth District ——Brookville, April 21, 1955
Seventh District ——Indianapolis, May 11, 1955
Eighth District ——Portland, May 25, 1955
Ninth District ——Williamsport, June 1, 1955
Tenth District ——
Eleventh District ——Kokomo, May 18, 1955
Twelfth District ——Kendallville, May 18, 1955
Thirteenth District——South Bend, November 16, 1955

REPORTS OF OFFICERS

Dr. Walter L. Portteus, president: "I would like to report that I have been trying to meet with as many of our committees as possible. I have had a meeting with most of my committee chairmen, with the idea of outlining specific activities, in order that we might have progressive, active work done this year. I would like to have these committees work together as much as possible where the field of work is overlapping. I hope to cut down the

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number of meetings because I know that you are all overworked. This being a legislative year, I want you to give, both as Council members and as committee chairmen, as much help as possible to the Legislative Committee. I don't believe you realize the volume of work that this committee has to do and some of the 'on-the-spot' decisions that they have to make. I am sure that Dr. Wright and Dr. Wood, the co-chairmen of this committee, will welcome any assistance that you can give both here in Indianapolis and at home as far as your local representatives are concerned."

Dr. Roy V. Myers, treasurer, presented the following report, compiled by George S. Olive and Company, certified public accountants, which shows the Association to be in good financial condition. Dr. Myers called attention to the increase of $21,423.82 in assets in 1954 and total assets of $238,049.02. No additional investments were made during the year, total investment in bonds being $166,000 in the General Fund and $19,000 in the Medical Defense Fund, with 1954 interest income amounting to $5,571.60.

January 11, 1955.

The Council,
Indiana State Medical Association,
Indianapolis, Indiana.

Gentlemen:

We have examined the accounts and financial records of the Indiana State Medical Association as of December 31, 1954, and the statements of income and expense and fund balances for the year then ended, on a cash receipts and disbursements basis. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statement of assets, all funds and related statements of income and expense, on a cash receipts and disbursements basis, present fairly the position of the Indiana State Medical Association at December 31, 1954, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours very truly,

GEO. S. OLIVE & CO.,
Certified Public Accountants.

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Increase in Assets, All Funds,
Year Ended December 31, 1954

TOTAL ASSETS, DECEMBER 31, 1954—exhibit B			**$238,049.02**
TOTAL ASSETS, JANUARY 1, 1954			**216,625.20**
NET INCREASE			**$ 21,423.82**
Arising from the following sources:			
Excess of operating cash receipts over operating cash disbursements, year ended December 31, 1954:			
General fund—Exhibit C:			
Receipts	$156,692.00		
Disbursements	139,883.62		
	16,808.38		
Add: Increase in petty cash	500.00		
		$17,308.38	
The Journal of the Indiana State Medical Association — Exhibit D:			
Receipts	53,671.95		
Disbursements	51,354.94		
		2,317.01	
Medical Defense fund—exhibit E:			
Receipts	4,917.60		
Disbursements	3,119.17		
		1,798.43	
NET INCOME			**$ 21423.82**

Exhibit B

INDIANA STATE MEDICAL ASSOCIATION
Statement of Assets, All Funds, at December 31, 1954

GENERAL FUND:			
Cash on deposit—Exhibit C		$37,410.74	
Petty cash fund		1,500.00	
Investments:			
U. S. Treasury bonds	$ 65,000.00		
U. S. Savings bonds	101,000.00		
		166,000.00	
Total general fund			$204,910.74
THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION:			
Cash on deposit—exhibit D			6,078.97
MEDICAL DEFENSE FUND:			
Cash on deposit—Exhibit E		8,059.31	
Investments:			
U. S. Treasury bonds	5,000.00		
U. S. Savings bonds	14,000.00		
		19,000.00	
Total Medical Defense fund			27,059.31
TOTAL ASSETS, ALL FUNDS—exhibit A			**$238,049.02**

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION

Comparative Statement of Cash Receipts and Disbursements, Years Ended December 31, 1954, and December 31, 1953

GENERAL FUND

	Year Ended Dec. 31, 1954	Dec. 31, 1953	Increase (Decrease)
CASH BALANCE AT BEGINNING OF YEAR	$ 20,602.36	$ 69,449.55	$(48,847.19)
RECEIPTS:			
Membership dues	100,883.00	115,287.00	(14,404.00)
Income from exhibits	20,705.00	10,700.00	10,005.00
Interest income	5,104.00	2,975.05	2,128.95
Instructional courses	513.00	384.00	129.00
Redemption of securities	30,000.00	---	30,000.00
Total receipts—Exhibit A	157,205.00	129,346.05	27,858.95
BEGINNING BALANCE PLUS CASH RECEIPTS	177,807.36	198,795.60	(20,988.24)
DISBURSEMENTS:			
Transfer of applicable portion of dues to The Journal of the Indiana State Medical Association—Exhibit D	11,370.00	11,199.00	171.00
Medical Defense Fund—Exhibit E	4,450.00	4,387.50	62.50
Purchase of securities	30,000.00	90,000.00	(60,000.00)
Premium on purchase of securities	---	196.76	(196.76)
Headquarters office expense	46,165.76	35,722.53	10,443.23
Publicity Committee	693.58	779.35	(85.77)
Public policy	802.97	4,145.39	(3,342.42)
Council	1,717.47	1,544.18	173.29
Officers	4,196.55	2,961.02	1,235.53
Annual session	16,834.23	10,426.49	6,407.74
Standing committees	21,991.85	5,380.54	16,611.31
Special committees	909.51	3,190.00	(2,280.49)
Federal insurance contributions tax	380.86	273.39	107.47
Indiana employment compensation and excise tax	64.17	64.01	.16
Fifty-year Club	330.07	422.55	(92.48)
Women's Auxiliary to I.S.M.A.	10.10	---	10.10
Six-state conference	(22.00)	---	(22.00)
General practitioner award	1.50	1,218.00	(1,216.50)
Anti-National Health Insurance Committee	---	5,985.53	(5,985.53)
Increase in petty cash fund	500.00	---	500.00
Interim session	---	297.00	(297.00)
Total disbursements—Exhibit A	140,396.62	178,193.24	(37,796.62)
CASH BALANCE AT END OF YEAR	$37,410.74	$20,602.36	$16,808.38

Exhibit D

INDIANA STATE MEDICAL ASSOCIATION

Statement of Cash Receipts and Disbursements, Year Ended December 31, 1954

THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

BALANCE, JANUARY 1, 1954		$ 3,761.96
RECEIPTS:		
Subscriptions—members—Exhibit C	$11,370.00	
Subscriptions—non-members	349.00	
Advertising	35,995.71	
Collections on accounts receivable	441.53	
Single copy sales	242.75	
Electrotypes	60.54	
Sale of reprints	5,212.42	
Total receipts—Exhibit A		53,671.95
		$57,433.91
DISBURSEMENTS:		
Salaries	$ 9,345.00	
Printing	32,444.22	
Office expense	610.37	
Electrotypes	2,009.62	
Press clippings	272.74	
Rent and electricity	634.71	
Postage	1,033.06	
Telephone and telegraph	263.72	
Federal insurance contributions	186.57	
Indiana employment compensation tax	7.59	
Art work	1,266.18	
Reprints	3,242.76	
Miscellaneous	38.40	
Total disbursements—Exhibit A		51,354.94
BALANCE, DECEMBER 31, 1954—Exhibit B		$ 6,078.97

Exhibit E

INDIANA STATE MEDICAL ASSOCIATION

Statement of Cash Receipts and Disbursements, Year Ended December 31, 1954

MEDICAL DEFENSE FUND

BALANCE, JANUARY 1, 1954		$ 6,260.88
RECEIPTS:		
Transfer of applicable portion of dues from the General Fund—Exhibit C	$4,450.00	
Interest income	467.60	
Total receipts—Exhibit A		4,917.60
		$11,178.48

DISBURSEMENTS:		
Attorney's fees	$3,090.00	
Travel	29.17	
Total disbursements—Exhibit A		3,119.17
BALANCE, DECEMBER 31, 1954—Exhibit B		$ 8,059.31

Dr. Frank B. Ramsey, editor of THE JOURNAL: "I don't have much to say about THE JOURNAL at this time, except that I have a good report to give you on the financial end of it. This past year we came out ahead on money to the extent that we were able to absorb a shortage of $1,500.00 on the year before and actually on the two years are ahead by about $2,000.00."

Dr. Wendell C. Stover, delegate to the A.M.A., presented a report on actions taken by the A.M.A. House of Delegates at the clinical meeting held November 29 to December 2 in Miami. (Printed in January, 1955, JOURNAL, pages 54 to 58 and 97.)

Dr. Cleon A. Nafe, delegate to the A.M.A., also discussed the three resolutions presented by the Indiana delegation and the actions thereon of the A.M.A. House of Delegates.

A.M.A. Public Relations Meeting. The executive secretary read the following report on the A.M.A. Public Relations meeting, held in Miami, November 28, 1954, which was prepared by Dr. Earl W. Mericle, chairman of the Committee on Public Relations of the Indiana State Medical Association:

This meeting was opened by Dr. George Lull, whose message as usual was one of greeting. Dr. Lull emphasized the fact again that courtesy is important and that some doctors are just not courteous. A discourteous doctor can disturb all public relations efforts, regardless of how much cost is involved in those efforts. In addition, he brought out the fact that the A.M.A. is blamed for discourtesy of doctors, and in reality the A.M.A. belongs to the doctors, and thereby the doctors are responsible for the A.M.A., not to the A.M.A. Lull again believes that the A.M.A. needs support of all its members. He feels that the local level, in other words the County Medical Society, is a place to combat bad publicity, regardless of to whom it is directed. Again, he emphasized the fact that public relations exist only in the doctor's office or in his rounds of seeing patients outside his office.

The next speaker on the program was President-elect Elmer Hess. Dr. Hess began by reading an announcement in which the doctor was no longer a trusted friend as he was a few years ago. Interestingly enough, this article pointed out that the doctor is now a tradesman and his relationship is no longer professional. When he finished reading this, he said that this was written in 1850. In other words, our problem is not new. Again he quotes the Public Relations Program which gets out good services before the public and minimizes our faults and tells of our goodness. We have hired professional people to help us with this job. He felt that we haven't as yet let our good acts be publicized adequately and that our jealousy of one doctor for another stops this. He feels that American Medicine has done so much that we should let our people know about it. At the present time we are meeting the people of the press and should get our messages across to them and that we must trust our public relations people.

Dr. Hess then spoke on fees, reporting that they were up 100 per cent over the last 25 years. He reported, however, that he has not raised his fees in that time. He implied that the cost of medical care increase was not in the doctor's fees but in the ancillary services and in the hospital charges. He quoted that 5 per cent of the people in the profession do overcharge, and that one man can offset the whole activity of the remainder of the physicians in the community. Hess specified that the patient should be charged a fee which is fair and honest and not cause him to borrow money. Then he spoke on ethics and said that the individual action of doctors makes or breaks public relations. Dr. Hess implied that the principal reason for a doctor was to take care of sick folks. Any other reasons were redundant. Dr. Hess implied that we should examine ourselves, feeling that occasional unkindness on our parts is unnecessary. He said that kindness is the heart of medicine, and that we are responsible for the public criticism we have gotten. We must understand our people's problems. He feels that a doctor should talk finances to the patient, as this is as important as ministering to his illness in some instances. He said that it was a service we render that counts. Again he mentioned the old adage that "A sick man physically is sick mentally" and again he reiterated that not all our criticism comes from crackpots and that we must play the game fairly. He said we must give people the service they are entitled to at a fee they can afford to pay. He finished his talk by saying that the gentle Christ was not interested in a fee.

The next speaker was Leo Brown, who discussed the eight basic principles of public relations. The basic eight many times have been brought to the attention of Indiana physicians, consisting of emergency medical care, mediation committee, relations with the press, speakers' bureau, indoctrination of new physicians into the ways of public relations, and public service to all people in the community. By citizenship one means that the doctor must take his place as an ordinary citizen and do what a citizen should do to further the welfare of the community. Leo's talk was a good talk intended to merely bring out his new manual and place it into the hands of the physicians of the country with instructions as to how to use it and hope that people would use it.

In the afternoon there was a panel on the professional assistants; in other words, doctors' office helpers. The gist of subject there was that good

office principles imply and generally accompany a good practice of medicine; that the doctor who has his financial affairs in hand is generally a happy and successful doctor. The doctor should see to it that his office personnel reflects his personality in so far as it is possible. Some doctors have gone so far as to hire professional people who have to do with office management to help them. This did not receive too wide an acceptance. Emphasized again was courtesy, billing of patients' fees and, interestingly enough, it was brought out that a doctor minimizes his services often when he says to a patient, "Oh, it is nothing; forget it." It was brought out that a doctor should never say, "Pay me when you can," or the patient will accept that for sound advice and never pay him. There was a discussion about the doctor's business growing too great for him to handle, but real ways of solving this problem were brought out. It was brought out further that the doctor should take a more active interest in the affairs of his office and attempt to treat his office people fairly and intelligently. It was brought out again that it was wise to pay your girls a little better than they have been in the past.

The next speaker was Mr. Mich, who is a representative of Life Magazine. Mr. Mich talked on the subject, "Why Do Readers Like to Read About Medicine?" He brought out the fact that one thing from a statistical standpoint, doctors were better paid and then he reported that Blue Shield ads caused people to read about doctors and in addition to that the medical expense of the U.S. would cause people to read about doctors. In addition to that, the personal issue of the subject matter was to the readers' liking. The readers, because they like to read about themselves and others like them, with whom they can identify themselves, and with illness with which they can identify themselves, like to read about doctors. He said that magazines always do best when they print identifiable literature. In other words, stories or situations in which the reader can identify himself. Mr. Mich said that health and medicine rank high in the primary interest of readers in the country at this time. The doctors suffer because the doctor is a symbol of medicine generally. He reported that in 30 years there is a ten-fold increase in medical magazine articles devoted to health and medicine. Mr. Mich believes that the profession and people generally are helped by the present tendency toward printing medical information. He says that medicine has advanced also and the people are learning about it and both the reader and the profession profit, as they are both pleased. Mr. Mich pointed out that if the magazines published material that the readers like, and if the doctors would take good care of the patients that come to them, both will get along all right.

Next was a discussion of veterans' affairs. In this discussion nothing new was brought out that hasn't been brought before the doctors of Indiana. It was emphasized again that the Legion and medical societies on all levels, from the national level on down, should sit down together and work out their problems. Once again it was brought out that the doctors are amateurs in the political game, while the veterans' facilities have been in it a long time. We should be careful as we proceed.

1955 ANNUAL CONVENTION AT FRENCH LICK

1. *Dates.* Sunday, Monday, Tuesday and Wednesday, October 16, 17, 18 and 19, 1955.

2. *Scientific program.* Tentative outline, as presented by Dr. David L. Adler, chairman of the Committee on Scientific Work, is as follows:

Sunday, October 16, 1955

Executive Committee, Council, and House of Delegates meetings.

Monday, October 17, 1955

Morning—Golf tournament and trap shoot.
Afternoon—Instructional courses.

Tuesday, October 18, 1955

8:30 to 10:30 a.m. Instructional courses.

10:30 to 12 m. **Round Tables:**

1. Obstetrics-Gynecology.
2. Common Skin Disorders.
3. Fluid and Electrolyte Balance.
4. Newer Drugs in Hypertension.

2:00 to 3:00 p.m. **Traffic Accidents.**

3:00 to 3:30 p.m. Time allowed to view exhibits.

3:30 to 5:00 p.m. **Traffic Accidents — Their Treatment.**

Wednesday, October 19, 1955

8:30 to 10:30 a.m. Instructional courses.

10:30 to 12 m. **Round Tables:**

1. Modern-Day Burns — Their Treatment.
2. Medical Treatment — Industrial Cases.
3. Collagen Diseases.
4. Radioisotopes—Their Use.

1:30 to 3:00 p.m. Section meetings.

3:00 to 3:30 p.m. Time allowed to view exhibits.

3:30 to 4:45 p.m. **Section Round Tables:**

1. Sections on Public Health and Preventive Medicine, Medicine, and General Practice.
2. Section on Obstetrics and Gynecology.
3. Sections on Ophthalmology and Otolaryngology, and Anesthesiology.
4. Section on Surgery.

3. *Budget.* Dr. E. L. Fitzsimmons, chairman of the Committee on Convention Arrangements, announced that the entertainment program for the 1955 convention would be much the same as in former years and asked for a budget of $5,800.00, which was allowed by the Council on motion of Drs. Dodds and Miller.

Dr. Fitzsimmons also asked for an expression as to whether or not the dining room should be used for the Tuesday night entertainment. No action taken.

4. *Scientific exhibit.* Request of Dr. John L. Arbogast, chairman of the Committee on Scientific Exhibits, for a budget of $1,500.00 was approved on motion of Drs. Dudding and Bibler.

MEMBERSHIP PROBLEMS

1. *1954 Membership Report by Districts:*

MEMBERSHIP REPORT
Indiana State Medical Association
December 31, 1954

County Society	No. M.D.'s in County	Members Dec. 31, 1954	Members Dec. 31, 1953	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
1st District									
Posey	17	11	9	2	5	3	3	--	--
Vanderburgh	211	191	189	2	7	9	16	6	2
Warrick	17	11	8	3	2	1	5	--	--
Spencer	9	7	7	--	--	1	2	--	--
Perry	11	11	10	1	--	1	--	1	--
Gibson	23	22	24	-2	--	--	1	2	--
Pike	7	7	8	-1	--	--	1	--	--
Total	295	260	255	5	14	15	28	9	2
2nd District									
*Knox	48	43	42	1	2	3	4	5	--
*Daviess-Martin	30	27	25	2	2	--	3	--	--
Sullivan	15	15	17	-2	--	--	--	1	--
Greene	21	21	20	1	--	1	--	--	--
Owen-Monroe	58	52	56	-4	6	--	1	2	--
Total	172	158	160	-2	10	4	8	8	--
3rd District									
Lawrence	30	22	24	-2	4	--	4	--	--
Orange	12	8	13	-5	4	--	--	--	--
*Harrison-Crawford	14	12	11	1	2	--	1	--	--
Washington	8	8	8	--	--	--	--	1	--
Scott	6	4	4	--	--	--	2	--	--
Clark	36	32	30	2	3	3	4	2	--
Floyd	37	34	35	-1	1	1	1	3	--
*Dubois	23	20	18	2	3	1	1	2	--
Total	166	140	143	-3	17	5	13	8	--
4th District									
*Bartholomew-Brown	39	34	36	-2	2	2	2	1	1
Jackson	22	20	18	2	--	1	1	1	--
Decatur	18	13	11	2	3	1	3	1	--
*Jennings	11	10	9	1	1	1	1	--	--
Ripley	17	13	11	2	3	2	--	2	--
Jefferson-Switzerland	30	24	26	-2	5	2	1	--	--
*Dearborn-Ohio	17	15	15	--	1	--	1	--	1
Total	154	129	126	3	15	9	9	5	2
5th District									
Parke-Vermillion	28	23	23	--	1	--	5	2	--
*Putnam	17	17	18	-1	--	--	--	1	--
Vigo	130	119	117	2	7	5	3	5	1
Clay	15	13	11	2	--	1	3	1	--
Total	190	172	169	3	8	6	11	9	1
6th District									
Hancock	18	18	15	3	--	1	1	--	--
*Henry	41	37	41	-4	4	--	1	1	--
*Wayne-Union	86	74	71	3	5	4	6	--	3
*Rush	19	18	17	1	--	--	1	1	--
Fayette-Franklin	24	21	17	4	2	1	3	--	--
Shelby	25	21	22	-1	--	--	3	3	--
Total	213	189	183	6	11	6	15	5	3
7th District									
*Hendricks	19	17	16	1	--	1	--	--	2
*Marion	1036	935	939	-4	67	66	76	20	12
Morgan	21	18	17	1	2	--	1	2	--
Johnson	24	22	21	1	1	--	--	--	1
Total	1100	992	993	-1	70	67	77	22	15
8th District									
*Madison	106	98	94	4	5	6	4	2	2
*Delaware-Blackford	119	100	96	4	12	5	5	4	3
Jay	20	16	15	1	3	1	1	--	1
Randolph	27	21	20	1	4	3	1	2	1
Total	272	235	225	10	24	15	11	8	7
9th District									
Benton	11	11	10	1	--	1	--	--	--
*Fountain-Warren	17	16	16	--	1	1	4	--	--
*Tippecanoe	104	92	96	-4	11	1	5	1	--
*Montgomery	32	29	27	2	1	2	3	--	--
*Clinton	26	22	22	--	3	--	1	1	--
*Tipton	15	11	11	--	--	--	3	1	--
*Boone	24	20	19	1	2	--	1	--	1
Hamilton	24	20	21	-1	2	--	2	2	1
White	12	10	8	2	--	--	--	1	1
Total	265	231	230	1	20	5	19	6	3
10th District									
*Lake	368	343	326	17	16	25	19	9	1
*Porter	30	29	28	1	1	--	2	--	--
*Jasper-Newton	21	19	15	4	1	3	2	3	--
Total	419	391	369	22	18	28	23	12	1
11th District									
Carroll	9	9	9	--	--	--	--	--	--
*Cass	49	36	38	-2	7	--	4	1	3
*Miami	24	21	19	2	1	1	1	--	1
Wabash	28	23	25	-2	3	--	2	1	--
Huntington	24	21	22	-1	--	1	--	3	1
Howard	49	42	42	--	3	--	3	--	2
*Grant	63	51	50	1	10	1	4	--	--
Total	246	203	205	-2	24	3	14	5	7

County Society	No. M.D.'s in County	Members Dec. 31, 1954	Members Dec. 31, 1953	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
12th District									
LaGrange	9	9	9	--	--	--	--	--	--
*Steuben	17	14	13	1	1	2	2	--	--
*Noble	26	26	26	2	--	1	3	1	--
*DeKalb	22	20	21	-1	1	--	2	--	--
Whitley	13	11	10	1	2	1	1	--	--
Allen	244	227	214	13	10	17	12	2	5
*Wells	33	28	27	1	3	1	3	1	--
Adams	15	13	14	-1	2	--	--	--	--
Total	379	348	332	16	19	22	23	4	5
13th District									
LaPorte	95	89	78	11	5	10	1	1	--
St. Joseph	237	214	205	9	16	10	8	2	3
*Elkhart	99	94	88	6	1	4	7	1	--
Starke	7	7	7	--	--	--	--	--	--
Pulaski	8	6	6	--	2	1	--	1	--
Fulton	12	12	12	--	--	--	--	--	--
*Marshall	24	22	22	--	1	--	--	1	1
Kosciusko	17	12	13	1	4	--	2	--	--
Total	499	456	431	25	29	25	18	6	4

SUMMARY BY DISTRICTS

County Society	No. M.D.'s in County	Members Dec. 31, 1954	Members Dec. 31, 1953	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
1st District	295	260	255	5	14	15	28	9	2
2nd District	172	158	160	-2	10	4	8	8	--
3rd District	166	140	143	-3	17	5	13	8	--
4th District	154	129	126	3	15	9	9	5	2
5th District	190	172	169	3	8	6	11	9	1
6th District	213	189	183	6	11	6	15	5	3
7th District	1100	992	993	-1	70	67	77	22	15
8th District	272	235	226	9	24	15	11	8	7
9th District	265	231	230	1	20	5	19	6	3
10th District	419	391	369	22	18	28	23	12	1
11th District	246	203	205	-2	24	3	14	5	7
12th District	379	348	333	15	19	22	23	4	5
13th District	499	456	431	25	29	25	18	6	4
Total	4370	3904	3823	81	279	210	269	107	50

* Physicians are listed in the counties in which they hold membership; not in the counties in which they reside.

130 physicians received membership gratis in 1954 because of military service.

270 physicians were senior members in 1954.

2 physicians were honorary members in 1954.

147 physicians paid dues of $10.00 in 1954 as residents and interns.

64 physicans had their dues remitted by the Council in 1954.

2. *Remission of state dues.* Dr. Topping, chairman of the Reference Committee of the Council on Proposals for Remission of Dues, presented requests from Shelby, Sullivan and Vigo counties for the remission of dues of one member in each of these societies, all of which were approved by the Council on motion of Drs. Topping and Olson.

LEGISLATIVE MATTERS

Inasmuch as the Legislative Committee is not a policy-making body, Dr. Don E. Wood, co-chairman of the committee, asked the Council to give that committee authority to act on matters that might come before the committee during the present session of the Indiana General Assembly, without referring these matters to the Council. Dr. Wood called attention to the fact that the Legislature would be adjourned before the Council meets again.

Following discussion, Dr. Bibler's motion, seconded by Dr. Dudding, "that we express our confidence in the Legislative Committee and ask them to continue their program and that they be empowered to consult with the Executive Committee of the Indiana State Medical Association as to policies," was passed on a standing vote.

NEW BUSINESS

1. *Medical Education Foundation Fund.* Dr. Glock, chairman of the Committee on Medical Education and Hospitals, reported that Indiana physicians had contributed $146,456.82 since the drive began; $63,163.04 in 1952; $42,425.16 in 1953; and $49,868.62 in 1954. He asked the councilors to talk AMEF in their districts, as it will be necessary to secure some new contributors if the desired goal of $50,000.00 a year is realized, even though a substantial number of old contributors continue to donate each year.

2. *Mass immunization programs.* Dr. Andrew C. Offutt, state health commissioner, presented some of the problems confronting the State Board of Health in the mass immunization programs and in the utilization and distribution of the biologicals used in this practice. He asked the Council for an expression of opinion (1) about mass immunization programs, and (2) about asking physicians to affirm the fact that people who receive vaccine in other than emergencies are people who are unable to pay for it.

Dr. Dudding offered the suggestion that immunization of indigents be done at the physician's expense as a public relations gesture.

Dr. Olson said St. Joseph County would be in favor of having vaccinations done in the doctors' offices rather than in mass programs, and "if the law states that they must sign for the vaccine for indigents, I certainly think that we ought to abide by the law.

Dr. Bibler commented that in Indianapolis mass immunization is given through the schools, and the

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J. W. GIBBS, M.D., *Associate*

parents have to sign authorization slips and certify that they are unable to pay.

Dr. Miller stated that in his locality immunizations are being done in the home; they are getting away from school immunizations. Parents sign an authorization slip, which also includes the statement that they are not able to have the child immunized.

3. *Rural Health Workshops.* Dr. Dudding, chairman of the Committee on Rural Health, reported that his committee is proposing, with the assistance of the Woman's Auxiliary, to put on some health workshops in the various counties, rather than health forums, which, as experience has shown, are suitable only for the larger communities. He asked Council approval of the workshop program on the county level, in which local men would participate.

The Committee on Rural Health also proposes, with the approval of the Council, to incorporate in these workshops a new idea; that is, a tetanus immunization program, feeling that if such a program can be organized in Indiana, something good might develop for the country generally.

(The Council took no action on these proposals.)

4. *State Department of Public Welfare.* Dr. David L. Adler, chairman of the Liaison Committee with the State Department of Public Welfare, reported in detail on his conference with the administrator of the State Department of Public Welfare regarding publicity recently released concerning physicians and the welfare program. He presented a questionnaire which had been drawn up by his committee, to be sent to each county society secretary, which, when filled in and returned, will give the committee information on the situations existing in each and every county in Indiana, thus enabling the committee to present the medical profession's side intelligently and thereby arriving at an amicable solution to many of the problems of the welfare department and the doctors.

Dr. Bibler suggested that the councilors be notified of the counties that do not complete the questionnaire, in order that they may follow up and see that the Liaison Committee gets a report from each county.

Dr. Larson said he felt "it would be a fine idea if the results of these questionnaires, showing the method in which the profession and the Welfare Department get along, in counties where they do get along very nicely, could be made available to some of the other counties. Perhaps some good would come of that. I know we would welcome some suggestions in our county."

Dr. Adler answered that "it is the desire of this committee, after we collate this information, to draw up what we believe to be an equitable relationship that should exist in counties with the Welfare Departments and make suggestions to the doctors to follow. . . . If we can show each county society how best they can operate for the best interests of the people of the state of Indiana, I think we will have discharged our obligation. It's a big one, . . . but we are going to try to do what we can on our part to make the program work. . . . We would like to get our house in order, so that no discredit can be attached to us."

5. *Matters referred to Council by Executive Committee.* In the absence of Dr. J. W. Denny, chair-

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man of the Executive Committee, Dr. Portteus presented the following matters:

a. *Resolution passed by St. Joseph County Medical Society, December 14, 1954:*

RESOLUTION

WHEREAS, The program for the evaluation of the Salk vaccine against poliomyelitis has been completed; and

WHEREAS, The National Foundation for Poliomyelitis has announced its intention of providing vaccine for specified school children during 1955; and

WHEREAS, The program of Salk vaccine administration during 1954 was organized and accomplished successfully only at great sacrifice of time and effort by laymen, physicans, and other professional workers; therefore be it

RESOLVED, That the St. Joseph County, Indiana, Medical Society requests that the vaccine to be distributed by the National Foundation for Poliomyelitis to specified student groups on a priority basis be administered in the doctors' offices on a private patient basis, avoiding thereby the difficulties incumbent on a mass inoculation program; and be it further

RESOLVED, That copies of this resolution be mailed to the National Foundation for Infantile Paralysis, the Indiana State Foundation for Infantile Paralysis, the Indiana State Board of Health, the Indiana State Medical Association, the eight county medical societies in the state of Indiana who participated in the 1954 experimental inoculation program, and the county polio foundations of those counties.

(Signed) FRANK M. SCOTT, M.D.,
President.

(Attested) LOUIS C. BINLER, M.D.,
Secretary.

Discussed by Drs. Offutt, Olson, Stover, Clarke, Miller and Glock, the general feeling being that the medical profession should go along for another year and handle this immunization program in the same manner as it did last year, since the vaccine is still in the experimental stage.

Dr. Glock's motion that the St. Joseph County resolution be tabled was seconded by Dr. Topping and carried by a standing vote.

b. *Resolution adopted by the Section on General Practice of the Indiana State Medical Association, October 27, 1954:*

WHEREAS, The problem of providing sufficient numbers of general physicians is paramount in rendered comprehensive medical care to the American people; and

WHEREAS, There is evidence that (a) medical students demonstrate less interest in the general practice of medicine as they progress through med-

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ical school and internship, (b) problems of hospital staff membership and privileges are intimately related to the dearth of general practice medical personnel; therefore be it

RESOLVED, That this Section of General Practice of the Indiana State Medical Association inform the delegates to the American Medical Association of a resolution calling upon the A.M.A. to initiate an exhaustive study of the whole problem of the general practice of medicine, including (a) its scope and its limitations, (b) the adequacy of preparation for general practice, including medical school training, internship and residency training, and its effect on the supply of general physicians, (c) the problems of physicians in relation to the limitation of their hospital staff privileges or their exclusion from hospitals, and the effect of these practices on the quality of medical care, (d) all other problems related to the general practice of medicine as they affect the quality, cost and adequacy of the medical care of the American people; and be it further

RESOLVED, That a copy of this resolution be forwarded to the Executive Committee of the Indiana State Medical Association with a request to call it to the attention of the Indiana delegates to the American Medical Association; be it further

RESOLVED, That this resolution be presented to the House of Delegates of the Indiana State Medical Association at their next regular session in 1955.

Dr. Bibler moved that this resolution be referred to a committee and studied further at the next Council meeting, in view of the fact that more information will be available at the April meeting of the Indiana Academy of General Practice. Motion seconded by Dr. Olson and carried.

c. *Recommendation that members of Executive Committee and chairman of Council be elected at second meeting of Council during state convention rather than at the midwinter Council meeting.* Dr. Portteus explained that this suggestion was made by the Executive Committee, inasmuch as the president takes office at the close of the convention, and it would expedite the printing of stationery. Recommendation approved on motion of Drs. Garner and Dudding.

d. *Interpretation of Constitution and By-Laws on qualifications for membership.* This question comes up because there is nothing in the Constitution and By-Laws which would prohibit a county society from accepting an osteopath as a member.

Dr. Bibler moved that the state association go along with the requirements of the A.M.A. insofar as membership is concerned and that the Committee on Constitution and By-Laws be instructed to propose such a change in the state association Constitution and By-Laws at the next meeting of the House of Delegates. Motion seconded by Dr. Garner.

Dr. Dodds moved to amend Dr. Bibler's motion to the effect that "this matter be referred to the Committee on Constitution and By-Laws and, if necessary, the By-Laws be amended so that only individuals with the degree of 'M.D.' can belong to this association." Dr. Dodds' motion was seconded by Dr. Glock and passed.

On voting, Dr. Bibler's motion as amended was carried.

e. *Resolution passed by Howard County Medical Society, January 4, 1955, on medical care of welfare recipients:*

WHEREAS, There have been appearing in the newspapers certain articles containing innuendos regarding the medical profession as being responsible for excessive costs of medical care of welfare recipients; the inference that the medical profes-

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sion would fear publications of these costs, and the inference that the medical profession is directly responsible for these costs; be it

RESOLVED, That the Howard County Medical Society call attention to the State Welfare Board and others interested that the increasing cost of caring for welfare patients is largely due to increased payments *to hospitals, nursing homes and pharmacies,* and that such increased hospitalization is necessitated by public pressure and cannot be controlled by the medical profession; that the proper care and medical attention of those unable to pay is a necessary function and responsibility of the approprate public boards and officials and of the medical profession.

FURTHER, To call attention to the fact that in most areas the members of the medical profession are providing care to welfare patients at about two-thirds of those fees charged their private patients.

FURTHERMORE, BE IT RESOLVED, That since taxpayers have a right to know where their monies are spent, the Howard County Medical Society favors publication of detailed costs of medical care for the public to be informed.

Dr. Portteus stated that the Executive Committee agreed in principle with the resolution, but wished to present the following substitute resolution for the consideration of the Council:

WHEREAS, There has appeared recently publicity which infers that physicians have been responsible for the increasing cost of the welfare program of Indiana; and

WHEREAS, Some five years ago the Indiana State Medical Association, in meeting with the director and representatives of the Welfare Board, urged monthly publication by each county department in their local press, of a breakdown itemizing the amounts paid for each type of service rendered by the various groups in the total medical plan of the welfare program; and

WHEREAS, At the same time it was urged that a rotating, impartial committee review all bills before payment is made by the department to guard against discrepancies; and

WHEREAS, It is recognized that all costs have risen, including cost of all services and facilities, professional and otherwise; now therefore be it

RESOLVED, That the Indiana State Medical Association hereby goes on record as endorsing the proposal for the publication of amounts paid out by the Welfare Department for all services, so that the public may have full knowledge as to how their tax monies are being spent in carrying out the welfare program.

On motion of Drs. Dodds and Miller the substitute resolution was adopted:

6. *Nominations for membership on Board of Di-*



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rectors of Mutual Medical Insurance, Inc. The following members were nominated to fill vacancies occurring at the expiration of terms in March, 1955:

Wemple Dodds, Crawfordsville
E. S. Jones, Hammond
Joseph E. Dudding, Hope
Marlow W. Manion, Indianapolis
G. O. Larson, LaPorte
Glen V. Ryan, Indianapolis

7. *Spring meeting of the Council.* The Council voted to hold the spring meeting on Sunday, April 17, 1955, at the Indiana University Student Union Building, Indianapolis.

ELECTIONS FOR 1955

1. *Chairman of the Council.* On ballot vote, Dr. Kenneth L. Olson of South Bend was elected chairman of the Council for 1955.

2. *Executive Committee members.* On motion of Drs. Owsley and Glock, Drs. E. H. Clauser, Muncie, and James W. Denny, Indianapolis, were re-elected members of the Executive Committee for 1955.

On motion of Dr. Olson, unanimously seconded, the Council went on record as commending Dr. Clarke, retiring chairman, for his fine service as chairman of the Council for the past two years.

DR. CLARKE: "Thank you, gentlemen. I enjoyed very much working with you as chairman of the Council during the past two years and certainly want to thank you from the bottom of my heart for the cooperation and the fine spirit that has existed here."

There being no further business, the meeting was adjourned.

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News from the County Societies

Fort Wayne (Allen County) Medical Society members and guests heard Dr. Hans Popper, director of the department of pathology, Cook County, Chicago, discuss "The Differential Diagnosis of Jaundice" at the February 1 meeting in the Chamber of Commerce. Eighty-four members attended the dinner and 106 members and guests heard the lecture. A tape recording on "The Ways of Accreditation" was also played.

Announcement of two future programs was made. On March 1 the Lutheran Hospital staff, Fort Wayne, was to present a program on "Pediatrics", and on April 5 the Fort Wayne Medical Society will sponsor a lecture by Herbert A. Philbrick in the Scottish Rite Auditorium. Now a staff member of the New York Herald-Tribune, Philbrick became nationally known after leading three separate lives for nine years. He served as an advertising executive, a member of the Communist party and a counterspy for the FBI.

Twelve members of **Boone County Medical Society** attended an evening meeting February 1 in Witham Memorial Hospital, Lebanon. No special program had been planned. A general discussion of society business and current topics was reported.

"Functions of Psychotherapy" was the title of the paper presented at the January 17 meeting of **Cass County Medical Society** in the Shrine Club, Logansport. Dr. J. C. Travis, Logansport, was the speaker. Twenty-eight members and wives attended the dinner meeting. A routine business session and discussion of blood bank coverage concluded the program.

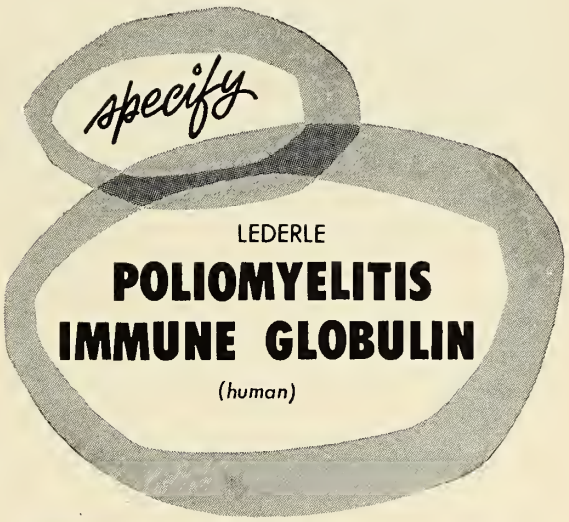
An informal discussion concerning problems of attendance and other matters of mutual concern was reported following the January 18 meeting of eight members of **Clark County Medical Society** in the Nurses' home, at Clark County Memorial Hospital, Jeffersonville. Plans to hold dinner meetings in the future were discussed and decision was to be made at the February 15 meeting of the society.

Dr. T. A. Dykhuizen, Frankfort, spoke on "Cerebral Vascular Accidents" before 15 members of **Clinton County Medical Society** in the Clinton County Hospital January 18.

Dr. J. Edward Tether, Indianapolis, was the guest speaker at a luncheon meeting of **Decatur County Medical Society** January 18, in Decatur County Memorial Hospital, Greensburg. He spoke on "Myasthenia Gravis" before 11 members of the society.

An open discussion of public and school health problems was on the program for the **Dubois County Medical Society** which met February 11 in the Huntingburg Country Club. The 12 members at the evening meeting agreed to participate in the polio vaccination program and appointed a public relations committee and delegates to state convention.

Approximately 90 persons attended the January 6 meeting of **Elkhart County Medi-**



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cal Society in the Hotel Elkhart. Several guests from surrounding counties also attended. A paper on "The History and Scope of Cardiac Surgery" was presented by Dr. E. E. Avery, Chicago. Following the dinner and presentation of the guest speaker a business meeting was held during which 1955 committees were appointed.

Sixteen members of **Fayette-Franklin Medical Society** held a dinner meeting January 11 in the Connersville Country Club, with Dr. Albert Terrell, guest speaker, discussing "Symptoms and Treatment of the More Common Urological Diseases".

Members of **Floyd County Medical Society** met at 5:30 p.m. in the New Albany Country Club January 14 for a dinner meeting. The program for the 20 members attending included a movie, installation of officers, appointment of committees and a short general business session.

Seven members of **Fountain-Warren County Medical Society** met January 5 in the office of Dr. Lowell R. Stephens at Covington to discuss plans for the June 1 Ninth District Medical Society meeting at Williamsport. The March 3 meeting was also scheduled for Dr. Stephen's office.

Dr. John K. Folck, Princeton, spoke on "Income Taxes" at the dinner meeting of **Gibson County Medical Society** January 12 in the Emerson Hotel, Princeton. Fifteen members were present and received committee assignments and discussed society affairs.

"Weight Reduction and Control" was discussed by Mrs. Leslie Spriggs before eight members of **Greene County Medical Society** at their meeting in Freeman Greene County Hospital at Linton January 13.

Eighty-two members and guests of **Madison County Medical Society** attended the dinner-dance January 17 in Anderson Country Club when all living past presidents were honored. Six past presidents received scrolls signifying their service to the society.

Dr. W. U. Kennedy, New Castle, president-elect of I.S.M.A., was a special guest and spoke briefly. New officers for the year were installed.

A business meeting and election of officers for the year were on the program for the January 20 meeting of **Henry County Medical Society.** Twenty-two members attended the evening meeting in Henry County Hospital New Castle.

Dr. Russell D. Herrold, urologist associated with the University of Chicago research department, was the speaker at a meeting of **LaPorte County Medical Society** held on January 20 in Stanley Leonard's restaurant, LaPorte. He spoke on "Office Urology" to the 32 members who attended.

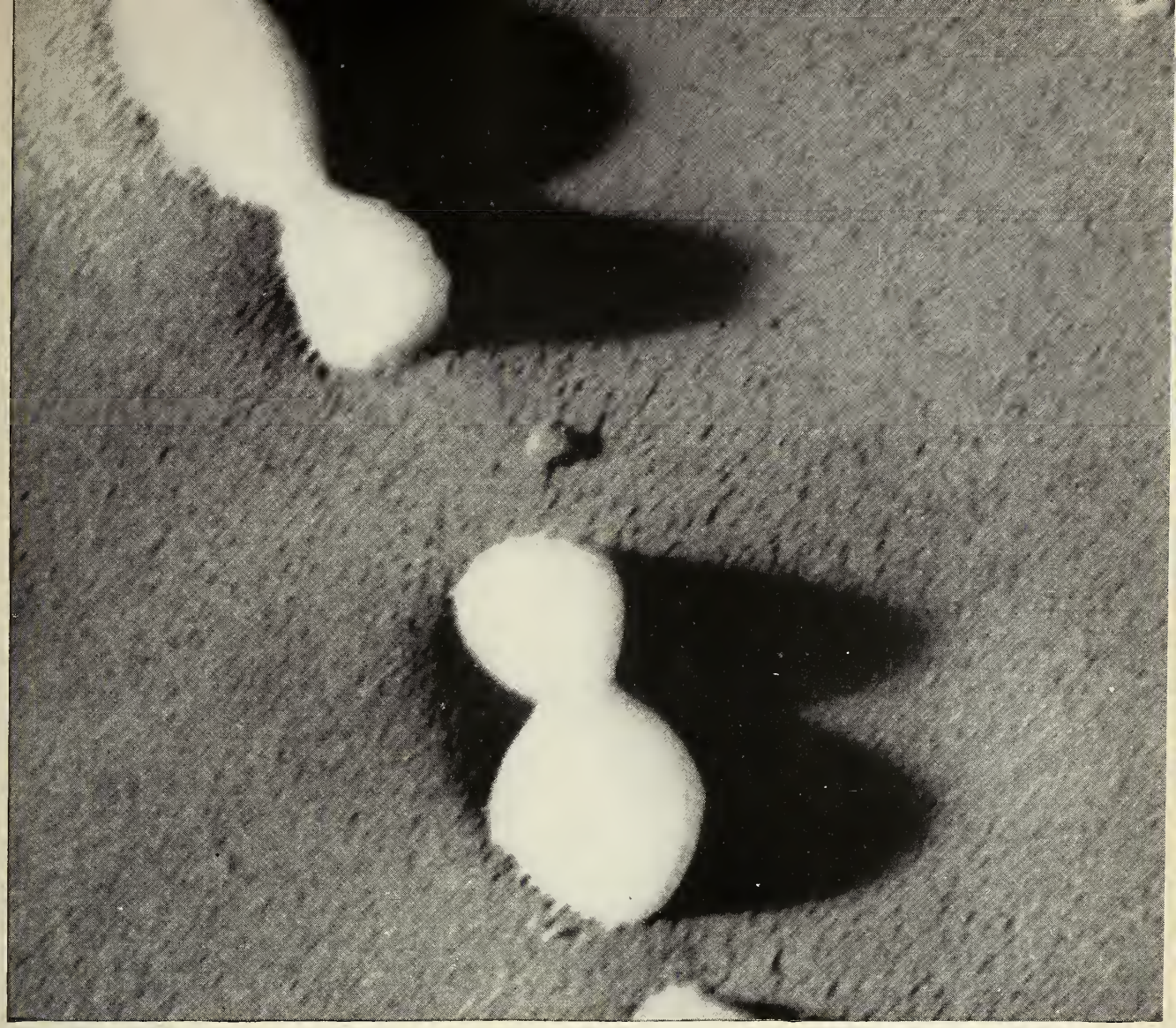
Eleven members of **Miami County Medical Society** held a dinner meeting and business session in Veach's Steak House, Peru, January 28.

An organization meeting of the **Montgomery County Medical Society** was held in Culver Union Hospital, Crawfordsville, on January 20. Twenty-three members were present.

A report on the County Officers' Conference in Indianapolis was given by Dr. M. G. Murphy before 12 members of the **Morgan County Medical Society** January 23 when the group met in Muriel's Cupboard, Martinsville, for a dinner meeting. Other action included the installation of officers, appointment of committees and election of delegates. The next meeting was scheduled for March 20 in the Martinsville Mineral Springs.

Dr. Lyman T. Meiks, Indianapolis, spoke on "Fibrocystic Diseases of the Pancreas" at the January 27 meeting of **Owen-Monroe County Medical Society** in the Bloomington Country Club. Twenty-six members attended the dinner meeting and business session which followed.

A joint social meeting of the **Shelby County Medical Society** and Auxiliary was held in the Shelbyville Elks Club January 12.



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A general discussion of health problems and society business was reported following the **Parke-Vermillion County Medical Society** meeting January 19 in the Vermillion County Hospital, Clinton. Sixteen members were present for the dinner meeting.

Dr. Harry Nieman, Dayton, Ohio dermatologist, spoke on "Common Skin Diseases Encountered in Office Practice" at the meeting of **Randolph County Medical Society** January 10 in Randolph County Hospital at Winchester. Sixteen members attended the 7:30 p.m. meeting.

Spencer County Medical Society members met at the Lakewood Country Club, Rockport, January 19 for a dinner meeting with 10 guests present. A brief business meeting was held.

Members of **Vigo County Medical Society** entertained members of their Auxiliary at a dinner-dance in the Terre Haute Country Club January 21. Dr. Roy Pearce was chairman of the program committee and was assisted by Drs. W. C. Anderson, Noel McBride, J. O. Conklin, and John Showalter, Jr.

Films on "Arthritis" and the "Treatment of TB" were shown at the January 12 meeting of **Wabash County Medical Society** in the Wabash Cafeteria. Fourteen members attended the dinner meeting.

Election of officers for **White County Medical Society** was held at the dinner meeting of the society January 11 in Holiday Inn, Monticello. Seven members were present and set the date of their next meeting for April 12.

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*Pratt, R., & Dufrenoy, J.: Texas Rep. Biol. & Med. *12*:145, 1954.

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April 1955

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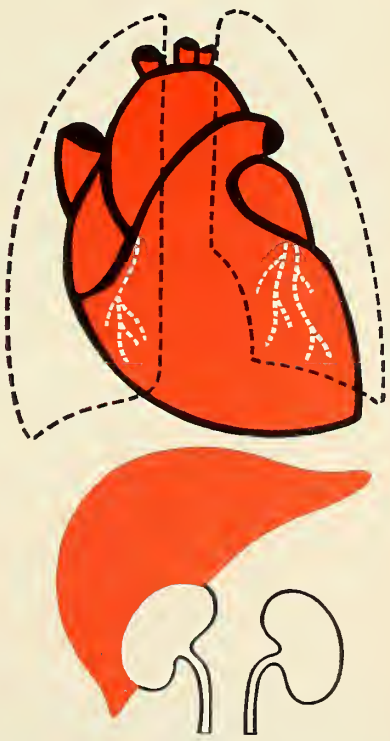
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4	Joseph E. Dudding, Hope	Dec. 31, 1956
5	M. C. Topping, Terre Haute	Dec. 31, 1957
6	Harry P. Ross, Richmond	Dec. 31, 1955
7	Lester D. Bibler, Indianapolis	Dec. 31, 1956
8	Guy Owsley, Hartford City	Dec. 31, 1957
9	Wemple Dodds, Crawfordsville	Dec. 31, 1955
10	J. R. Doty, Gary	Dec. 31, 1956
11	Elton R. Clarke, Kokomo	Dec. 31, 1957
12	Maurice E. Glock, Fort Wayne	Dec. 31, 1955
13	Kenneth L. Olson, South Bend (Chairman)	Dec. 31, 1956

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2.	Herbert O. Chattin, M.D., Vincennes	J. S. Brown, M.D., Carlisle	
3.	John M. Paris, M.D., New Albany	Eli Goodman, M.D., Charlestown	New Albany, May 25, 1955
4.	Wm. C. McConnell, M.D., Sunman	G. S. Row, M.D., Osgood	Batesville, May 4, 1955
5.	Paul Casebeer, M.D., Clinton	O. L. Wood, M.D., Brazil	Terre Haute, June 1, 1955
6.	John E. Fisher, M.D., New Castle	Charles E. Sheets, M.D., Manilla	Brookville, April 22, 1955
7.	Maurice G. Murphy, M.D., Morgantown	T. V. Petranoff, M.D., Indianapolis	Indianapolis, May 17, 1955
8.	James Fitzpatrick, M.D., Portland	John R. Stanley, M.D., Muncie	Portland, May 25, 1955
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Williamsport, June 1, 1955
10.	W. G. Pippenger, M.D., Brook	Hugh J. Williams, M.D., Morocco	
11.	Fred Malott, M.D., Converse	Owen Johnson, M.D., Peru	Kokomo, May 18, 1955
12.	Robert W. Wilkins, M.D., Fort Wayne	C. Jules Heritier, M.D., Columbia City	Kendallville, May 18, 1955
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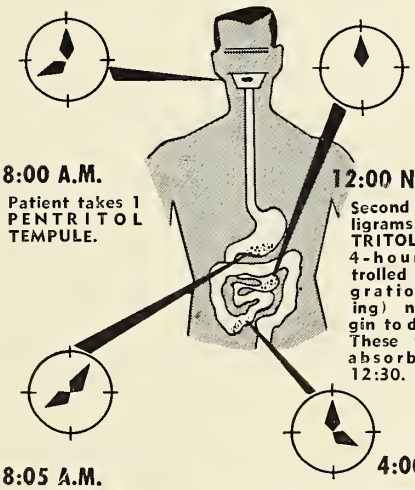
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1. Samuels and Padernacht, Angiology 3:1 (Feb. 1952)
2. Platz, New York State Medical Journal, 52:16 (Aug. 15, 1952)
3. Russek and Assoc., 153:3, J.A.M.A. (Sept. 19, 1953)
4. Winsor and Humphreys, Angiology, 3:1 (Feb. 1952)

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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

ALL OF A PIECE

It would be fine if everyone had medical insurance. And for some time the trend has been that way—toward increasingly broad coverage, especially since the rise of the private group hospital and surgical plans.

Whether President Eisenhower's Government reinsurance proposal will, if Congress approves it, much accelerate this already rapid trend is open to question.

But there is no doubt that this scheme is part of a larger pattern that includes providing homes, highways and many other kinds of welfare for a citizenry that seems in little need of ever-mounting assistance. It is one more example of the Government trying to give a push to a running man.

The reinsurance reasoning is roughly as follows: Though millions are already covered, perhaps still more can be covered if the insuring firms are themselves insured by the Government. This might stimulate the companies to experiment with different kinds of benefits and encourage more people to take out medical insurance. Last year Mr. Eisenhower asked, but did not get, a $25 million fund for this purpose. His health message this week does not mention a figure, but his budget assigns $100 million to such a fund.

The goal is desirable, but the intrusion of the Government is scarcely required. In the same way the Government last year, in the midst of a housing boom, greatly eased its terms on Federal-backed mortgages. That intensified the housing boom, all right—so much so that some knowledgeable people are feeling a little queasy about it.

In the same way the Government decided that the country should have more and better highways. Few question the desirability of the goal, but many have questioned the means, which in this case would have the Government add to the public debt without quite admitting it is doing so.

In the same way the present health message reports that there are not enough hospitals, clinics, nursing homes and other such facilities. Short of Utopia, there never will be. All the same, the Government wants to be able to insure mortgages for this type of construction, as it does for home building and buying.

We wish not to be misunderstood. We are all in favor of homes, highways and health. But the country has been doing tolerably well in these fields; in fact, of course, it has made prodigious advances. And there is some danger in the Government letting its eagerness to achieve ideal conditions run away with its concern for practical limitations.

It is not much satisfaction to the home "owner" to own, under the Government's super-easy terms, perhaps the staircase after a couple of years of payments. It is also not a prudent way to buy a home. And it will be very little satisfaction to him or anyone else if the Government-fed housing boom should one day go bust.

It will be nice to have all those new roads, but one is entitled to ask what is the price in inflation. There are lots of other situations that could stand improving, and we fear the Government is even now thinking of improving them—with more debt.

To put it another way, it can be inquired which is preferable—to have the Government go on "improving" more and more things in this fashion, or to have the Government reduce its spending and its debt and thereby reduce taxes so that the people can to a large extent take care of their own needs. And which is the better way to avoid the statism that is the major political threat of our time?

The health reinsurance plan is, financially, small potatoes compared to the home and highway and some other programs. But it is all of a piece. Some day the American people may not like the whole the pieces are forming.

—Wall Street Journal.

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Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

HIGH FINANCE,—SANGUINEOUS

A clearinghouse for blood is the latest thing in medical banking circles, and no one can deny that these particular bankers are the most cold-blooded financiers ever to operate in the medical market. In fact, if their blood is not cold enough, their credit expires. How this is done is told in *Texas State Journal of Medicine,* February 1955, from which the following has been clipped:

BLOOD BANK CLEARINGHOUSE

During February, 1955, the Texas Association of Blood Banks is initiating a clearinghouse for the exchange of blood and blood credits among participating blood banks. This system of reciprocity serves several important functions. For instance, it is possible to accept credit for a patient in one city by the donation of blood in another city; thus a patient in Houston or Temple may receive blood the credit for which is canceled by a donation in Amarillo or El Paso. Also, the shortage of blood in one bank can be replenished by the shipment of blood from another bank. Such arrangements increase the availability of donors, increase the supply of blood (especially less common types), and minimize losses through overage.

The office for the clearinghouse is located in Dallas.* This office will integrate all transactions between participating blood banks, mainly the exchange of credits between banks; authorize the shipments at the end of each month or two to cancel indebtedness between banks; collect and pay all processing fees between banks which are adjusted every one or two months; maintain a perpetual inventory of blood available at the participating banks within recent hours; and compile statistics for the system. Each blood bank remains autonomous although united by the principles of the plan.

The clearinghouse is a nonprofit organization and self-supporting through the establishment of transaction fees for services rendered. Donor replacements and blood shipments each entail two transactions, one from the sending and one from the receiving bank. Standard forms are used by the entire system and similar technical standards are used in the preparation of the blood. All accounts are kept with the clearinghouse and not between individual banks. The blood account indicates whether a given bank is indebted to the clearinghouse or vice versa, and a monetary account reveals how much individual banks owe for transaction and processing fees.

The system is being initiated by fourteen blood banks scattered over the state.

* * *

It is expected that other blood banks will join the system subsequently. Each participant may enhance the effectiveness of the system by serving a zone about it. Such a blood bank system offers outstanding by-products. It improves the integration of blood bank transactions by standardizing equipment and procedures and by an insistence on accurate methods. It is an automatic system of self-education. It develops habit patterns of cooperation and communication between blood banks. It can be a source for improved public relations and public education of this segment of the practice of medicine. It develops a system wherein most eligible donors throughout the state can be rapidly mobilized in emergencies of peace or war. By affiliations with other similar systems elsewhere in the country, as in California, Illinois, New York, and Florida, it multiplies its effectiveness and helps maintain blood banking within organized medicine.

E. E. MUIRHEAD, M.D., Chairman,
Committee on Blood Banks,
Texas Medical Association,
Dallas, Texas.



A pilot for the past four years

Charles Myers, an above knee amputee, wore his first Hanger Limb over eight years ago. "During that time I wos in Central America, Mexico, ond Canada. In Central America I worked on air route surveys under jungle conditions. I found thot my Hanger Limb stood up well." The sturdiness and dependability of the Hanger Limb allows weorers to return to normal life. Mony, such as Mr. Myers, find they con continue their unusuol occupations.

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Physician Pilots Sought for Organization, Program of New Group

Some time ago several physicians simultaneously conceived the idea of forming a national society of flying physicians. Initial action was started by Mark E. DeGroff of Tulsa, Oklahoma, medical equipment manufacturer, who offered to act as a central office until preliminary arrangements could be made. A notice in the A.O.P.A. Newsletter brought forth over 100 interested inquiries. About 28 physician pilots attended the American College of Surgeons meeting in Atlantic City and 24 attended the AMA session in Miami. It was felt that enough interest was shown to warrant an attempt to organize.

It was decided that the purposes of this society should be scientific, educational, and social. Physicians have a considerable influence which should be passed on to everyone to promote greater aviation safety. Further, physicians who have this interest could learn much about the technical aspects of flying from association with each other.

Objectives Outlined

The immediate objectives are: compilation of a complete list of physician pilots; appointment of temporary local area chairmen; the collection of ideas and suggestions; and to encourage physicians to fly in to the AMA Meeting at Atlantic City, June 6-10, 1955.

A scientific and social program can be arranged at Atlantic City if enough interest is shown.

Will physician pilots who are interested please send their names, plane flown and landing field to the local chairman of their area, or, if not known, to H. D. Vickers, M.D., 25 Jackson Street, Little Falls, New York, temporary chairman?



I.S.M.A. Members Participate in National Rural Health Conference

ABOUT 500 PHYSICIANS, farm organization officials, agricultural extension workers, farmers, and others met in Milwaukee February 24-26 at the 10th National Rural Health Conference. One of the striking aspects of the meeting was the enthusiasm of those attending, and their active participation in discussion sessions. Dr. F. S. Crockett, Lafayette, Indiana, chairman of the AMA's Council on Rural Health which sponsors the conference, said:

"Our first 10 years in this important endeavor of creating more healthful living for people in rural areas has produced a remarkable unity of purpose between the medical profession and farm people. Medicine is no longer a job for the doctor alone—it is a community problem, too."

Recognition of Dr. Crockett's decade of work with rural health came at the annual banquet Friday night when he was presented with a watch by Assistant Secretary Ernest B. Howard in behalf of the AMA. Dr. Carll S. Mundy, Toledo, presented a similar recognition gift of silver to Dr. Crockett's colleague in the founding of the council, Mrs. Charles W. Sewell of Otterbein, Indiana. Mrs. Sewell, now an advisory council member, "humbly but willingly" substituted as banquet speaker when Dr. Walter H. Judd, Minneapolis Congressman, was prevented from coming by a crucial vote in Congress.

AMA Trustee Leonard W. Larson spoke at the Saturday luncheon. He said that the success of the national conferences is "an example of what can be done for the betterment of society when people get together in a spirit of good will and mutual understanding."

Dr. Joseph E. Dudding, Hope, chairman of the Committee on Rural Health of the Indiana State Medical Association, attended the three-day session in Milwaukee, and spoke on "Training for General Practice." James A. Waggener, executive secretary of ISMA, also attended.

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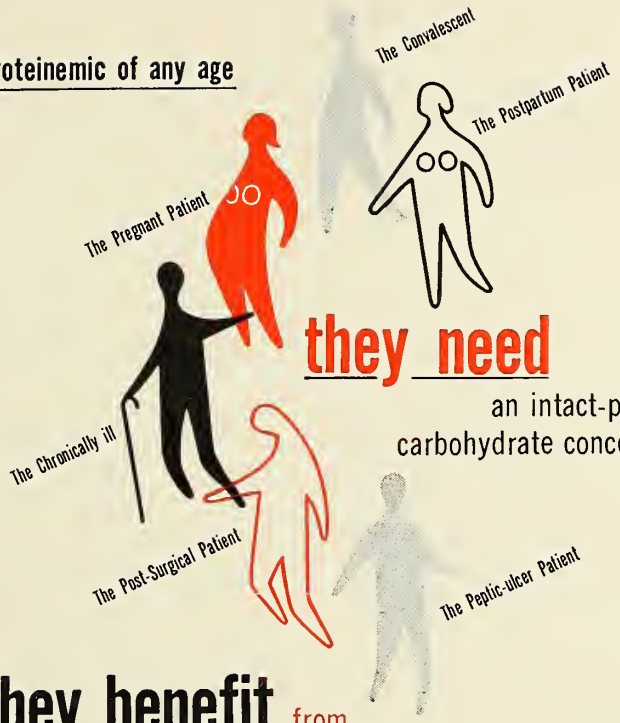


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THE MONTH IN WASHINGTON

WASHINGTON, D. C.—Before Congress, and getting some attention but almost no action, is the Hoover Commission's report on federal medical services. Most controversial question is how much medical care the federal government should give to veterans whose disabilities are not a result of their military service. This is ground that has been well plowed before, by the first Hoover Commission, by various studies and reports and most recently by the AMA's campaign to educate the profession on the non-service-connected situation.

Apathy of Congress may be explained in part by decision of the White House, the week after release of the Commission report, to appoint a commission to inquire into the whole field of veterans' benefits. The group, headed by Gen. Omar Bradley, former VA administrator, is not expected to complete its study until next fall.

A Medical Task Force (14 physicians and one dentist) did most of the spadework for the Hoover Commission. Publication of its report showed that not all the recommendations of the Task Force were accepted by the full Commission. The most notable differences came in veterans' medical care. The Task Force con-

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cluded that what is most urgently needed is a firm legal basis for determination of eligibility for medical care. Its solution would be to end eligibility for non-service-connected care three years after separation from service. The Task Force declared that "the very normal incident of fulfilling the duties required of every citizen" should not entitle part of the population to life-long medical care. The three-year limit, according to the Task Force, would reduce the potential VA patients from 17.5 million to 3 million, at an annual saving of $150 million. The Commission would not go along with this on the theory that "the sentiment of the American people is that a sick and really indigent veteran should be provided care in VA hospitals." Instead it recommended that:

(1) the inability-to-pay statement for non-service care be "subject to verification," (2) a veteran assume an interest-free liability to pay for such care at some future date "if he can do so," (3) the VA close down 20 hospitals, mostly general medical and surgical, (4) outpatient care be furnished indigent veterans with non-service disabilities, and (5) all veterans laws be brought together into a single code.

REACTIONS VARY

The American Legion labeled the Hoover Commission recommendations as "heartless," and "unworthy of serious consideration by informed people." Through Secretary and General Manager George F. Lull, the American Medical Association made these points: (1) closer screening of financial statements already has proved to be ineffective, (2) rejecting the Task Force plan for a three-year cutoff while offering outpatient care would skyrocket costs and defeat the commission's goal of eliminating wasteful spending and unnecessary intrusion by the government in private affairs.

The Commission has other equally important, if not as controversial, proposals. Among them are:

Closing down of general medical hospitals of the Public Health Service, elimination of free medical care for merchant seamen, extension of contributory health insurance to military dependents and other U. S. beneficiaries along lines of the proposed program for federal civilian

employees, regionalization of military hospitals with one department in command of all hospitals in each area, creation of a Federal Advisory Council of Health with physician and lay members who would advise the President on both governmental and national health problems, and creation of a National Medical Library out of the present Armed Forces Medical Library. Copies of both Commission and Task Force reports are available at the Government Printing Office, Washington 25, D. C.

DIFFERENCE OF OPINIONS

Secretary Hobby of the Department of HEW, testifying on all the administration's proposals, opened a series of health hearings before the House Interstate and Foreign Commerce Committee. Pressed to make a choice, she indicated that the two most important parts of the six-part omnibus health bill were reinsurance of health plans and federal guarantee of mortgages for health facilities.

But the committee decided that first priority should go to mental health proposals. Accordingly the following week it started hearings on that part of the omnibus bill calling for a 5-year program of grants to states for mental health projects. Also before the committee was the chairman's bill for a national study of mental illness problems, to be financed by the U. S. but conducted by private groups.

Holding priority on the Senate side was legislation for a 5-year, $250 million program for aid to medical schools, sponsored by Chairman Hill of the Labor and Public Welfare Committee.

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I. U. Students, Friends Establish Robert J. Masters Award Fund



Establishment of the Robert J. Masters Award Fund in the Indiana University School of Medicine as a recognition of Dr. Master's contributions to medical education during the past 30 years as a member of the faculty, has been announced by his students and friends.

A bronze plaque bearing the inscription:

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will be placed in the ophthalmology department where Dr. Masters has served as a member of the staff since 1925, shortly after receiving his M.D. degree from Indiana University.

In addition to the plaque, Dr. Masters has been presented with a memorial volume containing congratulatory messages from students and associates in all parts of the country, many of them including photographs of interest.

Dr. Masters, who retired as chairman last year, continues as Professor of Ophthalmology and maintains his active interest in the department and his practice. Under his leadership the Department of Ophthalmology and its eye clinics attained national recognition in teaching, service and research. Dr. Masters has also been prominent in a number of professional organizations and has filled a number of important offices including chairmanship of the AMA Section on Ophthalmology.

Dr. Fred M. Wilson, who succeeded Dr. Masters as head of the department, announced that the award fund would be used for the benefit of graduate students in the ophthalmology department, as recognition of unusual excellence and achievement.

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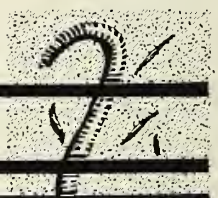


—Seymonr Daily Tribune

Presentation of parchment scrolls which read "In honor to you, we subscribe our names with deep humility and devotion in recognition of your over 50 years of service in the practice of medicine. May we each in our town follow the example thus nobly exemplified", was made to five physicians at the fifth annual Doctors-Nurses banquet in Seymour.

Those honored were Dr. David Joseph Cummings, Brownstown, who has practiced 53 years; Dr. C. E. Gillespie, Seymour, 53 years; Dr. William H. Stemm, North Vernon, 67 years; Dr. Dennis W. Matthews, North Vernon, 52 years; and Dr. George H. Kammen, Seymour, 54 years. They appear in the photograph, above, in that order. All are still practicing and are members of the staff of Jackson County Schneck Memorial Hospital. Their service totals 279 years of medical practice.

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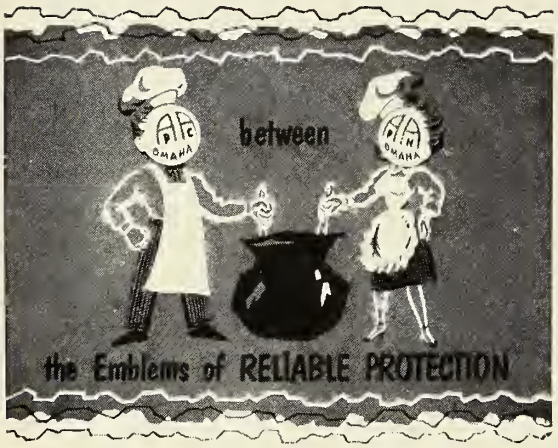
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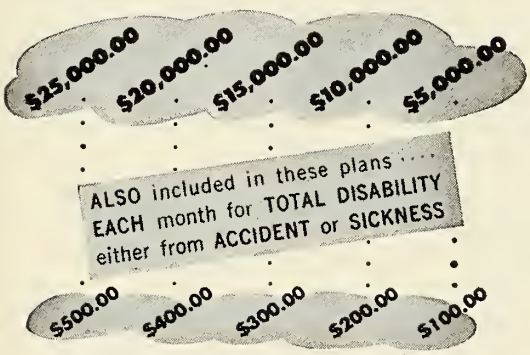


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Letter to the Editor

P. O. Box 1607
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March 4, 1955

Frank B. Ramsey, M.D., Editor
The Journal of the Indiana
State Medical Association
201 Hume Mansur Building
Indianapolis 4, Indiana

Dear Doctor Ramsey:

The important roles played by Dr. Bertram Groesbeck, Jr., of Indianapolis and the late Dr. Albert M. Mitchell of Terre Haute, in the development of aviation medicine is recounted in "Doctors in the Sky," a story of scientists whose mission is as boundless as the skies they are exploring. This timely and significant book has been written by Robert J. Benford, M.D., a veteran U. S. Air Force flight surgeon, who was recently named editor of the *Journal of Aviation Medicine*.

Dr. Mitchell was the seventh president of the Aero Medical Association and presided at the annual meeting in 1937 at the Waldorf Astoria Hotel in New York City. Dr. Groesbeck, a retired Naval medical officer with a distinguished career, was the twenty-third president when the Association met in Washington, D. C., in 1954. Photographs of these physicians and a summary of their contributions to aviation medicine appear in "Doctors in the Sky."

Today there is wide public interest in man's conquest of the air and the space that lies beyond. Many of the achievements in this jet and rocket age have been made possible by the research discoveries of aeromedical scientists. Of primary concern to our members are the health and safety of aircraft pilots and their passengers. With this in mind I have asked our publisher, Charles C. Thomas of Springfield, Illinois, to send you a review copy of "Doctors in the Sky" as soon as it is published.

Thank you for your interest in aviation medicine.

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Abstracts:

X-RAY THERAPY IN DERMATOLOGY

Paul D. Foster, B.S., M.D., Mississippi Valley Medical Journal, Volume 76, Page 213-216, Nov. 1954.

The article was written to correct the impression held by many physicians that x-ray therapy is not indicated in benign skin conditions and that it should be condemned. The author states several reasons in defense of x-ray therapy and benign skin conditions. After a brief discussion of the nature of the x-ray beam, a list of conditions is given of which x-ray therapy is useful. The author divides these conditions into four categories.

A. Dermatoses, which respond well to roentgen ray therapy.

B. Dermatoses, which respond well but for which as a result of the tendency to recur the use of roentgen ray is indicated because of the possibility of radio-dermatitis.

C. Dermatoses, which respond well to roentgen ray therapy, which is only palliative in nature as the ultimate course of the disease is unchanged.

D. Dermatoses, for which roentgen ray is definitely contraindicated because it has proved to be of no value.

The dosage and technique used in roentgen ray radiation is dependent upon the action and biologic effects desired. The author describes four main methods used in treating different clinical skin conditions. These are: 1. Multiple superficial small doses. This type is useful in acne vulgaris, seborrheic dermatitis, monoliasis, chronic scalp eczemas, mycosis fungoides, pruritis ani and many other dermatoses.

2. Superficial single moderate dose. This is most helpful in tinea capatis to epilate the hair.

3. The large single dose. This is the method used where destruction of pathological tissue such as malignant tumors is desired.

4. Multiple superficial moderate dosage. This is useful where large infiltrated lesions are present to avoid radio-dermatitis.

The author states that it is important that the physician employing radiation therapy should be qualified in the technique of administration and should have full knowledge of the limitation and dangers of x-ray therapy. X-ray is regarded by the dermatologist as the one modality considered to the most effective therapeutic measure in treating many skin diseases.

Wallace S. Tirman, M.D., South Bend.

GENERAL ASPECTS OF CANCER THERAPY

Manning, Harry J., M.D., General Aspects of Cancer Therapy. Mississippi Valley Medical Journal. Pp. 243-245, Vol. 76, November, 1954.

The importance of early diagnosis of cancer is discussed. "Dating" the onset of a given malignancy is difficult and we do not have an absolutely reliable method of telling when a lesion is early. We do know, however, that the earlier we diagnose cancer and the earlier treatment is instituted the greater will be the chance of a cure. It is important, therefore, to prevent all possible delay in the management of patients with prospective cancer.

The modalities of cancer therapy fall into three main groupings, surgery, irradiation, chemotherapy. Cancer is not a single disease. It manifests itself in numerous forms, and the treatment policy should therefore be individualized. The factors which influence the treatment policies, include the histological character of the tumor, the site of the lesion, and the peculiarities of the host. In addition several extrinsic factors deserve consideration, as:

1. Is the lesion an early or advanced one?
2. What is the best method of treatment based upon experience and statistics?
3. If the lesion is inoperable is it amenable to radiation therapy?
4. Is the estimated chance for a cure sufficient to warrant radical treatment either by surgery or radiation or should the treatment be palliative?
5. Does the age and physical condition of the patient contra-indicate therapy?

The final choice of treatment is undoubtedly influenced by the personal experience, skill, judgment, and prejudice of the doctor in charge of the therapy.

A discussion is given of curative therapy. The author lists the conditions which are amenable to curative radiation therapy. These include cancer of the mouth, skin, cervix, vagina, maxillary antrum and larynx (intrinsic). Early cancers of the breast and early mixed tumors of the parotid are best treated by surgery, but radiation therapy is often used in conjunction with it. Radical surgery is the sole treatment of such conditions as osteogenic sarcoma, fibrosarcoma, malignant melanoma, and other radio-resistant sarcomas. It is also the only effective treatment in cancer of the stomach, small intestine, colon, and rectum. Surgery and radiation therapy are used alternately or jointly in cancer of the uterine body, vulva, penis, scrotum, skin, and in giant cell tumor of bone.

In the discussion of palliative therapy the author discusses some of the heroic "super-radical" operative procedures devised by surgeons in an attempt to widen the field of cancer surgery. Conditions which are amenable to palliative radiation therapy and surgery are listed. The author states that radio-active isotopes are of limited value in cancer therapy. Radio-phosphorous (P32) may be

used as an adjunct to x-ray therapy in chronic leukemia. Radioiodine (131) is of occasional value in thyroid carcinoma. Colloidal gold (AU198) is being used intrapleurally and intraperitoneally in effusions caused by malignancies. A list of some of the more useful chemotherapeutic agents is given. These include nitrogen mustard in Hodgkins disease and lymphosarcoma and occasionally in tumors of the lung, kidney, and liver; urothane in leukemia and myeloma; the folic acid antagonists in acute leukemia in children; the hormones in metastatic disease of breasts and prostatic cancer and finally cortisone and ACTH in leukemias and lymphomas.

The author feels that the long-awaited cure for cancer will consist of many procedures rather than a single mode of treatment.

Wallace S. Tirman, M.D., South Bend.

RADIATION THERAPY OF LYMPHOID TISSUE

Reich, Stanley B., Lt. (MC) USNR. Radiation Therapy of Hypertrophied Lymphoid Tissue in the Nasopharynx. Mississippi Valley Medical Journal, P. 220, Vol. 76, November, 1954.

Recognition of lymphoid tissue as the most sensitive of normal structures in the human body to radiation constitutes the basis for this study. The disadvantage of radon or radium applicators is discussed as the reason for the employment of high voltage roentgen therapy in this particular group of patients. The plan of treatment employed in these patients differs from that usually reported in the literature in that the exposures were somewhat smaller.

These 105 patients were treated with portals ranging from 5 x 5 cm. to 7 x 7 cm. centered between the external auditory canal and the angle of the jaw at right angles to the sagittal plane of the patient. Each patient was given a total estimated minimum depth dose resulting from a total of 200 "R" in air to each side in four treatments over a period of 10 days which was calculated to be between 150 "R" and 250 "R." Only 68 of these 105 patients were available for follow-up and the ages of these patients varied from 18 months to 5 years. The period of observation varied from 3 to 18 months and no untoward sequelae were noted in any treated patient.

The treated patients were grouped into four broad categories. 1. Loss of hearing; a total of 38 patients were seen in this category of which 34 showed clinical evidence of hypertrophic lymphoid tissue. In this group, 28 patients showed improvement and only 6 showed no change. The other 4 patients were treated with the result that 2 showed definite improvement believed to be due to the presence of lymphoid tissue not clinically recognized. 2. Soft tissue mass; 5 patients were treated in this group, patients treated because of the fact that these masses produced mechanical obstruction. In all 5 cases, the mass of lymphoid tissue completely disappeared and symptoms disappeared as a result. 3. Otitis media; 14 patients, 8 showed definite improvement and 6 were unimproved. These people were treated because it was thought that the underlying pathology resulted from blockage of the eustachian tube. In this group, antibiotics and local hygienics were used so that the evaluation of the result is difficult. 4. Inflammations of the nasopharynx; 11 patients in this group had symptoms ranging from marked postnasal drip to recurrent infection, 8 patients had no obvious background of allergy and in this group 6 were improved and 2 not improved. Of 3 with an obvious allergic background, 1 was improved and 2 not improved.

Dr. Reich concludes in summary that roentgen ray therapy in small doses is a very useful adjunct for treating hypertrophied lymphoid tissue in the nasopharynx, especially when the presenting symptom is deafness. Four references are appended.

Wallace D. Buchanan, M.D., South Bend.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

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Volume 48 — April 1955 — Number 4

Treatment of Carcinoma Of the Cervix Uteri

CARL P. HUBER, M.D.*

Indianapolis

DIFFERENCES OF OPINION seem to exist concerning the best methods to employ in the treatment of carcinoma of the cervix uteri. The apparently divergent opinions should be analyzed so that the advantages of improved techniques of management are available to every patient with cervical carcinoma.

At the International and Fourth American Congress on Obstetrics and Gynecology in New York, in 1950, an International Classification of the Stages of Carcinoma of the Uterine Cervix was adopted as follows:

Stage O.

Carcinoma in-situ, also known as preinvasive carcinoma, intra-epithelial carcinoma, and similar conditions.

Stage I.

The carcinoma is strictly confined to the cervix.

Stage II.

The carcinoma extends beyond the cervix but has not reached the pelvic wall. The carcinoma involves the vagina but not the lower third.

Stage III.

The carcinoma has reached the pelvic wall (on rectal examination no "cancer-free" space is found between the tumor and the pelvic wall). The carcinoma involves the lower third of the vagina.

Stage IV.

The carcinoma involves the bladder or the rectum, or both, or has extended beyond the limits previously described.

This is a clinical classification determined at the time of initial evaluation of the progress of the disease and is of prime importance in planning the management of a given patient.

The diagnosis of cervical carcinoma is dependent upon microscopic examination of adequate biopsy material. No other method of diagnosis is satisfactory. The performance of

* Professor and chairman of the Department of Obstetrics and Gynecology, Indiana University School of Medicine, Indianapolis, Indiana.

cervical biopsy is mandatory in the presence of a grossly abnormal cervix, as a part of the investigation of every patient with post menopausal bleeding, and as an important step in the study of every patient upon whom suspicious or positive cytologic examination has been obtained. Cervical biopsy is a safe office procedure and in the presence of a suspicious gross lesion may be satisfactorily performed as such. In instances where no local lesion is visible multiple four quadrant biopsy from the cervix increases the chance of accurate diagnosis. Where cytologic studies indicate additional investigation a circular excision of the squamo-columnar junction at the external cervical os is the preferable procedure. This is best accomplished under anesthesia, after admission to the hospital.

The accurate diagnosis of grossly unsuspected cervical carcinoma is the most important phase of adequate control of cervical malignancy.

Stage O cervical carcinoma, which is the preinvasive or intra-epithelial lesion of the cervix, is curable by total hysterectomy with conservation of ovarian function. It is encountered at an age period approximately ten years earlier than invasion carcinoma of the cervix so that the average age of patients with an intra-epithelial carcinoma of the cervix is 37 years. Many patients with such a lesion will therefore be in the reproductive age period and some will be anxious to have reproductive function preserved. Under such circumstances a lesion which upon adequate study is in fact intra-epithelial without involvement of cervical glands may be safely treated by conization of the cervix. Careful cytologic study at frequent intervals during an unterminated observation period is mandatory.

The diagnosis of stage O carcinoma during the course of pregnancy is not an indication for termination of pregnancy but rather proof of the intra-epithelial nature of the lesion combined with careful postpartum observation and cytologic studies before a decision is made concerning treatment. Single biopsy is insufficient to confirm the diagnosis of intra-epithelial carcinoma of the cervix at any time. Surgical conization of the cervix with careful microscopic study of the entire specimen is necessary to rule out early invasion and to confirm the intra-epithelial nature of the lesion.

Invasive carcinoma of the cervix, regardless of the clinical stage, is never adequately treated by simple total hysterectomy. If surgical treatment alone is undertaken for early invasive carcinoma of the cervix it must be by extensive removal of the uterus, tubes, ovaries, all of the parametrium and a wide cuff of vagina plus pelvic lymphadenectomy.

In stage I carcinoma of the cervix the pelvic lymph nodes are involved in 15 to 20 percent of patients. Even though the primary mortality of adequate radical surgery for stage I and II cervical carcinoma has been essentially eliminated in the series of operations performed by experts there is no proof that such a plan of treatment should be generally adopted.

USE OF RADIATION

On the contrary, the five-year survival rates of patients in these two stages, treated by expert surgical procedures, are as yet no higher than for similar groups of patients treated by adequate radiation. There is reason to believe that there are a greater number of places where such adequate radiation can be administered than where expert radical surgery can be obtained. While these expressed opinions are not conclusive, they do represent a majority of present opinion and would seem to justify the statement that present-day survival rates for patients with stages I and II cervical carcinoma will continue to improve with the general acceptance of radiation therapy as the primary treatment of choice.

Some patients with carcinoma of the cervix appear to have lesions which are more resistant to radiation than the average. If these patients can be separated from those with radiation-responsive tumors, then surgical removal expertly performed may well increase the overall survival of patients with stages I and II carcinoma of the cervix. As yet it has not proven entirely practical to determine which patients will respond to radiation and which will not. Examination of biopsy specimens during the course of radiation as well as the gross response of the lesion to radiation may be a satisfactory guide. It is to be hoped that cytologic changes in both normal and carcinoma cells during the course of radiation may prove to be a method by which radiation sensitivity response can be judged.

It would seem reasonable that whenever radi-

ation is chosen as the method of treatment for cervical carcinoma that a combination of radium or some similar source of locally administered radiation be combined with the more diffusely applied external radiation. The control of a responsive local lesion with an adequately applied source of radiation is much less of a problem than is the control of the advancing border of the tumor. The potential damage to adjacent normal tissue, particularly the bladder and rectum, limits the use of a local radiation source sufficiently so that supplementary radiation of the lateral pelvic walls by an external source of should be determined for the individual patient and should never be allowed to become routine set patterns. It is well to be constantly aware of the fact that the initial treatment of a given patient offers the best chance of complete arrest of the disease.

Advanced carcinoma of the cervix uteri, such as seen in patients with stages III and IV, is not satisfactorily treated by either surgery or radiation. The danger of both patient and physician delay in diagnosis and institution of therapy cannot be overemphasized in connection with management of these patients. The arrest of stages III and IV lesions when accomplished by radiation is often at the expense of damage to normal tissue and prolonged radiation morbidity. The control and ultimate survival of these patients by extensive surgical procedures involves compromise with the normal function of bladder and bowel or both. Satisfactory survival following either method of management or following combinations of both are possible, but in percentages that make a satisfactory end result improbable.

It would seem that most patients with stage III cervical carcinoma should be treated initially by radiation. If response to radiation is not definite, the advisability of extensive surgical management should be considered. In this group of patients, adequate surgery makes removal of the bladder or terminal bowel or both necessary. Exenteration procedures should not be undertaken except in an especially favorable environment where special teams of trained personnel are available. If performed under such circumstances, the end result may be entirely satisfactory, and the most radical procedures have been proven worthwhile. It is to be hoped that in the near future more exact indications for extensive surgery will be determined and that it can be made increasingly available. Until such time the performance of extensive radical procedures should be considered as experimental studies and should be very carefully evaluated.

The choice of treatment for patients with stage IV cervical carcinoma is most difficult of evaluation. Where neoplastic spread is beyond the pelvis, any type of therapy is at best palliative only, and radical radiation or surgical management is rarely justified. Every patient is, however, entitled to a trial of therapy, intelligently planned and administered. Both radiation and surgical management, either separately or in combination, may lead to unexpected successful palliation with long-term survival.

SUMMARY

The combination of such plans of management for cervical carcinoma as radiation followed by radical surgery, or radiation combined with pelvic lymphadectomy, are as yet incompletely evaluated. They are not to be recommended except as study procedures under circumstances where comparison with other methods of management can be undertaken.

It is obvious that the survival of the greatest number of patients with cervical carcinoma depends upon early diagnosis rather than upon a choice between proven satisfactory methods of management for the disease. Unsatisfactory, incomplete treatment procedures, whether radiation or surgical, will not experience results even though an increasing number of stages I and II cervical carcinoma are made available for treatment by improved diagnostic procedures.

Urologic Malignancy in Childhood

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MALIGNANCY IN CHILDHOOD is probably not given the attention it deserves. Recent statistics have shown neoplasia to rank second in cause of death in children under 15 years of age.[1] Urogenital neoplasms, in turn, rank second only to the leukemias in incidence of pediatric malignancy.

Notwithstanding these facts, seldom is this subject treated in the general medical publications. Some of the more common types of malignant urologic disease are therefore dealt with in this manuscript.

KIDNEY

Masses in the region of the kidney must be considered renal embryoma (carcinosarcoma, Wilms' tumor) until proven to the contrary. These are tumors that allegedly "grow overnight" and often assume huge proportions before medical advice is sought. There should be *no* delay from the time the physician sees such a child until definitive diagnosis is obtained. Curiously, these children seldom have hematuria and then usually only in far advanced disease. Few subjective complaints are registered. Urinary infection may occur if the tumor is so situated as to promote urinary stasis. Vague nausea and anorexia may be the only obvious subjective symptoms. Pain is infrequently encountered early in the course of the tumor growth. Diagnosis is usually simple. Intravenous urography often is of sufficient clarity to allow the clinical diagnosis of Wilms' tumor. Retrograde pyelography may be utilized if any doubt exists as to the nature of the mass. Hypertension occurs in roughly three-quarters of these children, serving as an important simple diagnostic sign. Blood and urine examinations are not particularly helpful. Differentiation of such masses from the more common hydronephrosis and less common adrenal neuroblastoma can usually be made on basis of pyelographic characteristics.

Management of these children should always be considered urgent. Whenever possible, immediate surgical removal of the kidney involved should be undertaken, provided the mass is not of such size as to preclude successful extirpation. A simple rule has proven helpful in this regard. If by palpation and roentgenogram the mass has grown sufficiently to cross the midline to the opposite side, preoperative radiation therapy is advocated. Usually the mass thus will be reduced to a size reasonable of removal. Scarcely a week of radiation may be necessary to reduce the majority of these tumors. Postoperative irradiation is always given either to complete the preoperative course or initiate and complete a course after initial surgery. In our hands the transabdominal approach to such tumors offers more facile removal without trauma to the neoplasm.

A general overall cure rate of these children having Wilms' tumor without clinically demonstrable metastases prior to surgery should approximate 40 percent.[2, 3] Much better results are obtained in children three years or under, whereas correspondingly poorer results may be expected in the older ones. It should be emphasized that in view of the extreme radiosensitivity of these tumors, pulmonary metastases, if single, may be successfully irradiated. Two such children in our experience have been salvaged 10 and 6 years, respectively.

BLADDER

Bladder malignant tumors as well as those of the prostate are ordinarily sarcomatous in nature. Benign bladder neoplasia in childhood does occur, but is in the distinct minority. Unless strategically placed to cause urinary retention,

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their early diagnosis is overlooked. Hematuria and dysuria are the prominent presenting symptoms of advanced tumors. Acute retention may supervene at any time in the course of this tumor's growth. Rarely such a sarcomatous mass may be prolapsed through the female urethral orifice to present at the vulva as a cherry-red rounded mass, and must be differentiated from prolapsed ureterocoele.

Cystoscopy and biopsy afford the correct diagnosis. Typically, these tumors grow throughout the bladder in semi-translucent grape-like masses, hence its familiar name "sarcoma botryoides." Radiopaque cystographic studies typically disclose the rounded filling defects on the bladder floor.

Extension and metastases, both lymphatic and hematogenous, occur early, negating successful surgical extirpation in most of these children. Radiation therapy is uniformly unsuccessful in "sterilizing" tumor tissue. Few cures have been reported in surgically treated cases and here only when the entire bladder is removed and ureters transplanted to skin or bowel.

TESTIS

Tumors of the testis are predominantly malignant embryonal in structure, and occur most frequently in infancy. They are characteristically embryonal carcinomata, although a few seminomata, interstitial cell tumors, chorioepitheliomata and lymphosarcomata have been reported. Smooth enlargement of the affected testis without scrotal attachment is the common early manifestation. Early metastases to abdominal lymph nodes and lung are the rule. Differentiation from hydrocoele may be made by transillumination. Hydrocoele masking the underlying tumor is seldom encountered. Contusion of the testes and torsion of the cord with enlargement of the testis have characteristic histories. Hernia should offer no problem in differentiation.

Early orchiectomy with postoperative irradiation of abdominal lymph node areas is usually advocated. Campbell,[4] however, feels that preoperative X-ray therapy to the affected testis and abdominal nodes should precede orchiectomy. Prognosis in these neoplasms is usually poor, save in the rarely encountered seminoma. Here radiosensitivity may allow salvage of even metastatic cases.

Malignancy of other organs of the urogenital tract occur but rarely and carry with them prognoses largely dependent upon the histologic pattern of the tumor present. Ureter, spermatic cord and epididymis fall in this category.

SUMMARY

Malignant neoplasia of the urogenital tract make up an important component of cancer in childhood. Of these, Wilms' tumor is the most frequently encountered and carries with it the best prognosis if promptly diagnosed and treated. It is urged that the pediatric practitioner bear in mind the significance of these lethal neoplasms. Routine abdominal and genital palpations in the well baby may unearth early malignancy with greater hope of ultimate cure.

BIBLIOGRAPHY

1. Metropolitan Life Insurance Co.: Statistics Bulletin, 30:1, 1949.
2. Gross, R. E. and Newhauser, E. B. D.: Pediatrics, 6:843, 1950.
3. Garrett, R. A. and Mertz, H. O.: J. Urology, 70:694, 1953.
4. Campbell, M. F.: Clinical Pediatric Urology. Philadelphia, W. B. Saunders, 1951 p. 732.

QUOTES:

DR. H. M. MARVIN, President, Connecticut State Medical Society—"Aside from diagnostic ability and essential kindness, there is probably no quality in a physician for which patients are so grateful as the ability and desire to explain, to answer their anxious questions fully and truthfully, to be as frank as knowledge will permit. From personal experience I know what unhappiness can result from failure to explain; I know also that few things in medical practice bring such deep satisfaction to doctor and patient as frankness."

Clinical Usefulness of Radioactive Gold 198

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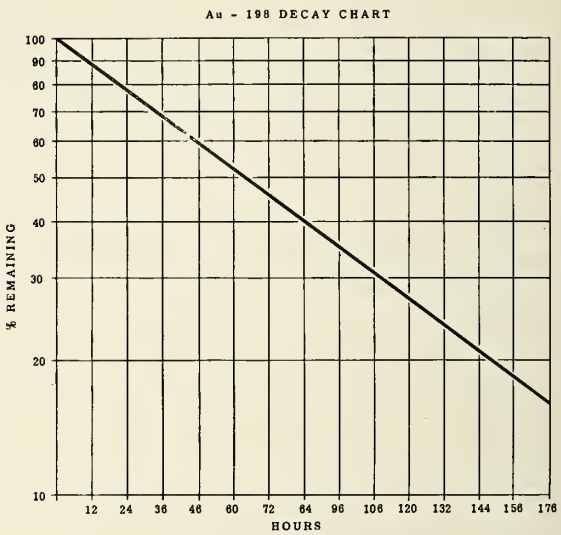
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EARLY IN 1946, Hahn and Sheppard[1] reported the use of colloidal radioactive gold intravenously for the selective internal radiation of diseases of the lymphoid system. At about the same time, Muller[2] in Germany noted the inhibition of fluid formation following the intrapleural and intraperitoneal administration of this isotope. Since then, the literature contains nearly 100 reports on the use of radioactive gold 198 in colloidal or metallic form for various types of cancer therapy.

This paper will review the clinical usefulness of Au 198 as another method of delivering radiation therapy to malignant disease, and report the results of our own experiences with this agent since 1951.

PHYSICAL CHARACTERISTICS

Gold 198 is an artificial radioactive isotope with atomic mass of 198 and atomic number of 79. It was discovered in 1934 by Fermi,[3] who produced it with neutron bombardment of gold foil. Radioactive gold is now prepared in the uranium pile by neutron radiation of the stable element. It has a half-life of 2.7 days and disintegrates with the emission of a .98 MEV beta and a .41 MEV gamma, with stable mercury the end-product of the disintegration.



METHODS OF PREPARATION

Irradiated gold wire is now available for a variety of uses. This form is prepared by sliding radioactive gold wire into inert gold tubing and cutting to desired lengths. The inert tubing is employed to filter out the undesirable beta particles. The gamma radiation from the gold is about one-fourth the intensity of that from radium and is reduced to 90% of its intensity by the tubing. Because of differences in biological effectiveness, it is desirable to express activity values for these seeds both in actual millicuries and in the number of radon millicuries to which they are equivalent. Abbott will supply the Au 198 wire in its gold tubing with a cutter. Activity on a Monday will average about 1.6 radon

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millicuries equivalent per millimeter and on Thursday about 0.8 millicuries equivalent. One would cut a seed 0.7 millimeters long to secure 1 millicurie equivalent on Monday, but would have to cut a seed 1.4 millimeters long on Thursday in order to have the same 1 millicurie equivalent.

The advantages of Au 198 wire seeds, as pointed out by Myers[4] et al., are:

1. Uniformity of radioactivity.
2. No possibility of leakage or inhalation of radioactivity.
3. More complete beta filtration.
4. Protection of operator greatly simplified.
5. Monoenergetic gamma emission (.41 MEV).
6. Leaves no long-lived decay products.
7. Inexpensive, no elaborate investment or equipment needed for production.
8. Strength may be adjusted for decay at time of usage by cutting wire of desired lengths.

These applications are not widely employed as yet, most of the radioactive gold produced being converted into the colloidal form.

The Abbott Laboratories, at their Oak Ridge plant, are the largest suppliers of the colloidal radioactive gold (Aurcoloid). Tabern's[5] description of their method of preparation is as follows: "The colloid is prepared in excess pyrogen-free gelatin, using ascorbic acid as a reducing agent, sufficient NaOH being added to give a final pH of between 5.5 and 6.5. . . . The colloid may be diluted with water, saline, pectin, procaine, epinephrine and hyaluronidase and many other solutions, but is unstable to certain metal ions, notably the trivalent ones." The colloid is deep cherry red in color, possesses good stability and has a particle size varying from .003 to .007 microns.

Each lot of Au 198 is carefully assayed by several methods prior to shipment from Oak Ridge. A rubber-capped glass bacterin bottle is the standard container, varying in size from 5 cubic centimeters to 30 cubic centimeters, and is steam sterilized after sealing. The bottles are placed in thick lead containers sitting inside a wooden frame box. The boxes are shipped by air express and must meet certain rigid governmental requirements.

HANDLING AND ADMINISTRATION

Abbott Laboratories recommends re-assay of each shipment by the user. Beta assay is carried out by comparing a sample of the solution with the output of known radium D and E sources. Gamma assay is done by comparing the amount of discharge on a Lauritsen electroscope caused by the sample with that of a known radium source or other gamma emitter placed at the same geometric distance. To positively identify the isotope in the sample, an absorption curve should be constructed from Geiger counter readings with different amounts of filtration over the material in question. The curve obtained will be characteristic of the isotope present. Radiation hazards require that each shipment is carefully handled, using where possible, remote control devices and adequate lead shielding. The bottle may be left in the Abbott container or removed to some other adequately shielded container. The possibility of "back-fire" is avoided by puncturing the stopper with a very short needle. If the shipment is for more than one patient, an aliquot can be removed by use of a lead-shielded syringe and introduced into another container. The remaining material can be administered directly to the patient by gravitational displacement method. Different users have their own preferred way of administration, some being rather simple and others more or less complicated. Any system is satisfactory which delivers the desired amount of material into the patient, under sterile conditions, with minimum radiation exposure to operating personnel. Most accidents, during the gold application, seem to arise by leakage from the cavity being filled.

DOSE CONSIDERATIONS

The equivalent roentgen dose delivered, assuming uniform distribution, will depend upon the millicurie dose and the surface involved. One millicurie spread over 1,000 square centimeters gives a calculated dose of 900 e.r. Assuming a surface of 20,000 square centimeters and an injection of 100 millicuries, the approximate surface dose would be 3,000 e.r. per square centimeter from the beta radiation alone, the gamma contributing very little in comparison.

The beta particles from gold have a maximum range of 3.8 millimeters in tissue with an effective range of about 2.0 millimeters; therefore, the dose is restricted almost entirely to the cavity surface. Adjacent tissue or organs receive practically nothing except from the gamma radiation.

HAZARDS

Problems involving radiation hazards should be considered: (1) in the treatment room; (2) on the ward; and (3) in the event of patient's demise shortly after gold administration. After completion of treatment, all linens and instruments should be monitored with a radiation survey meter and contaminated linens should be set aside until radiation is reduced to a safe level, generally 14 to 19 days. Instruments may be placed in detergent solution to reduce their degree of activity and, if necessary, be set aside also. Occasionally a patient may lose some fluid after leaving the treatment room. This may occur within a few hours or several days after treatment. If leakage occurs within the first 24 hours, the gold loss may be considerable and the dosage effect markedly reduced. Linens soiled with the fluid during the first week should be set aside for the period of time as indicated above. The radiation field around the patient with gold is seldom as intense as that around the radium patient. On a patient injected with 130 millicuries of gold surveyed 24 hours later, the following readings were obtained: foot of patient's bed, 5 mr./hr.; edge of patient's bed, 50 mr./hr.; edge of adjacent bed, 6 feet away, 4 mr./hr. This means that the radiation levels are below tolerance 5 feet away and that an attendant or nurse could stay at this distance from the patient continuously for over 8 hours a day without being exposed to more than safe levels of radiation.

In the event the patient should succumb shortly after the gold treatment, if no autopsy is performed nor any fluid removed, then the embalming procedure may be carried out without concern for radiation exposure, assuming the embalming time is about one hour. Removal of fluid should be performed in a closed system and fluid disposed of into the sewer with a large volume of diluting water. It is recommended that some report form be employed to advise the funeral director of the degree of radioactivity of the body, also stating thereon any precautions relative to the embalming procedure. If, however, an autopsy is to be performed, it is advised that double heavy rubber autopsy gloves with suitable gauntlet tops would afford considerable protection from the beta radiation. Organs or other tissue set aside for examination by the pathologist should not be dissected or examined for 9 days after autopsy. Cowing and DeAmicis[6] have prepared a "Handling-Time Chart" (see Chart 2) as a guide for the operator. All data is based on an original 100 millicurie dose to the patient.

CHART 2

HANDLING-TIME CHART

Death —— Days After Administration Of Au-198	Allowable Examination And Dissection Time 9 Days After Death
0	36 min.
1	45 min.
2	55 min.
3	1 hr., 8 min.
4	1 hr., 25 min.
5	1 hr., 45 min.
6	2 hr., 10 min.
7	2 hr., 40 min.
8	3 hr., 20 min.
9	4 hr., 10 min.
10	5 hr.
11	(No precautions except the wearing of rubber gloves)

PHYSIOLOGIC BEHAVIOR

Because of its inert nature and particle size, Au 198 has practically no uptake from the gastrointestinal tract, skin surface or interstitial tissues. Absorption is chiefly by phagocytosis, lymphatic embolization or by adherence to the walls of cavities and local tissues.

A very small fraction (0.1%) is excreted in the urine and body fluids, but the reticuloendothelial system apparently delivers a liberal quantity to the hemapoietic organs. The gold itself is nontoxic to patients, even in large doses.

As expected, the LD 50 dose of gold 198 in animals depends on the mode of administration. This amounted to 35 uc./gm. intravenously in albino rats in Friedell's work.[7] Doses of 2-4

mc./gm. intraperitoneally, equivalent to 450-900 total body roentgens, produced similar adverse effects on guinea pigs as reported by Fiske.[8]

These attributes have caused gold 198 to rank second nationally among the short-lived radioisotopes in terms of millicuries used weekly for medical purposes. In our own experience, not only do we use a far greater number of millicuries of gold than any other isotope, but the actual number of requests for this type of therapy exceeds those for radio-iodine or phosphorus at the present time. This is because this isotope lends itself nicely to the palliative treatment of malignant disease, a field in which physicians rarely compete for patients. Certain properties, such as the less penetrating gamma rays (411 MEV), adaptability to a liquid vehicle, and copious yet moderately intense beta emanation, allow applications and portability not possessed by x-ray or radium.

CLINICAL APPLICATIONS

Intravenous Use:

Hahn has reported the most work with this method in the treatment of the chronic leukemias. Doses of 0.5 to 1.0 mc./kg. of body weight will usually effect a remission in either chronic lymphogenous or myelogenous leukemias. Periods of remission last from 4 to 6 months up to several years, and repeat dosages are carried out according to the patient's condition and hematologic findings. Such administration of gold 198 brings about objective palliative changes similar to those produced by P32 and splenic x-ray therapy. There is correction of the peripheral blood picture and anemia, with reduction in the size of the liver and spleen.

Although Botsford[9] has found hypoplasia of the bone marrow associated with therapeutic administrations of over 50 millicuries of colloidal gold, very little bone marrow change was noted in Hahn's cases. In fact, the most striking benefit seemed to be derived from the marked radiation effects on the liver and spleen. About 90% of radiogold is picked up from the blood stream on the first passage through the liver. This suggests the possibility of irradiating radio-responsive neoplasms in the liver by intravenous administration of gold 198, but the literature[10] already contains an account of experimentally produced cirrhosis in a dog by this method. Tracer doses have been used, however, for diagnostic scanning technics over the liver with scintillation counters, and intrahepatic mass lesions demonstrated.

The lack of effective bone marrow concentration limits the usefulness of this route of administration of gold 198 in treating polycythemia and myeloma.

Interstitial Use:

This method utilizes either colloidal gold or radioactive gold wire in the form of seeds. While the colloid gives both the beta and gamma emanation, the seeds are screened for beta ray absorption.

The first direct tumor injections with colloidal gold were studied by Hahn and associates,[11] who stressed that once the skin barrier has been passed, there is a great capacity of the underlying tissues to withstand the effect of beta radiation without serious slough. A certain amount of palliation of tumor masses was achieved, but the method leaves much to be desired. Variations in the radiosensitivity of tumors, as well as the difficulty in obtaining even distribution of the isotope throughout the tissues, seriously limit effective results. Furthermore, differences in the consistency of the tumor masses cause an unpredictable amount of leakage into the surrounding normal tissues and reticuloendothelial system. Although beta doses up to 50,000 r and gamma doses up to 7,000 r per gram of tissue can be achieved in direct isotope injections, the practical inability to destroy all of the tumor is the greatest deficiency of this method.

Following direct tumor injection, colloidal gold has been observed in the lymphatic channels and regional lymph nodes. Such absorption is apparently enhanced by using a silver-plated gold colloid preparation with a higher specific activity (50-80 mc./cc.). Although definite necrosing radiation effects can be produced in lymph nodes and radiation assay of lymph nodes resected 24 hours after injection have shown readings as high as 75,000 beta roentgens, the uptake by the nodes may be quite erratic. It would seem that the chance of colloid permeating a normal lymph node is far greater than in a diseased node, due to the blockage of lymph flow by the trapped tumor cells. Since the dosage delivered depends upon the amount of colloid reaching the node,

the tumor-killing effects are therefore apt to be inconsistent.

One of the most careful evaluations of the interstitial use of colloidal gold 198 has been made by Flocks, Kerr and Elkins[12] in the treatment of stage II prostatic cancer which is beyond simple surgical removal. Suitable cases are said to be those tumors which have broken through the prostatic capsule with extension, if present, confined to the local area.

The technic consists of multiple injections of gold throughout the intracapsular substance of the prostate under direct visualization by suprapubic and retropubic approach or perineal exposure. Our own urologist[13] prefers to make his injections through a direct perineal exposure, which also provides him with an opportunity to obtain frozen section material prior to injection. A special leaded syringe provides protection to the operator and permits greater pressure to be applied than with the conventional syringe. Injection is also made into the seminal vesicles, but care is taken not to penetrate the prostatic capsule into the fascial compartment anterior to the rectum, because colloid in this area is carried away to lymph nodes higher up along the rectum. This in turn may produce varying degrees of irritation or ulceration of the rectal mucosa. Rectal complications may also be avoided by using a smaller volume of colloid and the addition of hyaluronidase, which enhances local spread of the gold.

Dosage consists of 1-2 millicuries per estimated gram of prostate, and it is desirable to keep the volume to be injected small by using a colloid activity of about 4 or 5 millicuries to 1.0 cubic centimeters because of the possibility that the gland may be smaller than the preoperative estimate. It is generally not possible to inject a volume of solution exceeding one-third of the weight of the prostate without encountering serious leakage of the gold through the puncture tracts. The average total dose in the gland is about 80-125 millicuries and the maximum about 175 millicuries. Brucer[14] has shown that 1 millicurie of gold 198 per cubic centimeter of tissue delivers 65,000 beta roentgens and 5,000-15,000 gamma roentgens, suggesting that the cancerocidal effects may be largely due to the gamma dosage because of their greater penetration. Some cases are treated by blind transperineal injection, but this method results in inaccurate placement of the gold in the gland and a higher percentage of spill into the anterior rectal compartment.

The chief limitation of this method is the inability to achieve homogeneous distribution of the colloid throughout the tumor. With more perfect distribution, the dosage could be reduced easily to 0.5 mc./gm. Furthermore, certain areas are inaccessible to injection, and stony hard nodules resist absorption of the material.

The results are considered of a palliative nature, ranging from little or no control of disease in advanced cases to complete disappearance in more localized types. Apparently only smaller masses of cancer can be sterilized in the prostate. Of 100 cases followed by Kerr et al. for two years, 28% were alive and well without evidence of cancer, 18% alive with cancer, and 54% were dead.

Another interstitial use of gold 198 colloid is being studied by Sherman, Allen and Bonebrake[15] in St. Louis. They inject 50-70 millicuries into each parametrial area (total 100-150 millicuries), utilizing a volume of 35 cubic centimeters and a specific activity of 50-80 mc./cc. in cases of cervical cancer. Full or partial radium dosage is given in conjunction, depending upon whether hysterectomy is employed. Lymph node specimens were obtained in the latter cases and contained phagocytosed gold. Direct counts on tissues obtained at surgery are said by the authors to show that gold treatment delivers much greater amounts of irradiation to the parametrium and regional lymph nodes than radium and x-ray methods alone. Their work is incomplete, however, and no comparable statistics are yet available. Complications are said to be minimal, with no fistula, infection or hemorrhage reported.

A newer form of interstitial gold 198 therapy consists of permanent implantation of selected lengths of gold wire seeds into localized tumor masses similar to the use of radon seeds. Such seeds may also be incorporated into nylon tubing and sewn into tumor tissues when temporary but more accurate placement is desired. The half thickness absorption for soft tissue penetration of the gamma rays from these seeds is 6.4 centimeters, thus affording adequate irradiation of smaller masses. It should be remembered that the dosage rate of 1 millicurie of gold is only 2.4 roentgens per hour at 1 centimeter as com-

pared with 8.4 roentgens per hour for radon, and proper adjustments must be made in dosage calculations to equate this. Moreover, further experience is necessary to evaluate whether gold 198 seeds will yield similar biological effects to radon when used as interstitial sources of radiation.

Intracavitary Use:

The lower energy gamma emission from gold 198 allows one to substitute it for radium in applications in which the lower tolerance of nearby organs limits drastically the amount of radiation which can be administered to the lesion. Suitable protective shielding can be placed about pellets or capsules of gold so as to screen sensitive normal tissues. This technic is being tried by Sherman and Ter-Pogossian[16] in treating vaginal cancer. Similar use could be applied to the esophagus and bronchial tree, utilizing chains of gold beads.

Undoubtedly the most widely publicized intracavitary use of gold 198 is in the treatment of malignant effusions. A two-year follow-up report of 74 patients by Seaman and associates[17] showed inhibition of fluid formation in the pleural, peritoneal and pericardial cavities in one-half of the group, and distinct palliation in 75% which lived longer than one month. In an earlier report, Elkins and Kerr[18] stated that gold 198 was of little palliative value in ovarian carcinoma with ascites. They recommended its use only in cases with peritoneal studding before ascites had developed or as a prophylactic treatment in such cases before gross evidence of peritoneal spread. A similar opinion was expressed by Rose, Osborne and Stevens.[19]

The evaluation of the results of gold 198 therapy for malignant effusions is extremely difficult for several reasons. Diminution or cessation of fluid formation after gold instillation cannot be positively credited to the action of the gold in all cases. Such changes have followed ordinary paracentesis. The rate of fluid accumulation, duration and extent of process, general condition of patient, attitude of physician in selecting suitable cases, and the attitude of physician in defining degree of palliation accomplished, will all influence the appraisal of this kind of therapy.

Obviously, colloidal gold can offer something approaching adequate irradiation to only the most superficial type of neoplastic growth on the lining of these body cavities. Cases with advanced disease, palpable masses, liver metastases, and obstructive symptoms are unlikely to derive any benefit at all, and attempts to inhibit fluid in these cases may actually precipitate undesirable complications. Physicians plagued with repeated tapping of these effusions in cancer patients often refer any such case for gold therapy in a desperate attempt to inhibit the fluid formation. We have had therapy requested on cases which fail to live one week after treatment was declined. Not only is gold therapy of no value in these terminal cases with fluid, but if death ensues shortly following treatment, one is faced with the problem of radiation hazards in handling the body after death.

The technics of administrations vary with the type of case. For ideal cases, polyethylene tubing should be inserted into both lateral peritoneal gutters at the time of surgery and the wound closed about them. The isotope may then be injected at a later date and the tubing withdrawn. This allows a better distribution of the colloid over the cavity. Where the insertion of the tubing is omitted by the surgeon, a blunt-end needle is passed through the abdominal wall at a safe distance lateral to the wound scar. This method carries the possibility of injecting the gold into a blind pocket, or of puncture of an adherent loop of bowel. Where ascites is present, a trocar is inserted and the colloid injected following removal of as much fluid as possible. It is desirable to dilute the injected colloid to 200 cubic centimeter volume with saline before administration.

Physical protection from radiation is afforded to the operative team by attaching a flow of saline first, and then introducing the gold 198 by remote control methods. The treatment of pleural effusion is usually carried out by attaching the polyethylene tubing to the thoracentesis needle by way of a three-way stopcock and running the gold-saline suspension into the chest by gravity flow. It is usually necessary to remove enough fluid from the chest initially to create sufficient negative pressure to allow the gravity flow to proceed.

Following administration, the patient is asked to turn from side to side to promote an even distribution of the radioactive material over the surface of the cavity. Doses range from 75 millicuries to pleural, to 150 millicuries to peritoneal

cases per treatment. This is estimated to give a dose of 3,000-4,000 beta roentgens to the peritoneal and pleural surfaces. There is usually little or no radiation sickness from such treatment, but the patient may register slight fever for a few days. There is some drop in the platelets and leukocytes in four to six days from the bone marrow depression incident to the total body radiation effects. Later some anemia may be found. These factors may accelerate the demise of extremely weak patients. Most patients who derive benefit will require one additional tapping within 30 days of treatment. Fluid may be removed earlier than this if required, because the radioactivity in the ascitic fluid is less than 25% of the original concentration corrected for decay after three days, and practically nil after one week from the time of administration. Intrapleural administration is usually well tolerated even when both sides are treated simultaneously with dose of 75 millicuries each. Repeat administration may be carried out for both peritoneal and pleural cases when previous benefit has been noted, provided there is not too much bone marrow depression or anemia.

Intrapericardial effusion due to malignancy is reported[20] as showing beneficial cessation of fluid formation after injection of 100 millicuries of gold 198 in one case. Another case failed to respond.

The mechanism of colloidal gold in the cessation of fluid formation is not clearly understood. It may be due partly to a lethal effect on free cancer cells in the fluid; to radiation effect on the numerous small tumor seedings on the serosal surfaces; to the irradiation changes in the mesothelium and smaller blood vessels; and to fibrosis over the tumor surface and serosal linings. Knisely and Andrews[21] have described these characteristic histological findings.

STATISTICAL ANALYSIS

We have treated 95 cases with colloidal gold 198 since January, 1951. This experience has consisted of 81 cases referred for attempted control of malignant effusions, of which 31 were for pleural fluid and 50 for abdominal ascites. There were 7 cases without ascites who were given intraperitoneal gold 198. Five of these showed neoplastic studding of the peritoneal surface. Two were treated prophylactically because they were thought to have a high chance of developing peritoneal metastases. A much smaller group of 5 cases of prostatic cancer received interstitial gold 198 while 2 cases were given intratumoral injections of the colloid for metastatic masses in subcutaneous locations. We have had no experience with the use of gold wire or pellets. These cases have been followed from three months to three years and the breakdown of results is tabulated. (See tables I, II, III and IV.)

The degree of palliation achieved in these cases was judged in each case by the referring physicians and recorded as excellent if there was objective evidence of complete regression of the condition treated (e.g., effusion, tumor mass) for the duration of the follow-up period; good if there was temporary regression for longer than three months; and poor if there was no objective benefit obtained from treatment. It is obvious that certain discrepancies will exist in how different physicians will judge these results, but by and large it is our impression that their appraisals were apt to be rather conservative and perhaps more critical than of those concerned with the actual administration of the treatments.

In the cases of prostatic cancer and metastatic nodules, palliation was judged in terms of regression of tumor mass and relief of obstruction, pain, or other local disability. All diagnoses were based on histological studies of biopsy specimens.

SUMMARY

The scope of clinical usefulness of radioactive gold 198 is reviewed. The various available forms of this isotope are described with respect to their physical properties, manner of production, and modes of administration.

Our experience with this isotope has been limited to intracavitary and interstitial uses of the colloid form. Of 50 cases treated for inhibition of ascites, 17 were considered unworthy of evaluation because they had not survived or been followed beyond eight weeks following treatment. No follow-up was obtained on 10. Of the remaining 23, 5 had complete cessation of fluid formation for duration of the illness, amounting in some cases to nearly three years. One of the latter was a case of retroperitoneal lymphosarcoma whose palliative response was so excellent that we propose to explore the further use of intraperitoneal gold in other lymphoma cases without ascites. Eight cases were consid-

TABLE I

RESULTS OF AU-198 TREATMENT OF PLEURAL FLUID

Condition	*Excellent*	*Good*	*Poor*	*Died Within Eight Weeks*	*Living Less Than Eight Weeks Since Treatment*	*No Followup*
Ovarian Ca	0	1	1	1	0	0
Breast Ca	2	4	4	6	1	4
Prostate Ca	0	0	1	0	0	0
Lung Ca	0	2	0	1	0	1
Others	0	2	0	0	0	0
Totals	2	9	6	8	1	5

TABLE II

RESULTS OF AU-198 TREATMENT OF PERITONEAL FLUID

Ovarian Ca	3	5	8	6	3	6
Breast Ca	1	2	0	0	0	0
Sigmoid Colon	0	0	0	2	0	1
Lymphosarcoma	1	0	0	0	0	0
Others	0	1	2	5	1	3
Totals	5	8	10	13	4	10

TABLE III

RESULTS OF AU-198 TREATMENT OF INTRAPERITONEAL DISEASE WITHOUT FLUID

Condition	*Cases*	*Disease Spread*	*Without Evidence Of Spread*	*No. Months Survival*
Peritoneal Seeding	5	1	4	1 to 9 mos.
Primary Ovarian Malignancy (Prophylactic Only)	2		2	6 to 18 mos.
Totals	7	1	6	

TABLE IV

RESULTS OF INTERSTITIAL USE OF AU-198

Condition	*Excellent*	*Good*	*Poor*	*Died Within Eight Weeks*	*Living Less Than Eight Weeks Since Treatment*	*No Followup*
Prostate	2	0	1	0	1	1
Metastatic Nodes	2	0	0	0	0	0
Totals	4	0	1	0	1	1

ered good results, being free from fluid formation eight to nine months following therapy. We could make no definite distinction in the degree of palliative response and histologic type of lesion causing peritoneal disease.

Two cases given prophylactic gold therapy aimed at prevention of peritoneal spread following resection of the ovarian malignancy have shown no evidence of disease at 6 and 18 months follow-up. The five cases treated for proven peritoneal seeding without ascites have not been followed sufficiently long to fully evaluate the results, but one of these has shown evidence of definite clinical spread within nine months.

Fourteen cases treated for inhibition of pleural fluid were not evaluated because of death in less than an eight-week interval since treatment or no follow-up information. Of the 17 remaining,

excellent results were obtained in only 2. These were both breast cancer. Nine were reported as showing good inhibition of fluid for six to nine months following treatment.

It would appear that some worthwhile palliation is obtained in a little over 50% of cases showing intractable fluid formation in the chest and abdomen. This statistic is of little use in evaluating the outcome of an individual case because of the great variation in the extent and character of the malignant process from one case to the next. It is possible to say, however, that control of fluid is unquestionably easier in cases of a lesser degree of involvement. It is interesting to note that the number of patients referred for this therapy who survived less than two months equaled the number of cases in the whole series showing good palliative results. It is doubtful if any beneficial results were obtained in these terminal cases, and we believe more careful selection of patients for therapy is indicated. Such selection is not easy, however, because of the difficulty in accurate prognosis and the desperate motivations of the physician and family caring for patients with terminal malignancy. Of the 15 patients on whom no follow-up was obtained, it is improbable that any good results were obtained.

Our experience with interstitial injection of the prostate has been limited to 7 cases. In 4 of these there was obvious regression of the prostate mass by rectal examination. Two of these 4 still have no clinical evidence of residual disease, while the other 2 show definite residual nodularity in the gland. These cases have only been followed from 6 months to 14 months. In 1 case no rectal evidence of regression was found. One case has been followed less than eight weeks. Another case was subjected to prostatectomy following gold therapy and the specimen showed incomplete regression of carcinomatous tissue. There were no untoward rectal complications.

We have injected subcutaneous metastatic neoplastic nodules in 2 cases of breast cancer and in both instances there was incomplete regression of the tumor mass. This may have been due to the failure of the homogenous distribution of the colloid throughout the tumor tissue. We have had no clinical experience with the substitution of radioactive gold wire for radon seeds.

Radioactive gold 198 offers another form of beta and gamma radiation for cancer therapy. Certain unique properties of this isotope make it possible to widen the scope of radio-therapeutic application. The relatively nonabsorbable liquid medium allows either widespread surface application or localized interstitial injection. The low energy gamma emission can be adequately shielded to permit directional radiation when used in the vicinity of sensitive normal tissues.

It should be pointed out clearly that clinical results with this isotope are only palliative. Careful patient selection should be practiced by the radio-therapist. Biological effects on tumors is in no way different from that of other similar forms of radiation, but certain of the desirable attributes described above may cause this isotope to be the most suitable source of radiation in many instances.

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BIBLIOGRAPHY

1. Hahn, P. F., and Sheppard, C. W.: Selective radiation obtained by intravenous administration of colloidal radioactive isotopes in disease of hyperhoid system, South. M. J., 39:July 1946, 558-62.

2. Muller, J. H.: Zur medizinisch therapeutischen verwendung der Kunstlichen radioaktivitat, Bull. Schweiz. Akad. Med. Wissensch, 5:1949, 484-510.

3. Fermi, E., Arnaldi, E., D'Agostino, O., Rosetti, F., and Segre', E.: Artificial radioactivity produced by neutron bombardment, Proc. Roy. Soc.—London, 1934:146-A, 483-500.

4. Myers, Wm. G., Colmerz, B. H., and McLellon, W. M.: Radioactive gold 198 for gamma radiation therapy, Am. J. Roentgenol., 1953:70, 258-272.

5. Tabern, D. C., Gleason, G. I., and Torbet, N.: Administration and uses of radioactive colloidal gold 198, Abbott Lab. Publ. 1953.

6. Cowing, R. F., and DeAmicis, E.: Suggested procedure for performance of autopsies on radioactive cadavers, New Eng. J. Med., Sept. 2, 1954, 251:380-382.

7. Friedell, H. L., and Christie, J. H.: Synergistic effect of P32 and Au-198 on survival in male albino rats, Proc. Soc. Exper. Biol. & Rad., Feb. 1951, 76:207-10.

8. Quoted by Tabern, D. C.

9. Botsford, T. W., Wheeler, H. B., Newton, R. A., and Jacques, W. E.: Hypoplasia of bone marrow associated with radioactive colloidal gold therapy, J.A.M.A. Mar. 7, 1953, 151:788-791.

10. Hahn, P. F.: A manual of artificial radioisotope therapy, 1951 Academic Press, Inc., Publishers, N.Y.C.

11. ibid, No. 10.

12. Flocks, R. H., Kerr, D., and Elkins: Treatment of carcinoma of the prostate by interstitial radiation with radioactive gold (Au-198)—A preliminary report, Aug. 1952, J. Urol. 68:510-22.

13. Garrett, R. L.: Personal Communication, Indiana University Medical Center.

14. Brucer, M.: Personal Communication, Oak Ridge Inst. of Nuclear Studies.

15. Sherman, A. I., Bonebrake, M. and Allen, W. M.: Radioactive colloidal gold for the treatment of cancer of the female reproductive tract, Am. J. Roentgenol. 1951, 66:624-38.

16. Ter-Pogossian, M., and Sherman, A. I.: Handling of radioactive gold for therapeutic purposes, Nucleonics 1952, 10:23-27.

17. Seaman, W. B., Sherman, A. I., and Bonebrake, M.: Radioactive gold in the treatment of malignant effusions, J.A.M.A. Oct. 17, 1953, 630-633.

18. Kerr, D., and Elkins: Treatment of ovarian carcinoma with radioactive gold. Reported at Roentgen-Ray Soc. Meeting, Houston, Oct. 1952.

19. Rose, R. G., Osborne, M. P., and Stevens, W. B.: The intracavitary administration of radioactive colloidal gold, New Eng. J. Med., Oct. 30, 1952, 663-667.

20. ibid., No. 17.

21. Knisely, R. M., and Andrews, G. A.: Pathological changes following intracavitary therapy with colloidal Au-198, Cancer 6:303 (March) 1953.

PURDUE PRESIDENT HEADS 1955 CANCER CRUSADE

Dr. Frederick L. Hovde, president of Purdue University, is serving as chairman of the fund-raising drive for the Indiana division of the American Cancer Society during the month of April.

Four cancer research projects are under way at Purdue University, financed by grants from the American Cancer Society, and the Indiana Elks Association. Purdue is the only institution without a medical school to receive such a grant from the National Cancer Society.

Dr. Hovde said, in accepting the chairmanship, "We, at Purdue University, have a special appreciation of the tremendous difficulties which confront those working to conquer cancer. Our own research in this field has given us firsthand knowledge of the complexity of the disease."

Terminal Care for the Gynecologic Cancer Patient

Neque Ars Solum Nec Scientia Sed Ambo

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CANCER CREATES many problems, most important of which are early diagnosis and adequate treatment. While I do not wish to minimize their importance, it sometimes appears that we become so absorbed in diagnosis and management that we neglect "terminal care."

Generally speaking, I do not consider contemporary care for the advanced cancer patient to be as good as it should be. The specialist may know a great deal about the diagnosis and treatment of cancer, but he is sometimes woefully weak in understanding and willingness to undertake terminal care. He often loses interest and tends to slough off care of the unresponsive case. The belief that time and money spent on advanced cancer is largely wasted represents a growing philosophy. From a statistical and purely objective point of view, there can be no denying the validity of this type of thinking. Yet the practice of medicine in general, and the management of cancer in particular, is much more than statistics. Not all that is good in medicine can be weighed in terms of survival rates. Even though this be recognized, the specialist is commonly inclined to look upon terminal care as a responsibility of the home physician, and so, upon discharge of the patient from active therapy, he washes his hands of further problems.

The home physician, on the other hand, often resents this shift in responsibility. He may feel that in making the diagnosis and referring the patient to the specialist for treatment, he has done his job. Now, much later, after failure of treatment, he finds the patient back on his hands for terminal care and he does not like it. Here, again, lack of understanding plays an important role. The home physician is busy with all types of cases—births, deaths, pneumonias, auto accidents, and innumerable lesser problems. This added demand upon his time for the care of patients in the treatment of whom he has not actively participated sometimes comes as an unwelcome responsibility. Yet, when viewed objectively, it is apparent that terminal care of necessity must devolve upon the home physician, but not to the exclusion of such help as the specialist may and should be able to give. Terminal care is a problem for all of us; it is important, therefore, that we understand the problems involved and that we both, specialist and home physician, work together to achieve the best possible care for our mutual patients.

Another factor contributing to inadequate terminal care is the growing philosophy that the search for cause and cure of cancer is the only

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worthwhile objective; that time, energy and money spent on the care of advanced cancer patients are largely wasted. This decline (perhaps temporary) in the art of medicine, so skillfully practiced by our predecessors, represents another factor in the deterioration of this essential phase of cancer care.

Perhaps an additional factor may be found in an altered sense of values which leads us to give preferential attention to the acute, albeit self-limiting and seldom fatal, illnesses. There is an understandable tendency to manifest greater interest in disease for which we have a remedy, and a natural reluctance to tackle a seemingly hopeless medical problem.

These are some of the more important reasons why terminal care needs revision. But there is another. Cancer is increasing. Today it is the second most common cause of death. Approximately one-quarter million people die from this cause each year in the United States, and a similar cancer death rate probably exists for all countries of the world. Terminal care for cancer patients is, therefore, an increasing and not diminishing problem.

Why single out gynecologic cancer? Many problems caused by advanced cancer are common to the disease, whatever its origin. However, gynecologic cancer frequently gives rise to special problems. It involves the reproductive tract and the sex organs. It is a disease of women only, most of whom are wives and mothers, and some are also wage earners. Consequently, it is not surprising that such serious illness for the hub of the family circle may have special connotations.

What do we mean by "terminal care"? For most of us the phrase "terminal' used in connection with cancer means that the neoplastic growth has advanced (generally despite therapy) to the stage where it is likely to cause the patient's death. There is no need to belabor the term. Nevertheless, it would be interesting to poll our minds, for terminal care probably implies different things for different individuals. For us, charged with giving terminal care, this phase of the patient's life is both a challenge and an obligation which may be separated into component parts for piecemeal consideration. Perhaps the word "terminal" is not a good one. It implies a hopelessness which, experience has shown, is not always justified. Furthermore, once the physician assumes the situation to be hopeless, he may subconsciously throw in the sponge. While he may not express such feelings, his behavior betrays his thinking and he is likely to deceive few patients. Whether the patient has a newly discovered advanced cancer or a recurrence despite therapy makes considerable difference. While an advanced cancer is not likely to be cured, we cannot positively predict its behavior nor its reaction to therapy. Therefore, patients should not be labeled terminal until we have become convinced of the neoplasm's unresponsiveness to treatment. Furthermore, we may prolong life for many useful years. To consider a disease hopeless is often to render it so. While objective findings may leave little doubt as to its status, the newly discovered advanced carcinoma may respond to therapy better than we had anticipated. Likewise, the extensive induration noted after treatment, especially in gynecologic cancers, may represent inflammatory change or posttreatment scarring. In both instances the patient may outlive her physician. While we should not minimize evidence pointing toward a fatal ending, neither should we permit such evidence to lessen our interest in the patient's welfare.

Cancer, like other chronic diseases, may kill, but may take years to do so. Some advanced cancer patients are no nearer to death than is the serious cardiac, diabetic, or nephritic, for all of whom we offer a ray of hope and maintain continuing care to the very end. The advanced cancer patient may have a foot in the grave, but let us not push her in.

Any chronic advancing disease creates social, economic and emotional problems. This is especially true for cancer. While these aspects are known, we are commonly indifferent to them, a fact which accounts for some of the fear and secrecy associated with the disease. The antisocial aspects are readily understandable, since cancer, especially in the advanced stage, is usually fatal. Yet, fear of cancer and secrecy, so widespread in all strata of society, continue to be real obstacles to early diagnosis and adequate treatment. Thus, fear is reflected in a delay in seeking medical advice after the onset of symptoms and in the oft-expressed desire on the part of family and relatives that we "do not tell."

The economic ramifications of this disease are considerable. The cost of diagnostic procedures

and treatment is often great. The economic aspects of advanced cancer can be especially serious. Indeed, the expense can wreak havoc on family savings. The financial ruin so entailed is the more disturbing since death is the eventual outcome. While it is seldom possible to reduce the cost of therapy, the expense incident to certain other aspects of terminal care can be kept down. Physicians are not financial advisers, but they should not ignore mounting costs due to unessential or poorly planned care. A way in which the physician may be helpful in this connection will be discussed later.

The existence of a serious illness is upsetting. The emotional impact of the diagnosis of cancer is especially great. For this reason, what we should tell the patient deserves periodic reconsideration. Shall the patient be told she has cancer? While I believe most patients should know the nature of their illnesses, this must not be a hard-and-fast rule. The kinds of symptoms and the procedures required to arrive at a diagnosis and accomplish treatment are sufficient to confirm the innermost fears of many afflicted women. Others may not sense the nature of their trouble, or may refuse to admit the possibility to themselves. Doubtless a few quietly accept the situaton but pretend ignorance on the assumption that this is what the family desires. In the long run the informed patient proves less of a management problem and is more cooperative because of her knowledge. Furthermore, knowing what is wrong permits easier, albeit reluctant, acceptance of untoward symptoms as they arise. In some cases members of the family may request that the patient not be told. This request is sometimes based on social stigma and fears attached to cancer, and sometimes on a desire to protect the patient. A careful, but simple, explanation will sometimes suffice to reconcile the family concern. When it is made clear that the patient's awareness of the nature of her illness not only favors helpful cooperation but also eliminates the need for telling an ever-increasing number of white lies, in order to account for untoward symptoms as they arise, there generally remains little objection to the patient's knowing. Talking to the patient and responsible members of the family is an important obligation, but listening, a lost art for many physicians, is of equal importance. The unhurried and judicious answering of questions is reassuring, even though it contributes little or nothing toward cure.

What and how the patient is told about her illness determines whether we give her assurance or topple her into a quagmire of despair. Confirming the patient's innermost suspicion does not require a brusque statement of fact. Indeed, it is to be hoped that this tactless and sometimes cruel treatment will soon be a thing of the past. Unfortunately, some individuals, with an ego requiring stiffening, still resort to this psychological maneuver. In talking to most cancer patients there occur many openings when the physician can "confirm" the diagnosis. Indeed, many patients accept the diagnosis as a foregone conclusion on the basis of symptoms, diagnostic procedures, and remedial measures already resorted to. Neither we nor the patient's relatives flatter her intelligence when we assume she does not know. Perhaps we merely deceive *ourselves,* like the doctor in the story about a woman who, when asked by her friends at a bridge gathering why her breast had been removed, replied, "For a cancer, but don't tell my doctor, he is such a nice man and he doesn't know. I am sure it would upset him."

For women who know the nature of their illness, symptoms may be given a rational explanation, thus avoiding the need for a confusing chain of white lies by those nearest and dearest to her. There can be no denying that confirmation of her suspicion of cancer comes as an emotional shock. But it is soon replaced by a hopeful philosophy and willing cooperation which permits easier and better care. Yes, most cancer patients should be informed of the nature of their illness, but in doing so let us watch for an opportunity and use some of the skill and judgment which we are presumed to have. Avoidance of the word cancer may strike some healthy individuals as unnecessary pussyfooting—and perhaps it is. The time will undoubtedly come when use of this term in talking to patients will no longer be so disturbing. Cancer education for high-school students, earlier diagnosis, better treatment, and better survival rates will some day strip the term of its fearful connotation. But for the present, its use in informing a word-conscious patient is neither wise nor necessary.

A courageous, businesslike woman may pointedly ask, "Do I have cancer?" For her, mere

acquiescence may be sufficient. For another woman, a simple statement to the effect that she has a growth which will require intensive treatment offers a satisfactory solution. A goodly tincture of judgment generally tells us how it should be done. It has been stated that the word "never" should not be in medical vocabulary. Yet, in confirming the diagnosis of cancer we may have an exception to this rule. Thus, never tell a patient she has cancer without also adding —literally in the same breath—that she can be helped. While the help implied may be far from curative, we generally can control symptoms—a medical service which, at this stage of the disease, may be presented somewhat magniloquently.

What shall we tell the eldest daughter (and others)? An explanation of what may be anticipated in the future is generally expected by responsible members of the family. Indeed, they should have this information in order to be of greatest help. In talking to the family, avoid categorical and timetable prognostication. No one can predict with accuracy the response to treatment or life span. To try may prove highly inaccurate as well as embarrassing.

We should, but seldom do not, go further than this. The relatives should be told how they may be helpful during the remaining months of the patient's life. While instruction will vary a good deal from one patient to another, the underlying principles remain the same. What, for example, shall we say to the eldest and married daughter of a woman with advanced gynecologic cancer? Not much, perhaps, but what we do say is important. Obviously, a factual statement regarding the mother's condition and prognosis is in order. Is there anything else we need to discuss? I believe there is, and I consider it pertinent to good terminal care. While people react differently, the calamitous news of a mother's serious illness is likely to be highly disturbing. For the daughter, it may precipitate a surge of regret that more had not been done for the mother in the past. There now develops an overwhelming desire to make up for lost time and previous inadequacies by rendering the mother's remaining time as comfortable as possible.

Now, the daughter (or family) may become obsessed with the desire to put the patient to bed; to bring her breakfast on a tray; to give her abundant rest and sleep—mostly things the average mother has never had. While these things sound good to the family, the change may be too abrupt for the patient. After many years of early rising, hard work, and doing for others, such a soft life may be to much, and instead of benefiting the patient may actually cause harm. Few people enjoy enforced rest or confinement; most of us want to believe that we are useful.

After many years as the hub of the family, even the ill mother is likely to be happier when occupied. Furthermore, so long as she is able physically the average woman prefers to run her own home. While it may be painful and heartrending to observe the failing patient trying to be active, she is likely to be happier emotionally when up and about. Doubtless, her sphere of usefulness will be greatly restricted, but even this is preferable to enforced confinement. Therefore, so long as the patient is physically able, do not restrict her activity either at home or socially. So long as she manifests the slightest desire to go out, encourage and assist her in being about in neighborly visiting, trips out to dinner or to the movies. Remember although she is seriously ill she is not yet ready to die. The more she is occupied and the more she senses accomplishment, the less time there will be for introspection and retrospection.

What should we tell the husband? In addition to the points already referred to, it is wise for the physician to talk to the husband alone. Not because there is much more to tell him but rather because the additional things we can tell him may be so very helpful. After learning the cause of his wife's illness and what may be expected, some husbands express themselves somewhat as follows: "Doctor, she has been a good wife and a wonderful mother. I want her to have the best and I am willing to work hard to see that she gets it." Then, too, he may come up with, "I know a good woman whom I can get to come in and take over. I'll make arrangements as soon as we get home." His intentions are of the best but likely to be misdirected. Unless completely invalided by her illness, such arrangements may be the last thing the patient desires. She wants help, but not to the extent of relinquishing control of her house to another woman.

But let us look further—into the home of the returning family. Partly because of a subconscious fear of the disease and its involvement

of the sex organs, and partly because of a desire to be helpful the husband may explain that, since the patient should now have rest, he will move out of their bedroom and take over the couch in the living room. The bed that husband and wife have shared these many years is thus destined to witness long nights of tears and loneliness. The presence of gynecologic cancer has raised a formidable curtain of uncertainty and fear. A wide, invisible chasm has come between husband and wife. The physician should explain to the husband that now is the time to reaffirm his love and interest, and that now, during her declining health, is when the patient needs to know that she is loved, that she has not suddenly become untouchable and something to be pitied. Now, more than ever before she will need to draw upon his strength and feel the warmth and tenderness of his encircling arm. Obviously these things will not prolong the patient's life but will make her peace and happiness beyond the power of many of our most scientific ministrations. Emphatically, then, the patient's whole way of living should not be suddenly and irreparably altered. Bearing up under the disease is burden enough. Provision for household help and altered living habits necessitated by the disease should best be gradual, properly geared to the patient's needs.

But the physician's responsibility and helpfulness should not end here. I mentioned earlier that any illness, especially a chronic one, can wreak havoc upon the family finances. This is especially true of cancer. The cost of diagnostic and therapeutic procedures represent unavoidable expense and seldom can they be reduced. But there are other areas wherein expense to the family can be cut, and it is essential that we recognize both the method and the need for so doing. Indeed, our greatest opportunity in this connection comes with care of the terminal cancer patient. While hospitalization is often necessary and certainly more convenient for the physician, many patients can be cared for equally well at home and are generally happier to be there.

However, good and adequate care in the home cannot be provided without assistance and it is here the physician can be helpful. To this end then, every physician should ferret out the names and telephone numbers of organizations and individuals in his community willing to provide assistance. These sources of aid will vary with the size and location of the community. As an example I list here some of the organizations available in my own community:

Field Army, American Cancer Society;
Community Nursing Bureau;
Public Health Nursing Association;
American Red Cross;
County Health Department;
Home Counselling Service (Red Cross);
Home Service for service men and veterans (Red Cross);
Special volunteer service;
County Department of Social Welfare;
Bureau of Social Aid;
Salvation Army;
Children's Aid Society;
American Legion Children's Billet;
Church organizations;
Neighbors.

Through these and other sources almost any type of assistance from financial aid to home care may be obtained. Their fields of helpfulness are such that it is incumbent upon us to be familiar with the services rendered and the proper person to contact in each of these organizations, so that we will be in a position to direct help where it is needed most. Use of these services may be facilitated by having on our desks or in a convenient spot near the telephone the names and numbers of key persons in each organization. In outlying or rural communities, a brief visit with the patient's neighbors may serve to start the ball rolling toward adequate home care.

Perhaps the words "terminal care" first bring to mind the important problem of pain relief. As we have seen, there are other aspects to terminal care but certainly pain control occupies a conspicuous role. For many advanced cases pain relief acquires the proportions of a major problem. It is also an area in which the physician generally can be of greatest assistance. But the privilege of providing pain relief for the needy carries with it an obligation to do so intelligently. Not all discomfort associated with advanced gynecologic cancer is caused directly by neoplastic invasion. Consequently, the first step in pain control should be determination of its probable cause. While in most instances,

this may be due to neoplastic invasion of nerve sheaths, bone, or soft tissues, it can also be secondary to infection. The presence of a necrotic, sloughing cervix crater strongly suggests infection as a powerful contributing factor. In these cases the use of antibiotics and local cleanliness may be a more specific and logical form of treatment than use of cover-up narcotics.

While patients in pain should not be denied prompt and adequate relief, a better understanding and evaluation of the causes may save some patients with seemingly hopeless cancer from unnecessary narcotic addiction. It is to be remembered that the presence of a so-called "frozen pelvis" in a treated gynecologic cancer patient does not always imply widespread neoplasm. It could be edema or posttreatment scarring, or both. Patients so afflicted have survived many years. For those who devote considerable time to the care of cancer patients this word of caution is unnecessary. For the rest of us it should serve as a reminder that things may not be what they appear.

In providing medication for relief, the old custom of beginning with the milder analgesics and building up to the stronger narcotics as needed continues to be desirable. No terminal cancer patient should be permitted to suffer unnecessarily for the want of relief medication.

In general, the line of progression goes from aspirin and the like through codeine and/or Demerol on to morphine. Useful adjuvants for the gynecologic patient are testosterone and cortisone. The effectiveness of any medication can best be determined by trial. Relief of pain by surgical means is necessary sometimes. Under this heading we mention lobectomy only to discard it, for this procedure is seldom required for gynecologic cancer. On the other hand rhizotomy or cordotomy, if performed before the patient has become addicted to morphine, offers an avenue of comfort in selected cases. Consideration of pelvic exenteration is not involved here since this discussion is limited to terminal cases. Furthermore, the place of pelvic exenteration in the treatment of gynecologic cancer has not yet been determined.

It might now appear that all the major points in terminal care have been considered, however briefly. There is, however, one more aspect, commonly neglected or completely overlooked, which is, perhaps, the most difficult to deal with properly. Partly because of circumstances but also because of our inherent tendency to remain aloof from that which we cannot alter, we tend to withdraw from the dying patient. The infrequent visit to an outlying home has the supporting excuse of distance and time required.

But, what about the hospitalized patient in the room next door? She hears your voice day after day as you cheerfully greet those about to recover. But when did you last see *her?* You may be a busy scientist but you are also a doctor. Like yesterday and the day before that, today is your busy day; it could be your patient's last day. You salve your conscience with the thought that there is nothing more you can do, but how do you know? Since you avoid her, how can you be certain? Perhaps a visit from you, her doctor, will provide the only comfort now possible. Your periodic visits may bolster her courage, or provide a break in an endless day.

Changes in the type and place of care are sometimes desirable, but these needs will not be recognized by ignoring the patient. It is incredible, sometimes, how unnecessary hospital expense can pyramid for the family when the busy physician shirks his visiting responsibilities. The satisfaction which comes to us at the end of a busy day can be enhanced immeasurably if we have visited and done what we can for those about to die.

So long as there is consciousness and life we are obligated to our terminal cancer patients. What we do for them can not always be measured in terms of ordinary medical accomplishment. Today, as always, good medical care implies something more than personal service and advice. It includes a generous allotment of understanding—the art of our healing profession. Let us not lose this precious ingredient nor permit it to become a hazy myth.

A Two-Plane Rocker for Premature Babies

JAMES H. HAWK, M.D.

WENDELL E. BROWN, M.D.

Indianapolis

IMMATURE PREMATURE BABIES weighing less than 2,000 grams (4 lbs. 6 oz.) present a challenge to the medical profession. More of these infants must be saved if the neonatal mortality rate is to be lowered.

In the nursery, these babies are placed in incubators with constant nursing attention, adequate medical care, proper temperature control, special feedings, oxygen with humidity control, special wetting agents, and in some cases, sternal traction. However, the babies in this group who are less well prepared for extra-uterine life are observed to lie sprawled and flaccid. There is no muscle tone, the skin is mottled, mouths hang open and there is no expression. Periods of apnea with cyanosis are frequent. High concentration of oxygen is useless since it does not reach the lungs. Jolting in incubator causes the baby to alert itself, take a deep breath and resume normal respiration.

Intra-uterine conditions can be more closely approximated by the addition of gentle motion stimuli. Close observation reveals the unborn baby to be in constant gentle motion. Active motion is frequent and effortless within the suspending amniotic fluid. Passive motion is constant and is activated by the mother's every movement, both voluntary and involuntary, such as walking, rolling over, heart action and respiration.

FOR PROLONGED USE

The two-plane incubator rocker was developed to substitute a continuous gentle rolling rocking motion for the lost intra-uterine motion. The machine is intended for use over long periods of time in the premature nursery, not as a resuscitator.

The rocker mechanism is enclosed in a metal cabinet. A base plate is supported above the cabinet by a special heavy universal joint. Any incubator can be secured to the plate. The base plate is actuated by the mechanism to rock end to end, 8 revolutions per minute, using the center of the plate as a fulcrum and to simultaneously roll from side to side, 4 revolutions per minute, using the same point as a fulcrum. The plate with incubator is thus given the combined two-plane motion of pitch and roll, similar to a ship at sea.

Longitudinal or pitch motion has been used for resuscitation and as an aid to respiration. Lateral or rolling motion is thought to be more stimulating, *per se,* in the prolonged care of the premature baby. When the rolling motion is added, the child develops muscle tone, the vegetative appearance is lost and it takes a deeper breath each time it is rolled past center. The combined movements continuously, gently, and effectively massage the dependent portions of the body. Circulation is improved as evidenced by color.

The original rocker has been in use for over 18 months. The babies rocked have been those judged by their physicians to be in trouble. Those who adjusted well and at once to extra-uterine life were not treated with this machine. Three of the 13 babies weighing less than 1,000 grams (2 lbs. 3 oz.) so treated, have survived. They weighed 1 lb. 14 oz., 2 lbs. even and 2 lbs. 2 oz. The smallest was judged to be of 25 weeks gestation and was rocked full time for 32 days and part time for an additional 16 days. The



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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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THE URANIUM TUNNEL RACKET

THE GENTLE ART OF QUACKERY has been modernized during the last few years. Nothing could be more modern than a racket based on atomic energy. And apparently nothing is more attractive to the gullible than an offer to cure the ills of man by means of haphazardly applied nuclear energy.

Since information on radioactivity has been popularized numerous "health" resorts have sprung up in various parts of the country. One of the original examples of this type of shakedown was the uranium tunnel. These worked-out mine shafts with enough residual radiation to make a Gieger counter click have been converted into treatment centers by installing chairs and a cash register.

Here the "patients" have flocked and spent much hard earned money for the privilege of sitting in an unmeasured shower of radiation. Apparently the business has been a good one. In areas not supplied with uranium tunnels by nature promoters have lined garages and other buildings with uranium ore. An automobile dealer in Wisconsin filled hot water bottles with ore and rented them for from $15 to $25 per month.

In Wisconsin the State Medical Society took the initiative in investigating the fraud. As a result injunctions were obtained. Numerous dodges have been adopted to escape the effect of the injunctions. Some of the tunnels were relabeled as museums, others stopped charging admission and accepted freewill donations.

Recently, however, the racket has been controlled, and the Food and Drug Administration has confiscated the stocks of uranium ore.

The durability of such a quackery and the amount of work which has been necessary to protect the public are astounding. The number of people who have been duped and possibly seriously injured is unknown. It will be a long time before it is known whether the victims have suffered any damage other than being separated from their money.

As Mr. C. H. Crownhart, secretary of the State Medical Society of Wisconsin, says, "The uranium tunnel story might be funny if it were not so dangerous."

BLOOMINGTON SETS WORTHY EXAMPLE

THE CITY COUNCIL OF BLOOMINGTON recently passed a resolution vigorously supporting the Bricker Amendment. The resolution is reproduced below. Since the time that a system of socialized medicine could have been forced upon the American people by the adoption of an ILO sponsored "treaty," the medical profession has supported a resolution of this nature. It is suggested that other communities might well take action.

RESOLUTION ON
SENATE JOINT RESOLUTION NO. 1
(BRICKER AMENDMENT)

Whereas, the original intent of treaties was for the harmonious co-operation of sovereign nations with no intent to modify participant's domestic laws, and,

Whereas, since the advent of ILO and the U.N., there has been an avalanche of so called treaties which are aimed at changing our domestic laws via the loophole in paragraph two, Article VI of our Constitution, that makes treaties the supreme law of our land, and,

Whereas, such illicit attacks on our American way of life are the responsibility of each and every citizen to understand and to voice opinion for or against, now,

Therefore be it Resolved by the City Council of Bloomington, Indiana, as representatives of an urban population and in recognition of their obligations to protect its citizens from injurious measures that would abnegate our God-granted liberties via such misconstrued treaty subterfuges, do now declare in official session this 15th day of February, 1955, that they advocate a city-wide campaign to enlighten residents about the current danger of so-called treaties and urge all to support S. Joint Res. No. 1 as a means of protecting our liberties from such unwarranted invasion.

Furthermore be it hereby directed that copies of this Resolution be sent to our state and national legislators and the President of the United States.

Guest Editorial:

HOOSIER INDEPENDENCE

INDIANA, long known as the Hoosier state, also is known for its independent attitude toward federal handouts. For the fourth successive year it has said "no" to Washington for most federal aid, subsidy, or give-away programs. Since it adopted this policy in 1951 it is reported to have turned its back on 25 million dollars or more. In 1954, for example, the state declined federal money for hospital construction, prevented the building of an armory that it believed was not needed, and stopped a federal housing program.

Indiana's policy began with a declaration of its general assembly in 1945: "Indiana needs no guardian and intends to have none. We Hoosiers —like the people of our sister states—were fooled for quite a spell by the magicians' trick that a dollar taxed out of our pockets and sent to Washington will be bigger when it comes back to us. We find that it lost weight in its journey to Washington and back. The political brokerage of the bureaucrats has been deducted. We have decided that there is no such thing as federal aid. We know that there is no wealth to tax that is not already within the boundaries of the 48 states."

Indiana's spirit for the past several years apparently will continue through 1955. Governor George N. Craig is reported to have refused more than $16,000 for a federal educational conference. It would have been made available for the Indiana committee on a White House conference on education to be held in Washington in November. This is similar to the state's resolution in 1947 protesting federal subsidies, its 1951 resolution urging the federal government to curtail its grants to states, and its 1951 row with Oscar Ewing, who then was Federal Security Administrator. The state legislature in-

sisted on opening relief expenditures to public scrutiny. Involved were 20 million dollars for yearly federal relief aid. Ewing struck Indiana off the lists eligible to receive such aid, and the legislators promptly passed a state relief plan financed entirely by local funds. Eventually Congress amended the federal law to permit states to disclose relief information. In 1954 Indianapolis refused federal hospital funds but raised 12 million dollars locally. The same city rejected one and a half million dollars to remodel the municipal airport. Other examples could be cited.

It is encouraging in these days of easy handouts and willing hands to see people with a spark of the independence for which this country has been known for so many years. When a state stands up for its independence it is time for others to rise and cheer. Indiana may be 37th in size and 12th in population, but it is not that far down the list in spirit.—*Journal of The American Medical Association.*

. . . from Philadelphia Medicine

On April 3, 1954 the official publication of the Philadelphia County Medical Society printed the following page written by the Society's president, Dr. Hugh Robertson, Philadelphia surgeon. Another April, and with permission, we reprint it for the JOURNAL's readers.

"Dear Theophilus"

So began a letter by a Greek doctor named Lukas to his friends some 1900 years ago.

Ever since then, the first Sunday after the full moon that occurs on or after the first day of Spring has been celebrated the world o'er with feasting and rejoicing.

The good doctor describes the triumph of a Man named Jesus over death and intolerance; he tells how he checked all available accounts of the story and actually questioned eye-witnesses. Some little men have scoffed, but W. W. Keen, Howard A. Kelly and William Osler had no difficulty in correlating what they found in the sickroom with what they found in Luke's letter.

On the Fifteenth Day of Nisan

At the time of the Spring, when the Christian world is celebrating Easter, the Jewish world is feasting on unleavened bread in commemoration of the time when the Lord passed over those who believed Him and kept His commandments to inflict His fury upon those who didn't think it necessary.

Even the Druids

The Moslems, the Hindus, the Buddhists, even the Druids and the Incas felt the urge of something new and clean and good in the bursting of blossoms and the fleecy clouds of Spring.

It's a time for all of us to look up from our work, stretch, sniff the balmy air, and wonder if we are doing all that we can to justify our being here.

HUGH ROBERTSON, M.D.

The President's Page

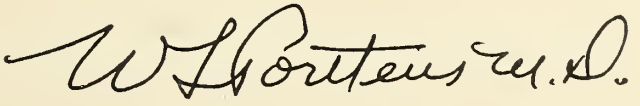
APRIL, while not the official month of spring, brings a reawakening to all of us after a long winter. We emerge from our period of hibernation with renewed energy and an eagerness to welcome Mother Nature as she unfolds her wonders. Children are eager to be released from the imprisonment of winter and literally burst upon our streets and highways. Even we adults feel the stimulus and take to the highways and byways, traveling to see friends or loved ones and to witness this phenomenon called Spring.

This brings, along with the exuberant sense of joy, the hazards of driving with all its attendant implications. Pent up energies in both the child and adult increase the incidence of all types of accidents. Therefore we, as doctors, should strive to make our county societies crusaders in this business of traffic, home, farm, and industrial safety. We are in the best position to see the horrors, heartaches, and economic losses resulting from the negligence of ourselves and others.

The Indiana State Police Department is waging an unceasing campaign to reduce traffic mortality and morbidity and the accompanying terrific economic loss. Kits of material on traffic safety, geared to the seasons, and useful for safety education in your communities, are available for the asking. District traffic safety officers of the State Police department will be more than glad to help plan a campaign for your local society. Your prestige as a doctor will carry much weight in the "Operation of Living Longer." Let us make the motto, "The Life You Save May Be Your Own," more than a hollow slogan. While most of my comments so far have been directed toward our participation in traffic accident prevention, I feel we must marshal our strength against accidents among children. Accidents are the leading causes of mortality, and are among the leading causes of morbidity in children under 10 years of age. Such knowledge necessitates a study to define the problem and to outline its scope. If this assembled information is given publicity and then followed by an educational campaign to the general public we can expect a marked decrease in childhood accidents.

Accidental poisoning of children accounted for a 2.6 death rate per 100,000 population in the United States in 1949-50 or four times the rate in Great Britain. These facts indicate a high degree of carelessness or complacency that must not be tolerated. Even though all who are accidentally poisoned do not die we must not overlook the many who are permanently crippled. I would like to suggest a poison treatment kit as a practical project for each hospital staff in our state. This could include the necessary antidotes, equipment and treatment guides to enable rapid treatment by physicians who are called in on emergencies due to poisoning. Such a kit might well be made by any of you who make woodworking a hobby.

And now, my wish to all of you is that the most serious accident you encounter is a blister or two acquired in spading your garden or the sore muscles you get in that first 18 holes of golf.



To modernize an old saying, "A gram of prevention is worth more than a kilo of cure."

The Woman's Auxiliary

REPORTS TO I. S. M. A.

APRIL, 1955

This is the month of the House of Delegates meeting of the State Auxiliary. The time and place—the McCurdy Hotel in Evansville, April 28 and 29. The banquet on the first night is the outstanding social event of our year. We have been fortunate enough to secure Dr. Kenneth McFarland, educational consultant and lecturer for General Motors, as our speaker on that occasion, and he comes to us by courtesy of General Motors.



Dr. McFarland

This is our annual meeting, where we hear reports from all our officers, committee chairmen, and county presidents. At this time, we also elect new officers, who immediately take over their duties.

Consequently this is the last time I shall address you as president, although it will be my privilege to attend the National Auxiliary meeting in Atlantic City in June, and give my president's report. I also hope that you may read that report in the May number of the JOURNAL.

The I.S.M.A. holds its annual meeting and election of officers in October, and we often hear the question, "Why do you hold your House of Delegates in April, six months later?" Or, "Why are you out of step with I.S.M.A.?"

When our State Auxiliary was first organized, we did have but one meeting during the year, and it was held at the same time as that of the I.S.M.A. However, as we grew, we found we needed more time to hear reports, and to carry on our business. For that reason, another meeting was organized, and it was decided to have it in April, shortly before the National meeting. Since we get new material for programs, and for our committee chairmen from National, following the National meeting in June, it seemed logical to have our meeting just prior to the National meeting. This change was effected during the 1944-1946 period, when Mrs. Frank Gastineau was our State President. So, we are in step with National, instead of I.S.M.A. Since holding this office, I have learned that many Indiana County Medical Societies hold their elections in the spring or early summer.

Our Constitutional requirements are very different from those of I.S.M.A. We like to magnify the importance of our county presidents, and presidents-elect, for after all, our county Auxiliaries are all-important. They are the spokes in the wheel, and without them we could not proceed. As in the national body-politic, the *states* are the most important, so are the *counties* in our State Auxiliary. Therefore, our Board consists of our officers, committee chairmen, district councilors, *county presidents* and *presidents-elect*. I can hear you groan, "How can they work with so large a Board?" However, it works out well with us. Our House of Delegates is well attended, (Our goal: every county represented!) and we feel we have the benefit of the eagerness and enthusiasm of our new county presidents each year! This also encourages our presidents-elect to attend, and they receive much necessary information, and become quite enthused about the work, after hearing the reports of other counties!

The Executive Committee of I.S.M.A. is our Advisory Board. All new matters of policy must be cleared through this committee. Our Executive Committee is asked to meet with our Advisory Committee at least once each year. We are sometimes asked by our Advisory Committee to call a special Board meeting when there is special work in which we are asked to participate.

The I.S.M.A. Executive Secretary is usually asked to appear at our Executive Committee meetings, and bring us any information or requests from our Advisory Committee. At our last meeting in January, he told us about prospective legislation which concerned the medical profession.

It is my understanding that we were asked to organize in the first place by a president of I.S.M.A., who, no doubt, received the request from A.M.A. At first, our only assignment was selling Hygiea magazine! However, we proved ourselves during the dark days of the Wagner-Murray-Dingell bill! We were able to bring the dangers of socialized medicine to the members of our clubs, our churches, and our friends around the bridge tables! Resolutions against socialized medicine flowed into Washington from hundreds of organizations, all over the country, and the Congress voted it down! Since that time, we have been asked to cooperate in Rural and School Health, Nurse Recruitment, Civil Defense, Legislation, Public Relations, and the American Medical Education Foundation. Next year we shall have a new committee, on "Medical Care Insurance," and we shall try to spread the gospel of good medical insurance!

According to the dictionary, "Auxiliary" means "helping; giving aid; assisting;—a helper or assistant; confederate; aid of any kind." All county medical societies have this type of assistance at hand. It can only become a dynamic force if you *use it!*

Mrs. Harry C. Harvey,

President

PROFESSIONAL FILMS ON CANCER AVAILABLE

The Indiana Division of the American Cancer Society has the following scientific films for loan to any professional group in the state. They are in sound and color and highly authentic. Running time approximates 30 minutes for each. Make requests to American Cancer Society, Indiana Division, 325 Board of Trade Building, Indianapolis 4, Ind.

1. Cancer: The Problem of Early Diagnosis.
2. Breast Cancer: The Problem of Early Diagnosis.
3. Gastro-Intestinal Cancer: The Problem of Early Diagnosis.
4. Uterine Cancer: The Problem of Early Diagnosis.
5. Oral Cancer: The Problem of Early Diagnosis.
6. Lung Cancer: The Problem of Early Diagnosis.
7. The Exfoliative Cytologic Method in the Diagnosis of Gastric Cancer.
8. What is Cancer? (Nurses)

Recommended for Lay Groups (running time approximately eighteen minutes):

9. Breast Self-Examination (Lay Education)
10. The Warning Shadow (Lay Education—lung)
11. Career: Medical Technology (Recruitment)

Ten Years of Public Cancer Education

ROLLIS S. WEESNER*

Indianapolis

THOSE SKEPTICAL FEW of the medical profession who questioned the advisability of telling the public anything about cancer can forget their qualms. The public doesn't want to learn very much about the disease anyway.

The American Cancer Society is currently conducting a rather exhaustive poll to find out how effective its public education program has been. Six Indiana counties are included in the survey. It has been my privilege to preview some of the results.

Of the persons interviewed slightly more than half could name any of the seven cancer danger signals and no one named them all. Every person said they had read about them or heard them on the radio and seen them on television but they just didn't remember what they were.

They had heard of the American Cancer Society and knew there was some kind of organization in their county that raised funds and helped people with cancer. They were overwhelmingly favorable to the private and voluntary approach to solving health problems as against the governmental approach, saying largely that the government was already in too many things. They were willing to give money and most had given if asked.

FAITH IN DOCTORS, RESEARCH

Only occasionally did one doubt that cancer could be licked. The great majority were sure the "doctors will find the answer." "Research is the most important thing," they said. If cancer had occurred in their family, regardless of outcome they thought the doctor had done what could be done, and in case cancer should attack them, they were willing to place themselves in the care of their doctor. In other words, why should they worry, their doctor would know what to do and he would know if it was cancer.

It was interesting that respondents who had experienced cancer in the family, thought the patient should be told when he had cancer. Where cancer had not occurred in the immediate family the answers were more often "why worry the rest of the family," or "what could be gained by telling the patient." Other polls, however, generally have shown that 85% to 90% believe that the patient should be told.

The actual lack of personal apprehension and concern of developing cancer is both gratifying and alarming. It indicates the public's faith and confidence in the medical profession's ability to take care of its health problems. It, at the same time, poses the problem of lack of cooperation on the part of the patient to enable the doctor to catch disease in time and to know where to start. I remember well the remark of my good friend, Dr. Ray Elledge of Hammond, who told me how he often wanted to scream when patients came in with "Doctor, I don't know where I hurt—I just hurt all over."

There are exceptional persons, of course, who actually read much medical literature and make self-diagnoses of their ills and are critical of the medical profession, but they are a very small minority. And there are those who have cancer cures handed down from past generations that are secret concoctions and worth millions if only they were purchased and used by enterprising

(Please turn to Page 415)

* Executive Director, American Cancer Society, Indiana Division.

Superman is a Myth

ED KLINGLER*

Evansville

Several months ago members of the Editorial Board of The JOURNAL decided to ask some "outsiders" to express their opinions and criticisms of the medical profession. This article by Ed Klingler, Evansville's topflight reporter, is the first. A newspaperman for 35 years, Ed Klingler has friends in the medical profession; he has been interested in their problems for many years. The author is on the staff of the Evansville Press. His opinions are published without deletion.

SYMPTOMS of the malaise that today afflicts the medical profession were discernible more than 20 years ago.

They were inherent in the philosophy that it is the government's responsibility to provide for the individual needs of its people. They were apparent in the program that called for harnessing the free enterprise system as the government's principal instrument in meeting that responsibility.

To force the free enterprise system to submit to harness, it became necessary to discredit it. The seeds of doubt as to its ability to perform the functions now being required of it were so well planted it appears unlikely at this time the noxious growth ever can be eradicated.

The sowing of the seed is directly responsible for the radical weeds that have flourished in the soil of this republic ever since.

None of us can say the end results of this new philosophy were not foreseen. Examination of the public prints of more than two decades ago will reveal stories by quoting psychologists as saying that the moral fiber of the American people would be damaged, if not utterly destroyed—that an entire nation was being converted to accept the idea of individual weakness. In other words, they said we were creating a race of dependents in which individual initiative would become a secondary motive of existence.

These forebodings received scant attention at the time. They were discounted as the feeble writhings of the free enterprise system in its efforts to avoid punishment for its excesses. Behind the public refusal to accept the warnings lay the desperation born from empty stomachs, and apprehension that perhaps the American system had reached the end of its economic road and had permanently stagnated. Indeed, the President of the United States expressed that view.

The failure of the medical profession to take alarm as the new philosophy assumed definite shape and form lay in the fallacy that the assault was aimed solely at business free enterprise. In his rugged individualism the doctor failed to see himself as the most basic example of free enterprise. Organized medicine failed to grasp the implications of the broad scope the new philosophy eventually would assume—the entire field of human welfare.

WAS IT UNCONCERN?

In fact, there is no indication that doctors, as a group, were concerned about the trend of those times. It was big business that was being attacked. It was up to big business to defend itself. Either through preoccupation with their practices, or plain unconcern, the nation's best educated and most influential group of citizens sat idly by as the structure of a way of life that had no rival was altered.

They reacted only when their own policies and practices came under attack. And in their

struggle they stand almost alone, beating their heads against the stone wall of unconcern.

As much as doctors and their organizations might like to think otherwise, they would be amazed at the people who are dissatisfied with medical service. It includes persons they might reasonably expect to be their advocates. It doesn't mean these people favor some kind of socializing of medical service. It does mean that in many cases there have been sufficient annoyances to create the feeling that perhaps something should be done.

The indifference to what might happen to the medical profession is a worse threat than the pointed attack against it. Organized medicine can lose its battle by default.

To put it bluntly, the medical profession is not as popular as it once was, and today isn't as popular as it thinks it is.

There should be no mystery about how the popularity of the doctor began to wane.

There was a time when people summoned the doctor, waited impatiently for his arrival, and thanked him and God when he finally arrived. But with the flourishing of the seed of the new philosophy they were less patient—they are imbued with the idea they're entitled to better service. It isn't easy to make a satisfactory case to the contrary. Imagine then, the feelings of the frightened person who can't get a doctor at all.

Psychological factors enter in, too. The new philosophy is a material philosophy, just as is the promise held forth in the theory of Communism. This confuses human welfare with dollars. And, of course, medical care is expensive.

Sickness and accident are the most unwelcome visitors in the household. Were the victims able to analyze their own emotions they would recognize resentment. Sickness and accident are unscheduled in the human routine, and unplanned in most purses.

DOCTOR IS NATURAL "TARGET"

It is only human nature that where resentment lies, an outlet is sought. The doctor is the handiest whipping boy. The impulse of resentment is to inflict pain in return. This accounts for the fact that the dollar aspects of hospitalization escape public wrath. The hospital is an impersonal institution. The doctor is an individual, susceptible to insult and available for complaint.

Whether or not the medical profession likes it, the fact remains public thinking in terms of medical care has changed and no amount of thinking can change it back.

It appears inevitable that the profession must adjust itself to more nearly conform with public expectations. It already has changed in every respect but that.

At this delicate point in its history the profession must avoid, at all costs, the charge that it is reactionary—that it is out of step with progress and still living in the horse and buggy days.

At the same time the process of adjustment constitutes a challenge. If the profession is to preserve its independence it must strive to make the adjustment within the framework of the principles of the free enterprise system. As almost every thinking doctor knows, adjustment in some directions simply will mean the opening of the flood gates in which most professional freedoms will be washed away.

A REAL CHALLENGE

The challenge lies in being able to bend to meet conditions, without actually breaking.

For the physician, this is more difficult than it was for the industrialist and business man, for the physician views himself as an individual, rather than an organization.

In meeting the challenge one of the most difficult handicaps the physician must overcome is his feeling of self-righteousness—that he is right and his critics are wrong.

From this feeling comes the reluctance of physicians and their organizations to concede their errors and omissions. There is an inclination among physicians as individuals to consider themselves infallible in judgment, and there's a tendency for their organizations to reflect that attitude.

Many doctors will be quick to dispute this, but at the same time many more are prepared to admit they see human nature at its weakest and frailest and may be prone to judge all humanity by that standard.

But from the general attitude of the profession comes the growing belief that medical or-

ganizations are tantamount to unions operating solely for the protection of their members.

The failure of doctors, in most cases, to police their own ranks, has contributed to that belief. The necessity for hospitals to regulate and supervise the activities of their staff members gives credence to the belief.

The inflexible attitude of the profession is evidenced again in the fact that when under attack it became defensive. It has shown no disposition to be amenable.

It has sought to maintain a status quo in a changing world. No other group has been able to do it.

Instead of bending to accommodate what the people conceive to be their need, the medical profession has retorted by telling the public this country has the best medicine in the world. It points to the great strides in healing, the new techniques in surgery, the new drugs. It is prone to become indignant in trying to show the public that doctors' fees have increased much less than the average income of the nation.

All of these contentions are valid, but they have not convinced anyone, and they will not convince anyone, no matter how well they are publicised.

SOURCE OF CRITICISM

No doctor can explain his failure to make a night call by citing that Eli Lilly laboratories have just developed a new antibiotic. He has proved that medical science is on the march, but he has not come to the aid of the parents hovering in anguish over the fever-racked body of their sick child.

The answer appears to be as simple as that.

This is an age in which people have been taught they are entitled to what they need.

In the too-frequent failure of physicians to be available when needed lies the source of most of the criticism of the profession. Directly or indirectly, all other criticisms stem from that one.

It is inconceivable that the medical profession has escaped reaching that conclusion. There is every reason to believe that it has. Assuming the root of the problem has been identified, it is equally inconceivable it hasn't been solved.

This presents a paradox as revealing as a biopsy. It discloses a major weakness in the medical profession; the fact that instead of being at war with misunderstanding outside the profession, it actually is at war with itself.

It would indicate the stresses and strains within organized medicine are the actual source of the malaise. These stresses and strains are directly traceable to human nature, and bring home the unhappy fact that doctors are as subject to envy, jealousy, anger, irritation, intolerance, and dissatisfaction as are the less dedicated professions.

These are honest emotions and that they have not been recognized, admitted, and dealt with is a sign of internal weakness that can leave permanent scars on the profession, and could change the course of medical history.

These emotions are raising a barrier of increasing strength between two segments of the profession: those who engage in general practice on the one side, and those who restrict their practice to specialties on the other.

The administrations of many hospitals have recognized this division to a far greater extent than the doctors themselves have conceded, and have sharpened it with their limitations on hospital practice.

THE PUBLIC YARDSTICK

The division now is sharp enough to be recognizable to the public. The public has applied its own yardstick to the fields of medical endeavor, and nothing the profession can do at this point is going to change it.

It sees the specialist as necessary when a problem arises calling for an extra skill.

It sees the general practitioner as a man preferred as a family physician, to counsel and aid them on general matters of health—to come to their rescue in emergencies.

But emergencies are situations in which many find themselves unable to get any doctor at all.

The doctors may haggle among themselves all they wish but how the problems of emergency service should be handled, and upon whom the responsibility rests, but the public's decision has been reached.

The parents of a child tossing in the throes of a delirium don't expect to be served by an eye specialist. In a hospital it woudn't be permitted. Outside a hospital it would be bad medical prac-

tice. It certainly doesn't serve the best interests of the patient.

Under any circumstances other than an emergency, the general practitioners themselves would be resentful of a urologist conducting a general practice.

Then where lies the problem of providing the public with the service it expects?

General practitioners often feel, perhaps with some justice, they are the victims of discrimination within the ranks of medical practice. But acting individually, or as a group, there is nothing they can do except abandon general practice and adopt specialties.

It would appear the field of emergency service is peculiarly their own, and they have been reluctant to exploit it.

The general practitioner holds a place in public esteem that never can be pre-empted by the specialist. The fact of the matter is, the public expects a great deal more of him than it does the specialist.

The specialist is a human machine; the general practitioner is a human being.

EXAGGERATION?

Mainly upon the general practitioner falls the responsibility of maintaining the doctor-patient relationship the profession is so fond of citing. In actual practice that relationship is ceasing to be a tradition, and is becoming a legend.

It is being sacrificed on the altar of no service at all.

Exaggerated? Not at all.

It may come as a shock to some doctors to learn that among people who can afford it, it is standard practice to develop a social contact with a physician.

Because he is a man of charm and distinction? No again. As insurance against the time when the services of a doctor are required.

To the medical profession it should be a sobering thought that the doctor no longer is regarded as superman.

Only one other development now remains—that the doctor stop regarding himself as superman.

What Have You to Gain?

J. L. ARBOGAST, M.D.
Indianapolis

I HAD A LETTER TODAY. In it the doctor who received the second award for his exhibit at the I.S.M.A. meeting in October, 1954, expressed his pleasure at receiving the award. He was quite humble about it, but told me he had just learned his article, an outgrowth and continuation of his exhibit effort, had been accepted for publication. His thoughtfulness expressed itself in the hope that others might be encouraged to express themselves through scientific exhibits.

Then I recalled that the first plaque award winners had voiced their thanks to me as soon after the award as was possible—that very same night. Though the awards were judged by a special committee, the committee members never knew the satisfaction that moment gave me. As chairman of your scientific exhibits committee, I have felt discouraged in that the state in which the idea of the scientific exhibit was conceived, has seen its birthright blighted, a prophet honored more at national than at our own state meetings. At that moment I felt a glow of pride in that my share in this whole exhibit business was worth a thank you, that the winner's acclaim had urged him to thank me. I am sure we both felt the satisfaction of accomplishment, in expressing a tribute to medicine. It was at that moment the realization came to me that we both were victors, we both had gained an inner well-earned satisfaction.

You, too, can gain. Each of you have something worth-while to express. Admittedly it takes work. Furthermore, you can't start the week before the meeting. A scientific exhibit has to be conceived, nurtured, the harvest portrayed in an attractive manner, executed in a labor of love that takes your own time and money. Can't I urge you to make this investment? I am sure of the return. The catch is that it is one of those long term things that must be planned for now. The application blank will be found in The Journal soon.

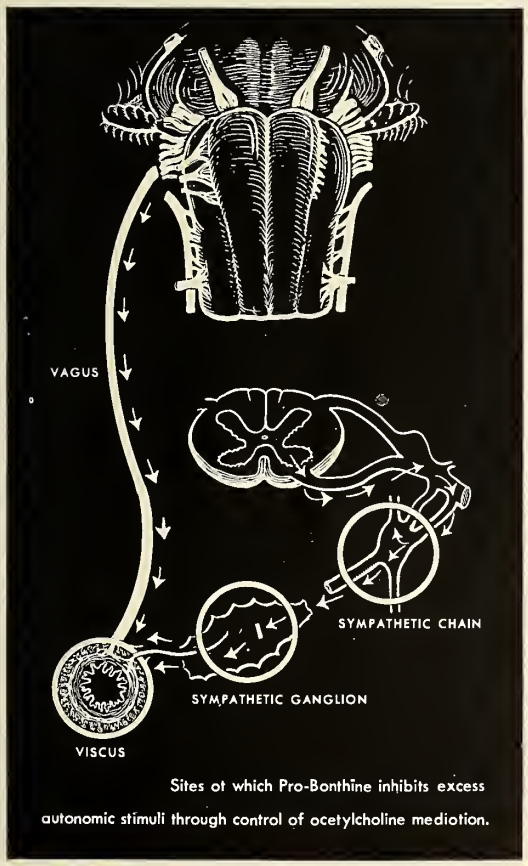
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Roback and Beal[2] found that Pro-Banthine orally was an "inhibitor of spontaneous and histamine-stimulated gastric secretion" which "resulted in marked and prolonged inhibition of the motility of the stomach, jejunum, and colon. . . ."

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For the average patient one tablet of Pro-Banthine (15 mg.) with each meal and two tablets (30 mg.) at bedtime will be adequate. G. D. Searle & Co., Research in the Service of Medicine.

1. Schwartz I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology *25*:416 (Nov.) 1953.

2. Roback, R. A., and Beal, J. M.: Gastroenterology *25*:24 (Sept.) 1953.

SEARLE

The Log of the "Anita-J"*

J. WILLARD MONTGOMERY, M.D.
Scottsburg

CARL R. BOGARDUS, M.D.
Austin

SUNDAY, APRIL 19 in the year of our Lord 1953, dawned raw and overcast. The winter had been too long in staying and spring too slow in coming. Spring freshets had the country creeks rushing again and the ANITA-J was assembled in the garage ready for action. She had met and conquered the Rio Grande high in the mountains of New Mexico, lakes in Texas, sailed on the Ohio River and now was ready to challenge the streams of Scott County at spring flood tide. Her inexperienced but eager crew, Dr. M. and Dr. B., scanned the skies at Austin and Scottsburg respectively and consulted by telephone throughout the morning. By noon the weather began to break up; spots of blue broke through the gray, and a brisk wind leaned the daffodils near the barbecue pit to the east. At one o'clock the decision was made; why not chance it?

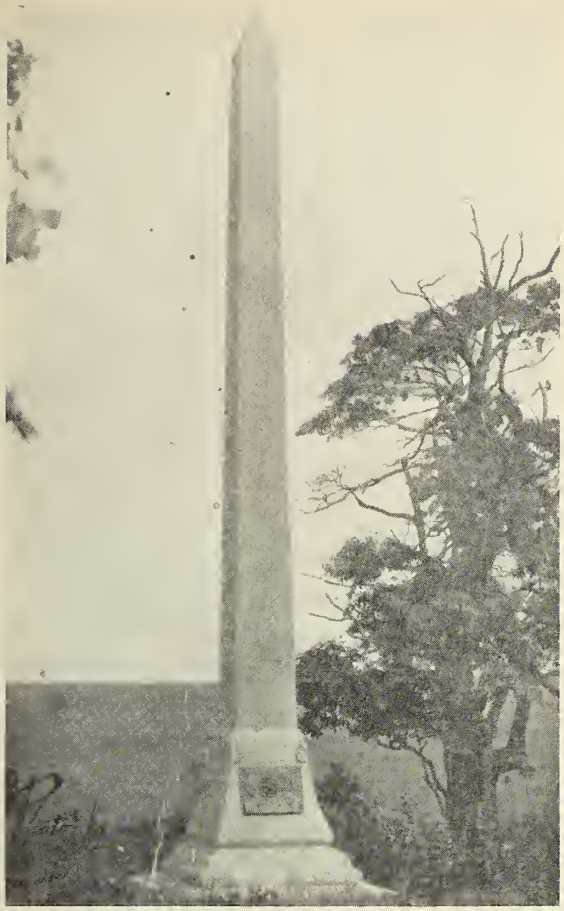
The crew, assisted by Mrs. M. and daughter Anne, placed the rugged Folboat atop the car and set forth dressed for winter weather. We launched her from U. S. Highway 31 in the shadow of the Pigeon Roost Monument where Anne's great-great-great grandfather fled the Indians during the massacre of 1812 and escaped on horseback to the fort at Vienna, his wife in the saddle with him. That night great-great Aunt Rachel was born! Six miles at full gallop with angry arrow and tomahawks whistling through the night air appears to be one way of inducing labor.

Mrs. M. interrupted our historical observations to inform us that we had neglected to place the paddles in the automobile. We explained that if she would be so kind as to return the six miles to town and secure said paddles we would continue preparing the boat and would promptly set sail upon her return. As she turned toward the automobile her lips moved and she made an indiscernible sound. Anne, walking with her, laughed!

At 15 minutes after 2 o'clock we cast off—with paddles—in light snow flurries and a sharp, wintry blow. The creek was at a fine stage for fast boating due to recent heavy rains. We skittered along at a merry clip down the narrow stream, negotiated innumerable sharp bends, and shot some mild white-water rapids. After approximately one-quarter of a mile had been traversed the ANITA-J and crew reached the concrete abutments of a bridge that was no longer there on the old Louisville & Indianapolis Interurban Railway line. The old electric cars had charged along up there for 32 years, beginning in 1907. Just beyond lay the Pennsylvania Railroad bridge whose ancient limestone pins were built by Irish immigrant stone masons in 1849 when the Jeffersonville Railroad was being constructed. Beneath the bridge the railroad maintenance crews had deposited many large, irregular stones to lessen erosion. Fearing for the Lady's tender bottom, we disembarked and let her go down empty over the rapids on a long line.

Leaving this point, we passed through several rough rapids where the creek passed over beds of slate, and rounded several acute bends that

* This account, written more than a year after the trip was taken, is referred to by the authors as "Chapter I, entitled Sunday Sailors in Snow or Latter Day Indians." Other adventures have taken the Scott county physicians into some historical, and some tight, spots. Those experiences may some day be told in Chapter II, as yet unnamed.



Pigeon Roost Monument at Underwood, Indiana, taken circa 1900 while huge sassafras tree still stood.

we found difficult to cope with. Later, we failed to turn with the stream and struck a mudbank head-on. The sudden deceleration disarranged the crew to a considerable degree and shivered the timbers of the vessel. We hung in the willows and let considerable muddy H_2O go down the creek to recover from that one!

Another time the boat became lodged under a log which projected obliquely upstream from the water's surface. The force of the current tended to wedge us tighter under it and only with greatest effort were we able to extricate ourselves and go shooting on down Pigeon Roost Creek.

Now, the bridge at Vienna loomed in the distance where our private water highway sans trucks, busses, horn-happy hotrods, or Sunday drivers passes beneath State Road 356. We signaled our approach with simulated Indian yells, since we were the first to do this since the Indians. We were greeted by authentic yells;



April 19, 1953—Dr. Bogardus in bow, Anne and Dr. Montgomery, full speed astern in roadstead at "Vienna Harbor."

Mr. and Mrs. James Everitt, eminent Scott County citizens had joined the land party with their three healthy sons, who possess unlimited vital capacities! Vienna's harbor was shallow, but we maneuvered our ship to the quay without the assistance of tugs or taking a pilot aboard. Vienna, so named by Austrian pioneers, is Scott County's second-oldest town. It was founded in 1815, two years after the founding of Lexington. Anne's great-great-grandfather rode "circuit" in both settlements with his "preachin' Bible" in his saddle-bags. He lies honored today in Henryville Cemetery by a metal plaque inscribed "Veteran of the Cross, Methodist Episcopal Church." Anne boarded the ANITA-J at Vienna Harbor 140 years after his birth.

Her eyes ranged through several degrees of mydriasis as she clung to a broad smile and the gunwales of the speeding German-made kyack. That smile may have frozen with one of the earlier bank-bumps! A cold, brisk norther had come up now, but it was pleasant down in the shelter of the steep banks.

"Anne, what did Mother say when she left to go for the paddles?" we ventured.

"Said you were hysterical historians! And other big words I didn't understand," she replied.

The next bridge stop was at the old Scottsburg-Vienna Road bridge, where able-bodied seaman Anne relinquished her position amidships to our own bridge nurse par excellence, Mrs. M. With the assistance of the Everitts we were able to maneuver the cars to the Lover's Lane Bridge. Our watery trail continued on north through dense woods and across some

(Please turn to Page 410)

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Most clinicians agree that HYDROCORTONE like cortisone produces prompt suppression of the extra cardiac manifestations of rheumatic fever. Agreement is also general that adequate hormonal therapy favorably influences pericarditis, prolonged PR interval and congestive failure (when sodium intake is restricted). While less unequivocal there is considerable evidence that adrenocortical therapy also suppresses tachycardia, gallop rhythm and overactivity.[2]

The main point in question remains the ability of HYDROCORTONE or CORTONE to prevent valvulitis. On this score, Kroop[1] in a recent study of 56 patients with rheumatic fever concludes "A two-year follow-up of patients who had sustained initial attacks of carditis indicates that early treatment with large doses may prevent residual cardiac damage." This conclusion is further supported by a recent review[3] which states ". . . many of the reported poor responses of rheumatic fever to treatment occurred in cases in which either very small doses of the hormones were used or treatment was continued for only a short period of time."

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REFERENCES: 1. Kroop, I. G., *N. Y. State J. Med.* **54**:2699, Oct. 1, 1954. 2. Heffer, E. T. *et al.*, *J. Pediatrics* **44**:630, June 1954. 3. Massell, B. F., *New England J. Med.* **251**:263, Aug. 12, 1954.



Site of mill timbers on Lover's Lane, Pigeon Roost Creek, Scott county, Indiana—taken when stream was low to show timbers, not day of voyage.

quite deep reaches of water. We passed over difficult, bottom-dragging rapids with three adults aboard, thanks to the fact that ANITA-J draws only four inches fully loaded. Water birds were numerous and beautiful in their hurried take-off as we rounded the bends. A Shike-poke, or Fly-Up-The-Creek as it is generally known in the South, flew down-the-creek, utterly confused by the sight! Along this stretch we observed an abundance of large glacial boulders that have been lying around the neighborhood for the past 100,000 years since the Illinoian Glacier retreated northward as the hemisphere warmed up.

At Lover's Lane Bridge (and we presume it to be unnecessary to diverge and discuss the road's local designation) Mrs. M. disembarked and the latter day Indians sailed bravely on in snow, cold and white water. Anne waved bon voyage standing on a massive oak timber that had been skilfully embedded in the slate of the creek bottom by her great-great-grandfather circa 100 years ago to serve as a foundation for the dam of his grist mill.

The water now became rough and choppy because of boulders, slate ledges and a marked fall in the stream's course. We leaped a three-foot waterfall sidewise and did some 360° spins before regaining control. This fiasco unfortunately occurred only a few yards from the bridge where the land party stood unsmilingly, expressing deep consternation. But the perky little boat many times proved herself to be very seaworthy. From there on we encountered many shoals, white-water rapids, sharp bends and

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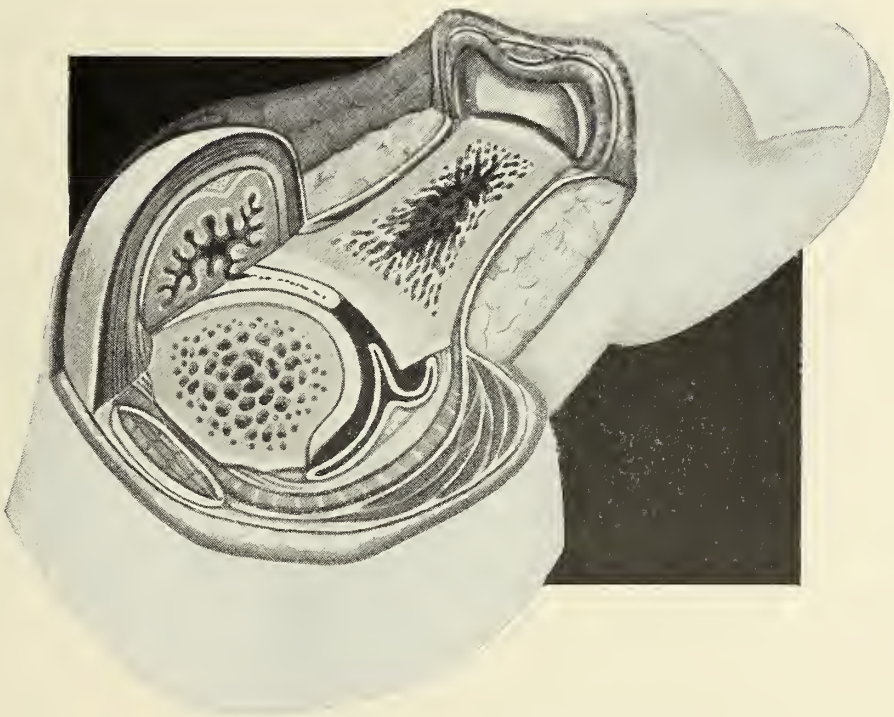
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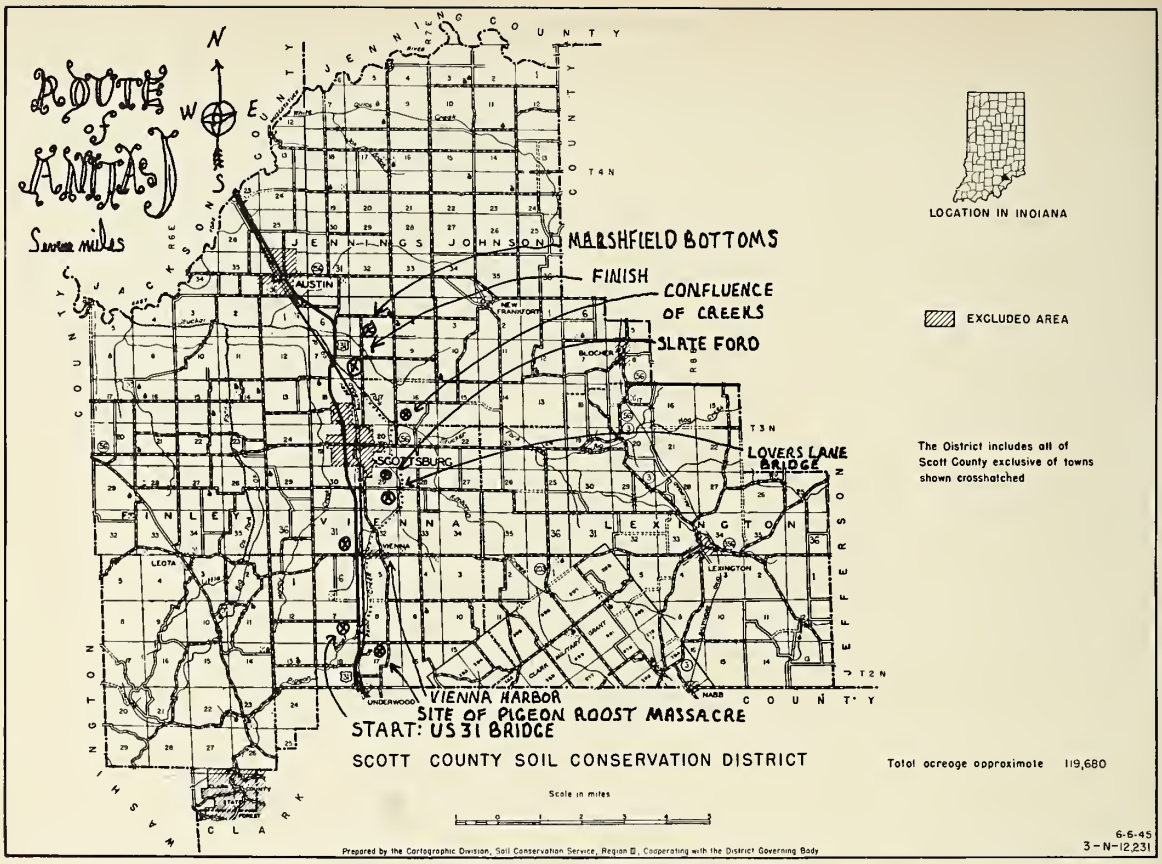
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Rheumatoid Spondylitis Painful Shoulder Syndrome
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*Bunim, J. J.: Research Activities in Rheumatic Diseases. Pub. Health Rep. *69*:437, 1954.



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The Sunday sailors utilize a Soil Conservation District map to show the route of the "Anita-J" along seven miles of Scott county streams, swollen by early spring rains.

quite deep reaches. We met an exciting series of rapids at the Old Slate Ford Crossing where the creek crosses the abandoned pioneer road known as the Vienna-Slate Ford Trace. It was built in 1830. Shortly thereafter we arrived at Pigeon Roost Bridge on State Highway 56, a short distance east of the county's seat of government.

Since the sun had set and darkness was threatening, we merely waved and shouted directions to Mrs. M. and Anne. From there the creek flowed due north between high steep clay walls and the current was excellent for speeding us on to our destination. Swimming ahead was a pair of blue-winged teal. They repeatedly took off as we came too near for their comfort. The water deepened and the current slowed remarkably as we approached the confluence with Stucker Creek, which was also carrying a flood-load of water and resisted the entering Pigeon Roost water. We had to quit deadheading and paddle for a few yards, but when our elegant little ship nosed into Stucker Creek with the flow of two large flooded streams pushing her she took off like a startled fawn.

As our voyage neared its end, so did Sunday, April 19, 1953. The ANITA-J gallantly sped us to the Marshfield Bottoms Bridge, a humble structure astraddle the stream one mile north of the Courthouse Square. The Sunday sailors braced against the blue norther and faced stinging snow as they took her from the creek. At five o'clock we left the water . . . wet, cold, tired, dirty and hungry.

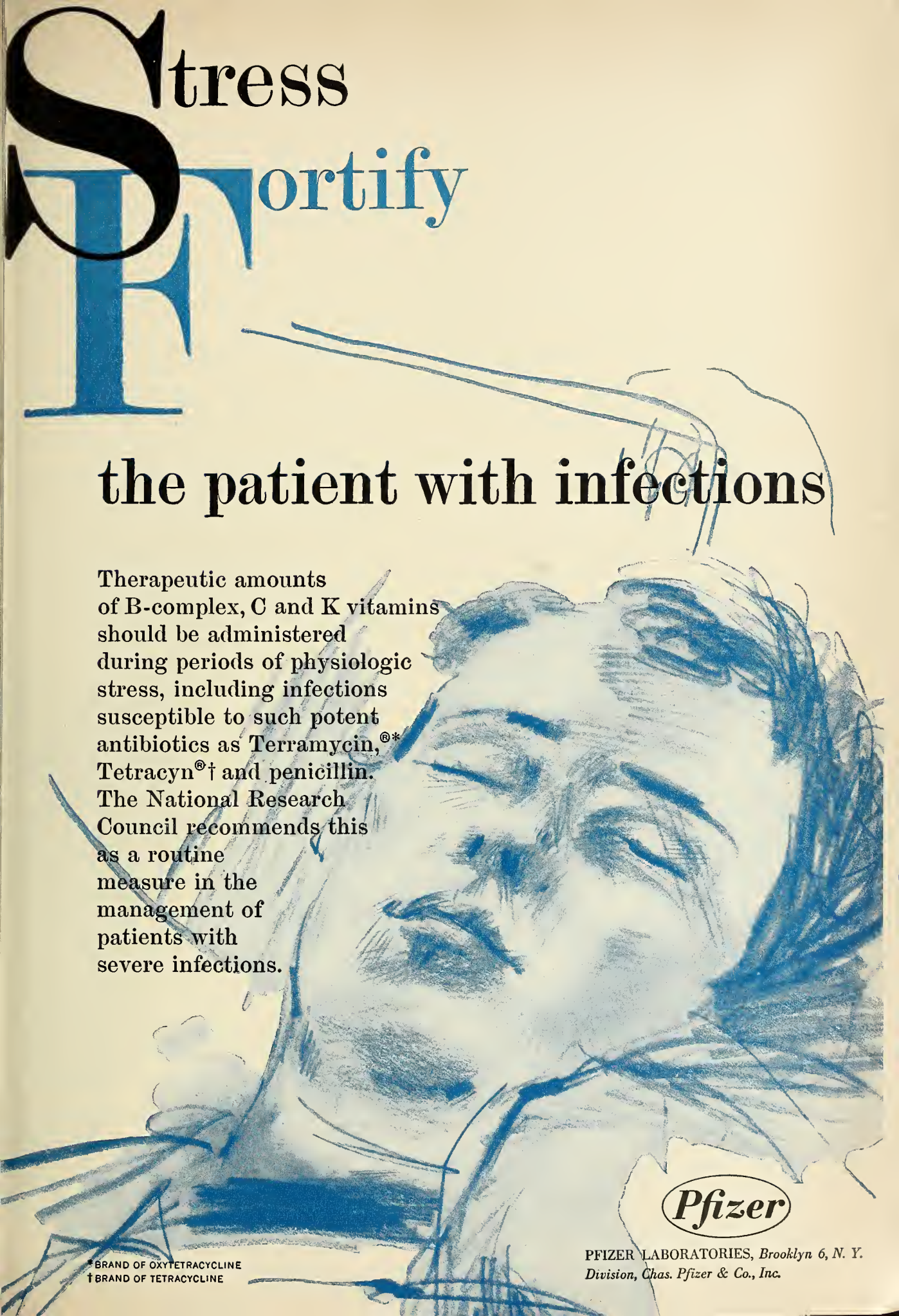
This, our maiden voyage on the watercourses of Scott County, carried us approximately 7 miles and consumed nearly three hours.

Little did Anne realize that clear October day in 1950 at Lake Ascarate near El Paso as she swung a bottle of 7-Up across the bow, in the presence of the Post Chaplain and Post Surgeon of Fort Bliss, christening the ANITA-J the adventures that lay in store in the land of Indians and pioneer ancestors.

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Therapeutic amounts of B-complex, C and K vitamins should be administered during periods of physiologic stress, including infections susceptible to such potent antibiotics as Terramycin,®* Tetracyn®† and penicillin. The National Research Council recommends this as a routine measure in the management of patients with severe infections.



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Deaths . . .

Oliver E. Greist, M.D., 65, retired Lafayette physician, died January 31 in Home hospital, Lafayette, where he had been a patient for two weeks. He had been living near Monticello since his retirement in 1947.

Doctor Greist was a native of Milford, Illinois, and a 1915 graduate of Jefferson Medical College at Philadelphia. He served overseas with the Army Medical Corps during World War I and following his discharge in 1919 established his practice in Lafayette. He was an officer in the National Guard for many years.

Doctor Greist was a member of Tippecanoe County Medical Society, the Indiana and American Medical Associations.

Samuel Pryor Morgan, M.D., 57, LaPorte physician and surgeon, died at his home February 3. He had been ill for one and a half years.

Born in LaGrange, Kentucky, Doctor Morgan was graduated in 1921 from the University of Louisville School of Medicine. He practiced in New Carlisle before establishing his practice in LaPorte.

Doctor Morgan was a member of the LaPorte County Medical Society, the Indiana State and American Medical Associations and the International College of Surgeons. He was also a member of service and fraternal groups and a member of the official board of his church.

Edgar H. Powell, M.D., who had been in practice in Valparaiso since 1903, died in his home February 26 after a week's illness.

Doctor Powell was a native of Laconia, New Hampshire, and was graduated from Bellevue Hospital Medical School, New York, in 1903. He spent his entire career in Valparaiso. Doctor Powell served as first chief of staff of Porter Memorial hospital when it was opened in 1939. He retired in 1950.

Doctor Powell was a senior and 50 Year Club member of Porter County Medical Society, the Indiana State and American Medical Associations.

William H. Lane, M.D., who had completed 65 years of practice in Steuben County when illness forced him to retire two months ago, died March 2 in Cameron hospital, Angola, where he had been a patient for six weeks. He was 89 years old.

Doctor Lane had been closely affiliated with the professional and social life of Steuben county from the time he established his office there after graduation from Rush Medical College, Chicago, in 1889. He had served as county health officer for nearly 40 years; as physician for the county home for 60 years and had lodge affiliations in Angola for more than 60 years.

He was discharged after World War I service with the Medical Corps as a major.

Doctor Lane was a senior and 50 Year Club member of Steuben County Medical Society, the Indiana State and American Medical Associations. He served for several years as secretary of his county society and had been a delegate to ISMA House of Delegates.

Gordon A. Thomas, M.D., 64, died one hour after admission to St. Elizabeth's hospital, Lafayette, on March 9. He had been stricken with a heart attack at his home.

Doctor Thomas had practiced in Lafayette since 1919. For 15 years he was team physician for the Purdue University football team. He had been active in Tippecanoe County Medical Society affairs and had served from 1934 through 1953 as a delegate to the Indiana State Medical Association convention. He had also served continuously on several state committees from 1935 through 1954. He was also a member of American Medical Association.

Doctor Thomas was a native of Pennsylvania, a 1918 graduate of Indiana University School of Medicine, and served as a lieutenant-commander in the U. S. Navy during World War I.

doctors. Such offers have been made on several occasions to the Cancer Society.

QUACKERY INCREASING

A year ago it seemed that cancer quackery was subsiding, but actually it is booming, probably at its greatest height at the present time. The menace now is not so much the Indian herb doctor or the handed-down family remedy, but huge national institutions and highly advertised cures drawing people from all corners of the continent. Highly dramatized successes, commissioned salesmen, slick paper testimonials, and especially the "cured patient" who really never knew what was wrong with him, but was surely cured of cancer.

The list is increasing. To name a few treatments and the institutions—Hoxsey in Dallas; Hett in Windsor, Canada; Spear (chiropractic) in Denver, and in California the Laetrile, Arginase and Gregory treatments. There are more of them, and the day seldom passes that inquiries are not made to the Cancer Society office regarding the reliability of such institutions. The sad part is that too often the advice given is not accepted and both money and life are sacrificed because of the American gullibility for high powered advertising.

A woman called me recently about taking her mother to Windsor for the Hett treatment. I explained to her the facts known by the A.M.A. and the U. S. government. She was not satisfied. I asked why she had not consulted with her physician and she said she had, and with the medical society office, and even the medical school and they had all told her the same things I had told her. She said she still was going to take her mother to Windsor because a woman on the bus had told her about the place. A woman on the bus! I asked if she knew the woman and she said, "No, but she seemed like a nice lady and in spite of all the advice she had gotten from medical sources, she was still going to take her mother to Windsor."

Maybe it's the woman on the bus we need to reach with our education. How can we do it?

SOME RESULTS GRATIFYING

While most people have not concerned themselves greatly with knowing the symptoms of cancer or attempting self-diagnosis, they have learned that cancer is "not catching," that it occurs at any age but mostly in later years, and that one might have cancer and not know it. They also know that best chances of cure come with early detection. They have confidence in their doctor's ability to care for them. Ninety-six percent of the persons approached in the survey were willing to answer the questions and the majority gave cancer as the most dangerous disease facing the people of this country, with polio a close second, then heart disease and tuberculosis.

The lay public, it appears, is not too concerned with the scientific aspects of cancer. They are interested in new developments and willing to generously support research and control experiments. Very few have any doubts that cancer will be brought under control. The hopeful approach of education in recent years is gradually bringing a patient but confident prognosis for success.

Lay-directed education may help to reduce quackery. To me this is a challenge and a responsibility of the Cancer Society. And please, how can we properly educate "the lady on the bus"?

A decade of public education by all communications media known and in unprecedented volume has brought cancer into the light. Its nature is becoming better known and knowledge and responsibilities for its control are finding their proper places. Lay education has a proper and important role to play in this great drama. The start may have been a little discordant but 10 years of experience should be helpful from here on.



specific therapy against the cocci...

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Against common intestinal flora

This sensitivity test shows ERYTHROCIN and the same antibiotics against a typical intestinal strain of *E. coli*. Note that ERYTHROCIN and penicillin do not affect growth of this organism—while the other antibiotics show marked inhibitory action. Since ERYTHROCIN is inactive against gram-negative organisms, *it is less likely to cause alteration in common intestinal flora—with an accompanying low incidence of side effects.*



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NEWS NOTES—from State and Nation

Indiana Chapter, ACS, Issues Invitation to ISMA Members

All members of the Indiana State Medical Association are invited to attend the annual meeting of the Indiana Chapter of the American College of Surgeons. The meeting place is the Morris Inn on Notre Dame campus, South Bend; the date is April 20.

An interesting program on clinical surgical subjects has been arranged. The program opens at 10 a. m. and will continue during the afternoon.

Dr. James R. Mensch has resumed his practice in Waynedale, Fort Wayne, after completing six months work in obstetrics and gynecology in Oakland, California. He is associated with Dr. Gerald H. Somers at 2505 Lower Huntington Road.



—U. S. Army Photograph

Colonel Paul H. Martin, right, of Ligonier, is congratulated by Brigadier General Hugh P. Harris, Second Army Chief of Staff, at a ceremony February 1 at Fort George G. Meade, Maryland, in honor of his retirement from the Army after 24 years of service. He was awarded the U. S. Second Army Certificate for Outstanding Service. Colonel Martin is a native of Rome City, gradnate in 1924 of I.U. School of Medicine and was in practice in Ligonier for five years before entering service. He plans to become Elkhart County Health Commissioner.

"A Young Woman Seeks Premarriage Counsel," by **Dr. C. O. McCormick, Sr.**, Indianapolis, has been reprinted from the September 1954 issue of Obstetrics and Gynecology, in the form of a booklet for office use and distribution to patients. Copies in quantity may be obtained from Paul B. Hoeber, Inc., Publishers, 49 E 33rd St., New York City, who may be written for price quotations.

Refresher Course for Medical Technicians Set for April 16-17

The Indiana State Board of Health, Indiana Association of Pathologists, Indiana Society of Medical Technicians and the Indiana University School of Medicine are sponsoring a refresher course for medical technicians on April 16-17 in Rice Auditorium in the State Board of Health building.

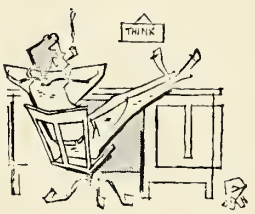
The general subject of the course is "Hematology." Local pathologists will serve on panels and discuss topics in individual papers. Dr. William R. Best, of the Department of Medicine of the University of Illinois, will be a guest speaker.

Registration will start at 3 p. m. Saturday, April 16, and the course will continue through Sunday afternoon, according to Dr. Lester H. Hoyt, Indianapolis, chairman.

The 54th Annual Meeting of the **American Proctologic Society** will be held at the Hotel Statler, New York City, June 1-4. All meetings are open to the medical profession. Lectures on basic sciences will be featured on the first day's program. Technical papers by members and guest speakers will be presented from Thursday, June 2 through June 4. The American Proctologic Society was founded in 1899 and is the largest organiza- in its specialty field.

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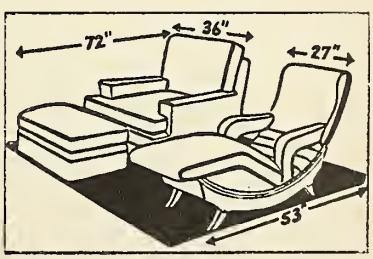


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Allergists Schedule Annual Meeting in Chicago

The American College of Allergists will meet at the Morrison Hotel, Chicago, April 25 through April 30. The first three days will be devoted to 40 hours of intensive teaching of the basic facts in this field of medicine. Courses will be taught by 45 specialists, known for their teaching ability, and mostly chosen from medical college faculties.

The growing importance of drug and serum allergies will be emphasized. The last two days will be devoted to more advanced clinical papers and to reports of research and investigations.

Any member in good standing in his county medical society is cordially invited to attend. Further details and the program may be obtained by writing the American College of Allergists, LaSalle Medical Building, Minneapolis 2, Minnesota.

Three days of scientific papers, panel discussions, and special lectures on pulmonary diseases will mark the 50th anniversary meeting of the **American Trudeau Society,** medical section of the National Tuberculosis Association, beginning Monday, May 23, in Milwaukee. The meeting is held in conjunction with the NTA. All sessions will be in the Milwaukee Auditorium.

Dr. L. W. Spolyar, director, Division of Industrial Hygiene, Indiana State Board of Health, will serve as chairman of the three-hour program on "Criteria for Diagnosis of Occupational Diseases" at the meeting of the Industrial Medical Association April 27 in Buffalo, New York. The Industrial Medical Association, American Conference of Governmental Industrial Hygienists, American Industrial Hygiene Association, American Association of Industrial Dentists, and American Association of Industrial Nurses, Inc., will hold simultaneous sessions during the 1955 Industrial Health Conference in Memorial Auditorium, Buffalo, April 23 to 29.



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T. J. Smith, M.D., Associate

Dr. Daniel R. Robinson, chief of professional services at the Veterans Administration hospital on West 10th Street, Indianapolis, has been appointed manager of the VA hospital in Dwight, Illinois. Dr. Robinson had been in Indianapolis since September, 1953.

Ames Company, Elkhart, Names Medical Director

Dr. Norman L. Heminway, who had served as associate director, division of clinical research, Schering Corporation, Bloomfield, New Jersey, since 1945, was appointed medical director for Ames Company, Inc., Elkhart, and assumed his position March 1.

Dr. Heminway is a 1935 graduate of the University of Pennsylvania, interned at Atlantic City Hospital, and was in private practice in Somerville, New Jersey. He served five years on active duty with the U.S. Army Medical Corps, holding the rank of colonel.

Hearing in Industry on Program of AMA June 9

Dr. Hugh A. Kuhn, secretary of the AMA Section on Otolaryngology, and Dr. Frank Princi, secretary of the Section on Preventive and Industrial Medicine and Public Health, announce a joint meeting of the two sections at the Atlantic City annual convention of AMA on Thursday, June 9, at 3 p. m.

This session will be in the form of a mock trial directed by Dr. Howard House, Los Angeles. It will be entitled "It Could Be You," and is being given under the auspices of the Sub-Committee on Noise in Industry of the Committee on Conservation of Hearing of the American Academy of Ophthalmology and Otolaryngology.

Dr. Donn Hunter, Greenfield physician, has closed his offices and entered the U.S. Army Medical Corps. His 940 North State street building has been leased by **Dr. Wayne H. Endicott,** whose former office at 209 North Main street is now occupied by **Dr. R. Anthony Henn.** All are practicing physicians.



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Surgical Technic, Surgical Anatomy & Clinical Surgery, Four Weeks, June 6.
Surgical Anatomy & Clinical Surgery, Two Weeks, June 20.
Surgery of Colon & Rectum, One Week, May 9.
General Surgery, Two Weeks, April 25; One Week, May 23.
Gallbladder Surgery, Ten Hours, June 27.
Thoracic Surgery, One Week, June 6.
Esophageal Surgery, One Week, June 13.
Fractures & Traumatic Surgery, Two Weeks, June 13.

GYNECOLOGY—Office & Operative Gynecology, Two Weeks, April 18, June 13.
Vaginal Approach to Pelvic Surgery, One Week, May 2.

MEDICINE—Two-Week Course May 2.
Electrocardiography & Heart Disease, Two Weeks, July 11.
Gastroenterology, Two Weeks, May 16.
Dermatology, Two Weeks, May 9.
Hematology, One Week, June 13.

RADIOLOGY—Diagnostic Course, Two Weeks, May 2.
Clinical Uses of Radio Isotopes, Two Weeks, May 2.
Radium Therapy, One Week. May 23.

PEDIATRICS—Intensive Course, Two Weeks, April 11.
Clinical Course, Two Weeks, by appointment.
Neuromuscular Diseases, Two Weeks, June 20.

UROLOGY—Two-Week Urology Course, April 18.
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Dr. Norman Blackwell, 1950 graduate of the University of Toronto Faculty of Medicine, joined the resident staff of Norways Foundation Hospital, Indianapolis, March 1. He interned at Hollywood Presbyterian Hospital and was in private practice in California for several years before coming to Indiana to begin his psychiatric residency.

Following completion of a three-year residency in internal medicine at the Cleveland Clinic Foundation, **Dr. John Wallace Barch** has established an office for the practice of internal medicine at 402 West Washington Boulevard, Fort Wayne. He is a native of Cleveland, received his medical degree from Ohio State University School of Medicine in 1948, and interned at Indianapolis General hospital. Dr. Barch served as a captain in the U. S. Air Force until October 1951. Dr. and Mrs. Barch and their two daughters live at 1715 Poinsatte Drive, Fort Wayne.

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Dr. Raymond L. Newnum, who has been in general practice in Hagerstown for four years, has received a three year fellowship in internal medicine from the Mayo Foundation, Rochester, Minnesota, and will leave July 1 with his family for residence in Minnesota. His office and practice will be taken over by **Dr. Alfred Hollenberg,** who was a classmate at Indiana University School of Medicine. Dr. Hollenberg was graduated in 1951, served his internship at Detroit Receiving hospital, and has been practicing in Hollansburg, Ohio.

Dr. C. L. Rice, who has been at Beatty Memorial hospital for the last year, has joined Drs. G. A. and Roger C. Smith in the practice of medicine in New Haven. Dr. Rice is a graduate of Indiana University School of Medicine, and interned at Indianapolis General hospital. He spent four years in the U.S. Navy.

The Order of the Star of Ethiopa was received by **Dr. Guy G. Campbell,** Munster, in a recent ceremony in the Ethiopian Embassy in Washington. The honor was bestowed on the Indiana physician by the Ethiopian government for distinguished service to that country in the field of public health. Dr. Campbell, a specialist in tropical diseases, was principal advisor to the Ethiopian minister of health from 1944 to 1948, served as the first president of the Ethiopian Medical Society, composed of doctors of 16 nationalities, and was private physician to Hailie Selassie for a time.

Dr. A. D. Dennison, Jr., Indianapolis, associate in medicine at the Indiana University School of Medicine, will participate in a symposium on "Treatment of Hypertension" at the Fourth Scientific Session of the American College of Cardiology in New York on May 20. Dr. Dennison will give a 10-minute introductory presentation on "The Drug Treatment of Mild Hypertension with Particular Reference to Reserpine Alkaloids and Protoveratrine." The panel will be moderated by Dr. Arthur M. Fishberg, director of medicine, Beth Israel hospital, New York, and other panelists will include Drs. A. R. Wertheim, Columbia University Research Services, Welfare Island, N. Y.; S. W. Hoobler, University of Michigan Medical School, Ann Arbor; Joseph H. Hafkenschiel, University of Pennsylvania School of Medicine, Philadelphia; and Edward Meilman, Long Island Jewish Hospital, New Hyde Park, New York.

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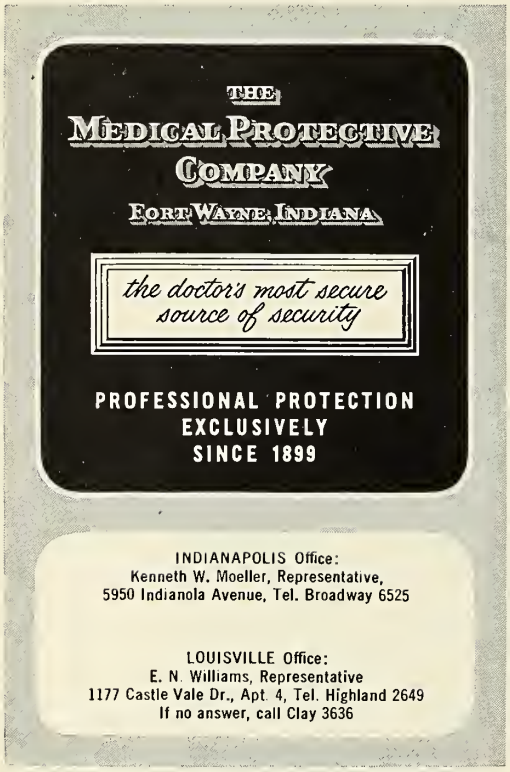
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Dr. Charles A. Dudgeon has purchased ground on North street near the Blackford County hospital in Hartford City and is having combined residence and office quarters constructed there. Dr. Dudgeon, a native of Rockford, Ohio, is a graduate of Ohio State University College of Medicine at Columbus. He hopes to begin practice in Hartford City early in May.

Dr. Eldon D. VanSandt, a graduate of the University of Illinois College of Medicine who interned at Indianapolis General hospital, recently began the practice of medicine in Odon where he has offices in the Odon Medical-Dental building. He will be associated with Dr. H. G. Coleman. He is a native of Litchfield, Illinois.



Dr. George E. Oldag opened an office at 1301½ Main street, Elwood, February 1, where he will specialize in surgery. He is certified by the American Board of Surgery. Dr. Oldag is a native of Iowa, a graduate of the State University of Iowa College of Medicine, and interned at Harper hospital, Detroit. He served for seven years during World War II and the Korean conflict. Between periods of duty, he took additional surgical training at City hospital, Akron, Ohio. Until recently he served as chief of surgery with a mobile hospital unit in Korea. He is married and has four children.

Dr. Hiram T. Sexson returned recently from two years military duty and has reopened his office for the practice of general medicine at 1301 College Avenue, Indianapolis. He is a 1942 graduate of Indiana University School of Medicine and served his internship at the I.U. Medical Center.

Dr. Emmett B. Lamb, Indianapolis industrial physician and surgeon, was the guest speaker at the Evansville Industrial Safety Council on February 16. The affair was the annual joint meeting of plant safety officials and Evansville industrial doctors and nurses. Dr. Lamb spoke on "The Role of the Nurse in Industry."

Dr. Robert L. Marske has returned to his native city, Michigan City, to enter the private practice of pediatrics at 311-313 Warren Building. Dr. Marske received his medical degree in 1949 from the University of Illinois College of Medicine, his internship and a year's residency in pediatrics at Mercy hospital, Chicago, then served for two and one-half years in the U.S. Navy. During 1954 he was with the Children's division of Cook County Hospital, Chicago.

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Dr. Charles F. Gregory, Indianapolis orthopedic surgeon, is one of five young physicians who have been awarded fellowship tours of England and Europe by the American Orthopedic Association. Each will receive $500 from the Association and will be the guest of British orthopedists during the spring tour. Dr. Gregory is a member of the I.U. School of Medicine faculty, and is associated in practice with Dr. George J. Garceau.

Dr. Ben J. Wilson, former resident of Bloomington and a graduate of Indiana University School of Medicine, was credited in a recent Time magazine article with being a member of a group of three surgeons, a psychiatrist and a psychologist who have evolved a new method of treatment of burns in which hypnosis plays an important role. Dr. Wilson is now chairman of the Department of Surgery, University of Texas Southwestern Medical School and chief surgeon at Parkland hospital, Dallas. He has been in Texas for seven years.

Newberry's Only Doctor Returns After Illness

Dr. M. L. Hamilton, who has practiced in Newberry, Greene county, for more than 47 years, has returned to his home from South Bend where he spent the last three months because of illness. Word from his son-in-law, Dr. W. D. Buchanan, South Bend, indicates that Dr. Hamilton is recovering nicely after being seriously ill and hopes to resume his practice gradually. He has been in practice for 52 years.

Meanwhile, a Newberry reporter writes: "Here in Newberry we are, for the first time in 136 years, going through a winter without a doctor. Lots of folks are ill, too. . . . When one of us gets something wrong, we cannot go by Dr. M. L. Hamilton's office or buzz him on the phone, and five minutes later expect to see him walk in the front door. . . . We have had him here with us more than 40 years. Is it any wonder we feel more than a little bit sad when we pass by his darkened office? The light in that office was nearly always the last in town to be turned off at night. . . ."

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Dr. David L. Tennant, who has served as a medical officer in the Air Force for the last two years, has resumed his practice in Fort Wayne where he is associated with Dr. Donald M. Hickman at 1832 South Calhoun street. Dr. Tennant practiced in Fort Wayne for nine years before enlisting in the Air Force. He is a graduate of I.U. School of Medicine.

Dr. Charles W. Cure, who recently returned to Indianapolis after two years service in the U.S. Army, has opened a private office at 208 Hume Mansur building, Indianapolis. He will limit his practice to neurosurgery.

Dr. Cure was certified by the American Board of Neurological Surgery in 1951 and became a Fellow in the American College of Surgeons in 1952. He was graduated in 1944 from Indiana University School of Medicine, interned at Minneapolis General hospital and served residencies at Montreal Neurological Institute and the University of Chicago. He served as Chief of the Neurological Section at Fort Campbell, Kentucky. Before entering service Dr. Cure was associated with Drs. E. V. Hahn and Paul Merrell.

Dr. and Mrs. Cure and their two children live at 5726 Sherman Avenue, Indianapolis.

The American Journal of Proctology will become a bi-monthly rather than quarterly, publication beginning with the January, 1955 issue. The International Academy of Proctology has announced renewal of the postgraduate teaching fund to provide gift subscriptions to their Journal to 900 hospital libraries in this country and abroad.

Dr. T. W. Omstead began a three-year term as Huntington county health officer January 1. He was appointed to serve the unexpired term of Dr. Thomas James, Jr., who resigned.

Society Reports

INDIANA STATE MEDICAL ASSOCIATION EXECUTIVE COMMITTEE

January 15, 1955

Roll call showed the following present: E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D.; Elton R. Clarke, M.D.; Roy V. Myers, M.D.

Albert Stump, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

By ballot, Dr. James W. Denny was elected chairman of the committee for 1955.

Dr. W. L. Portteus acted as chairman in the absence of Dr. Denny.

Membership Report

The annual membership report was approved by consent.

Headquarters Office

(1) Mr. Amick and Mr. Bush reported on their activities for the month, Mr. Amick stating that the Lawrence County Medical Society reported that they had made more than five thousand tests during the diabetes detection drive.

(2) Request for use of the Association mailing list by the Inter-State Post Graduate Medical Association of North America was approved on motion of Drs. Clarke and Clauser.

(3) Request that the United States Treasury Department be permitted to use the Association mailing list was approved on motion of Drs. Kennedy and Clarke.

Treasurer's Office

The treasurer presented the auditor's report, which was approved by consent.

Statements of Receipts and Expenditures for December, 1954, for the Association and THE JOURNAL were approved by consent.

Legislative Matters

The secretary reviewed for the benefit of the committee the bills concerning health in the present Legislature.

Annual Session, French Lick, October 16-19, 1955

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Committee requested a budget of $5,800.00, which was referred to the Council for approval.

Scientific Exhibits. The committee recommended that the budget for the Committee on Scientific Exhibits be established at $1,500.00.

Scientific Program. The secretary reviewed the outline of the proposed scientific program.

Technical Exhibit. By consent it was agreed that Add, Inc., of Cleveland, should be the official decorator for the 1955 convention.

Organization Matters

Resolution from the St. Joseph County Medical Society was read and on motion of Drs. Clarke and Kennedy the resolution was referred to the Council.

Resolution from the Howard County Medical Society was read and upon motion of Drs. Clauser and Clarke the resolution was referred to the Council.

The questionnaire proposed by the Welfare Liaison Committee was presented and was approved by consent.

A definition of "permanent and total disability" as follows was approved upon motion of Drs. Clarke and Clauser:

> "Total disability is where a person is by reason of physical or mental impairment, disease, or loss, incapable of engaging in useful occupation or employment within the individual's competence; and such disability is permanent if irreversible or progressive and not amenable to treatment by surgery or medical care or therapy, or requires treatment which is extremely hazardous or of questionable benefit."

Request of the Northern Tri-State Post-Graduate Medical Association for use of the Association mailing list was approved by consent.

A letter from John Arns expressing the appreciation of himself and family for the award which he received during the 1954 convention was read.

The Journal

The purchase of an adding machine for THE JOURNAL office in the amount of $300.00 was approved on motion of Drs. Kennedy and Clarke.

Future Meetings

Meeting of the chairmen of state Veterans Committees in Chicago, February 19, 1955. The committee by consent is to ask Dr. Dan E. Talbott, chairman of the Committee on Veterans Affairs and Rehabilitation of the Indiana State Medical Association, to attend this meeting.

There being no further business the committee adjourned to meet again at 5:00 p.m. Central Standard Time, on Friday, February 18, 1955.

EXECUTIVE COMMITTEE

February 18, 1955

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D.; Kenneth L. Olson, M.D.; Roy V. Myers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; James A. Waggener, executive secretary.

Membership Report

Number of members February 15, 1955 ... 3,125*
Number of members February 15, 1954 ... 3,011
Gain over last year ... 114
Number of members December 31, 1954 ... 3,904

* Includes 99 in military service (gratis)
78—$10.00 members (residents and interns)
209—senior members
45—members, dues remitted by Council
1—honorary member

AMA dues paid:

1953 ... 3,629 1954 ... 3,638** 1955 ... 2,014

** 411 members permanently exempted in 1954 included in this figure.

Legislative Matters

The secretary gave a report on several bills in the legislature and the progress on these various bills.

Annual Session, Indianapolis, 1956

After discussion, the committee selected the preferable dates for the 1956 meeting at the Murat Temple in Indianapolis to be October 14 to 17, 1956. These dates were approved by consent.

Statements of Receipts and Expenditures for January, 1955, for the Association and THE JOURNAL were approved by consent.

Organization Matters

The secretary read an excerpt from the minutes of the February 13, 1955, meeting of the Committee on Maternal and Child Health and Crippled Children Services, as follows: "Dr. Martz moved that Dr. McCormick contact the president of the Indiana State Medical Association to determine whether or not requests for reports of agencies involved in rehabilitation services could go over the signature of Dr. McCormick as the chairman of the MCH-CC Committee to all such agencies." On motion of Drs. Portteus and Kennedy, approval was granted by the Executive Committee for the chairman of the Committee on Maternal and Child Health to sign such requests.

Blood bank representative. The secretary read a letter from Dr. Paul A. VanPernis, temporary

chairman of the Board of Directors of the Northern Illinois Blood Bank, Inc., requesting that the Indiana State Medical Association appoint a liaison representative to this bank. The letter pointed out that the voting member of the Board of Directors representing the blood banks in Indiana is Dr. Jene Bennett of the South Bend Medical Foundation. By consent, it was agreed that Dr. Bennett should also be asked to serve as the representative of the Indiana State Medical Association on this Board.

Remission of state dues. Letter was read from the Indianapolis Medical Society requesting remission of dues of a Marion county member because of illness. By consent the request was granted.

AMA distinguished service award. Letter from the secretary of the American Medical Association was read in which he asked that the Indiana State Medical Association submit a candidate for the American Medical Association Distinguished Service Award. On motion, duly seconded, the executive secretary was instructed to ask Drs. Clyde G. Culbertson, F. B. Peck, J. L. Arbogast, Paul J. Fouts and J. O. Ritchey to serve on such a committee, Dr. Culbertson being named as chairman.

The Journal

Report on advertising was accepted by consent:

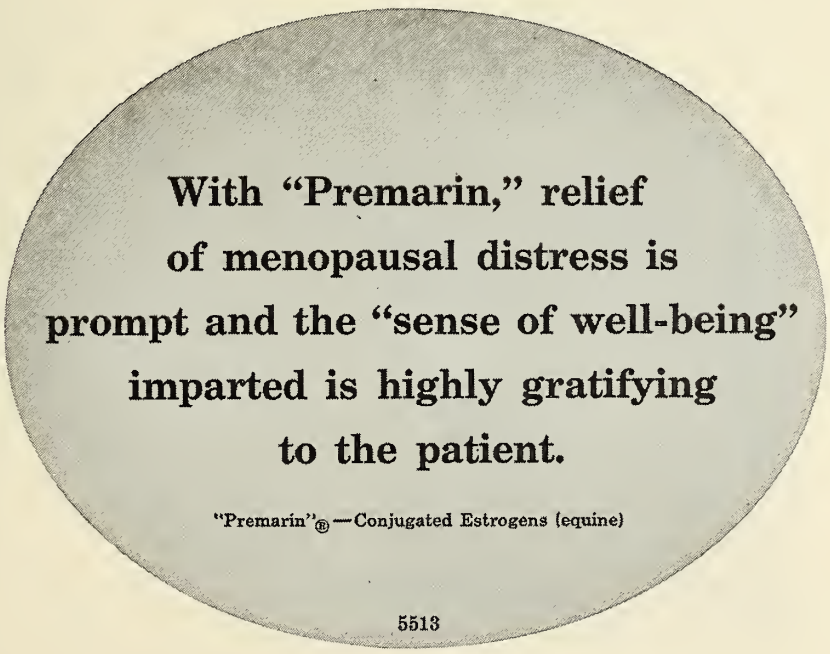
Total advertising, January, 1955	$2,997.88
Total advertising, January, 1954	2,608.63
Gain	$ 389.25
Total advertising, February, 1955	$2,786.06
Total advertising, February, 1954	2,978.26
Loss	$ 192.20

Future Meetings

A. M. A. meeting, Atlantic City, June 6 to 10, 1955. Upon motion of Drs. Olson and Portteus, the executive secretary was instructed to arrange and to operate a headquarters room during the meeting at Atlantic City.

There being no further business, the committee adjourned to meet again at 6:00 p.m. on March 11, 1955, in the Student Union Building, Indiana University Medical Center, Indianapolis.

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News from the County Societies

"Medical Problems of the Township Trustee's Office" were discussed by Paul Tauer at an evening meeting March 1 of the **Boone County Medical Society.** Thirteen members were present. The meeting was held in Witham Memorial hospital, Lebanon.

Members of **Cass County Medical Society** voted to participate in the state program of vaccination against poliomyelitis at their dinner meeting February 21 in St. Joseph hospital, Logansport. The 23 members and guests also heard a tape recording on "Differential Diagnosis of Respiratory Symptoms."

Twenty-two members of **Clark County Medical Society** voted to have six consecutive dinner meetings of the society in an attempt to improve attendance at regular meetings. Action was taken February 19 at a meeting in the Nurses' home, Clark Memorial hospital, Jeffersonville.

The first dinner meeting under the new plan was held March 15 at 7 p. m. in Howard Park Christian church in Clarksville. Twenty members attended and viewed a film on "Management of Hypertension" shown through the courtesy of Wyeth, Inc. The April 21 meeting was to be held in Fehr's Rathskellar, Louisville, at 8 p. m. Doctors, dentists, druggists and their wives have been invited for a social evening.

The **Carroll County Medical Society** met Wednesday evening, March 16, in the home of Dr. James R. McLaughlin in Flora with 8 members present. Dr. J. M. Byrne, Delphi, president of the society, discussed the proposed polio immunization program.

A business meeting of **Decatur County Medical Society** was held February 15 in Decatur County Memorial hospital, Greensburg. Six members attended the combined luncheon and business meeting.

At the March 15 meeting of the society, also held in the county hospital at Greensburg, seven members were present for the luncheon meeting.

A uniform method for handling pre-school examinations was adopted, and action deferred on the Salk vaccine program pending receipt of further information. The society is assisting in an endeavor to establish a central office for all voluntary agencies with a full-time secretary. A report on recent legislation was made by Robert J. Amick, field secretary.

The **Dearborn-Ohio County Medical Society** met March 17 at the Dearborn County Country Club for their regular meeting with 19 present.

Following their scientific program, representatives of the Indiana State Board of Health discussed the Salk vaccine program and the possibility of establishing a full-time county health department. The society went on record as approving the health department plan for the county, but deferred action on the Salk vaccine program until the release of the results of last year's trials.

"The Silent Lesion in the Chest" was discussed by Dr. Donald F. Rayl, before 9 members and 3 guests of the **Gibson County Medical Society** at a dinner meeting February 9 in the Emerson Hotel, Princeton. There was also a general discussion of legislative problems.

Dr. Keith Hammond, Paoli, was the speaker at the March 9 meeting of the society, also held in the Emerson Hotel. He presented a paper on "Streptococcal Infections". Ten members and 5 guests were present.

Eleven members of **Greene County Medical Society** attended a combined dinner and business meeting in Freeman Greene County hospital, Linton, on February 17.

Twenty-six members of the **Jackson County Schneck Memorial Hospital** staff met in the Seymour Country Club March 18 for a

scientific program. Jerry Hendricks, technical service manager for Baxter Laboratories, gave a paper and presented a film on "Acid-Base Fluid and Electrolyte Balance."

Dr. Guy Owsley, Hartford City, Eighth District Councilor of the ISMA, gave a report on a recent meeting of the Council to the **Jay County Medical Society** at a dinner meeting February 2 in the Portland Country Club. The 12 members present also discussed plans to initiate a county-wide school audiometric program.

The **Knox County Medical Society** held a regular meeting in the Grand Hotel, Vincennes, March 15, with 17 present.

The society adopted a resolution which calls for the submission of the name of Dr. James B. Maple for consideration as the "Family Physician of the Year."

In an effort to have better trained personnel in their police and fire departments the society is conducting first aid classes for members of these and other city departments.

The Indiana State Medical Association will ask the next Indiana General Assembly to pass a law which would grant full deduction of all medical expenses from gross income, if a resolution adopted by the Knox County society is concurred in by the House of Delegates. The resolution also requests that Indiana delegates carry the resolution to the AMA House of Delegates, asking the AMA to support a bill in Congress to permit 100 per cent deduction of medical expenses from Federal income tax. The society points out that inasmuch as physicians are forced to pay tax on the money the public pays for their services, the amounts paid by the public should be a deductible item from the patient's income tax bill.

Members of **Kosciusko County Medical Society** and their Auxiliary members held a joint dinner meeting in the Murphy Medical Center in Warsaw February 15. The physicians remained at the hospital for a business meeting before joining the Auxiliary in the home of Dr. and Mrs. Orville H. Richer.

"Ethical Problems in Gynecology and Obstetrics" were discussed by the Rev. Victor Wright, chaplain at St. Vincent's Hospital, Indianapolis, when he spoke February 17 before members of **LaPorte County Medical Society** in the Hotel Spaulding, Michigan City. Special guests of the society were the nurses of Doctors' hospital, Michigan City, Fairview and Holy Family hospitals, LaPorte.

Dr. J. H. Rohr, formerly of Elkhart, was welcomed as a transfer to the LaPorte County society. He is serving as assistant physician at the Indiana State Prison.

Dr. Heinrich Kobrak, Detroit, was the guest speaker for the February 21 meeting of **Madison County Medical Society** in the Anderson Country Club. He spoke on "Treatment of Deafness Due to Middle Ear Disease." Fifty-one members attended the dinner meeting. Dr. George E. Oldag was elected to membership. He transferred from the Indianapolis Medical Society.

Twenty-eight members of **Montgomery County Medical Society** met February 17 in Culver Union hospital, Crawfordsville, where they viewed a film on the "Treatment of Hypertension" which was shown by a Wyeth representative.

The society met in regular session March 17 in the Culver-Union Hospital with 30 members present.

The scientific portion of the program was presented by Dr. William Browning, Indianapolis. During the business session members discussed the proposed polio immunization program and the county welfare fee schedule.

Dr. O. B. McAtee spoke on "The Status of Cragmont Hospital at Madison" at the February 24 meeting of **Owen-Monroe County Medical Society** in the Graham Hotel, Bloomington. Twenty-eight members and one guest, Senator William Hoadley, were present. Senator Hoadley asked for the society's position on legislation then pending before the General Assembly.

Discussion and approval of the administration of the Salk polio vaccine was reported by **Perry County Medical Society** following

their business meeting March 1 in the Nursing Center at Cannelton. Eight members of the society were present.

"Recent Advances in the Uses of Rauwolfia Alkaloids" was the subject of a paper presented by Dr. A. D. Dennison, Jr., Indianapolis before 15 members of **Randolph County Medical Society,** February 14. The meeting was held in Randolph County Hospital, Winchester.

The society also accepted the polio immunization plan as outlined by the Indiana State Board of Health.

At the March 14 meeting of the Randolph County society, the Eighth District Councilor, Dr. Guy Owsley, Hartford City, was a guest during the regular meeting held in the county hospital at Winchester. Fifteen members were present and heard Dr. Owsley review many of the activities of the Association, especially legislative activity.

The scientific program was given by Dr. Tom S. Shields, Richmond.

Discussion of the handling of the polio immunization program, a report by the ISMA field secretary, and a film on "Ovarian Tumors" comprised the program arranged for the **Rush County Medical Society** at the regular dinner meeting, March 10, in Rush Memorial Hospital, Rushville. Eleven members were present.

Dr. Harris B. Shumacker, Indiana University School of Medicine, presented a paper on "The Diagnosis and Treatment of Peripheral Vascular Diseases" before nearly 100 members of **St. Joseph County Medical Society** at the monthly dinner meeting in the Bronzewood Room, Hotel LaSalle, South Bend, on February 23.

On March 8 the society held a business meeting at Northern Indiana Children's Hospital with approximately 80 members present.

Warrick County Medical Society members elected officers for 1955 and discussed polio immunization at the noon luncheon meeting held March 2 in the Boonville Elks Club. Seven members attended. Plans were made to meet quarterly at the same place and hour. The next meeting is scheduled for May.

The **Vanderburgh County Medical Society** joined with the Academy of General Practice in presenting the annual Road Show of the Indiana Academy on February 10. Speakers were Dr. Lester J. Bossert, who discussed "Office Gynecology for the General Practitioner" and Dr. Murray B. Sheldon, who spoke on "Hypertension."

Dr. John J. Sullivan, a transfer from Clinton county, and Dr. J. Guy Hoover, from Warrick county, were elected to membership. Approval of participation in the 1955 Salk vaccine program was voted, and the special committee on polio met February 18 to outline plans for the inoculations.

AMA APPROVES SIMPLIFIED CLAIM FORM

Approval has been granted by AMA's Council on Medical Service to a simplified insurance claim form drafted by a special committee of the Health Insurance Council. AMA's Committee on Prepayment Medical and Hospital Service collaborated with the HIC committee. The form is designed for use in administering surgical expense benefits under group insurance. Physicians who practice in areas where this type of insurance coverage is prevalent should be particularly interested in this development.

Eventually the Health Insurance Council hopes to have about six insurance blanks available to accommodate the various types of benefits. Only this form (GS-1) has been approved by AMA to date although the Council on Medical Service has suggested certain modifications in a second which has been approved "in principle."

Copies of this form may be secured from the Council on Medical Service.

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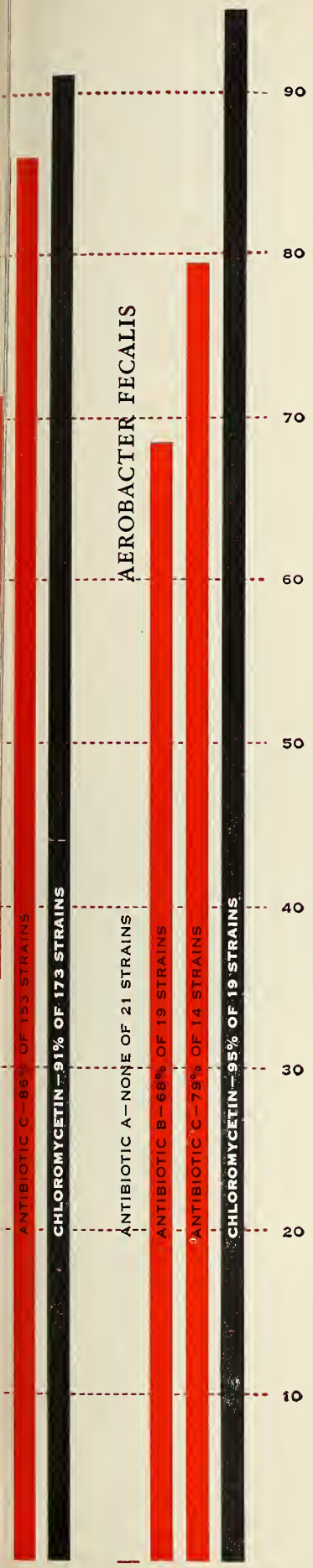
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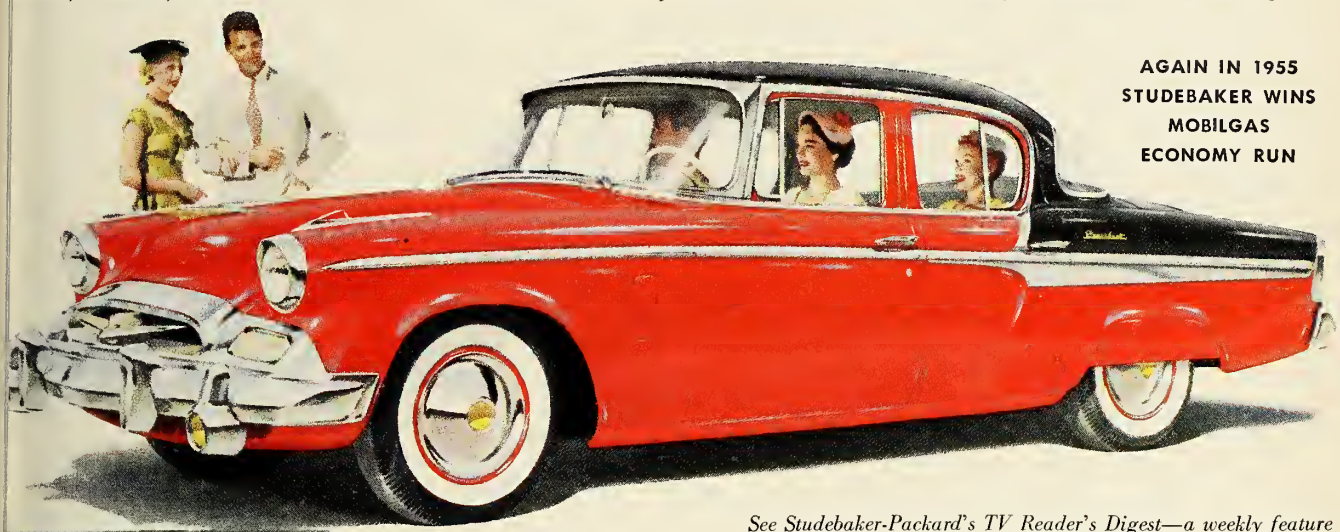
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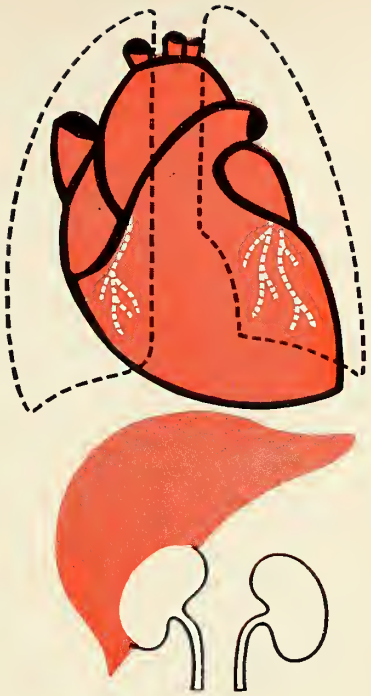
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2.	Herbert O. Chattin, M.D., Vincennes	J. S. Brown, M.D., Carlisle	
3.	John M. Paris, M.D., New Albany	Eli Goodman, M.D., Charlestown	New Albany, May 25, 1955
4.	Wm. C. McConnell, M.D., Sunman	G. S. Row, M.D., Osgood	Batesville, May 4, 1955
5.	Paul Casebeer, M.D., Clinton	O. L. Wood, M.D., Brazil	Terre Haute, June 1, 1955
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Maurice G. Murphy, M.D., Morgantown	T. V. Petranoff, M.D., Indianapolis	Indianapolis, May 17, 1955
8.	James Fitzpatrick, M.D., Portland	John R. Stanley, M.D., Muncie	Portland, May 25, 1955
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Williamsport, June 1, 1955
10.	W. G. Pippenger, M.D., Brook	Hugh J. Williams, M.D., Morocco	Brook, May 18, 1955
11.	Fred Malott, M.D., Converse	Owen Johnson, M.D., Peru	Kokomo, May 18, 1955
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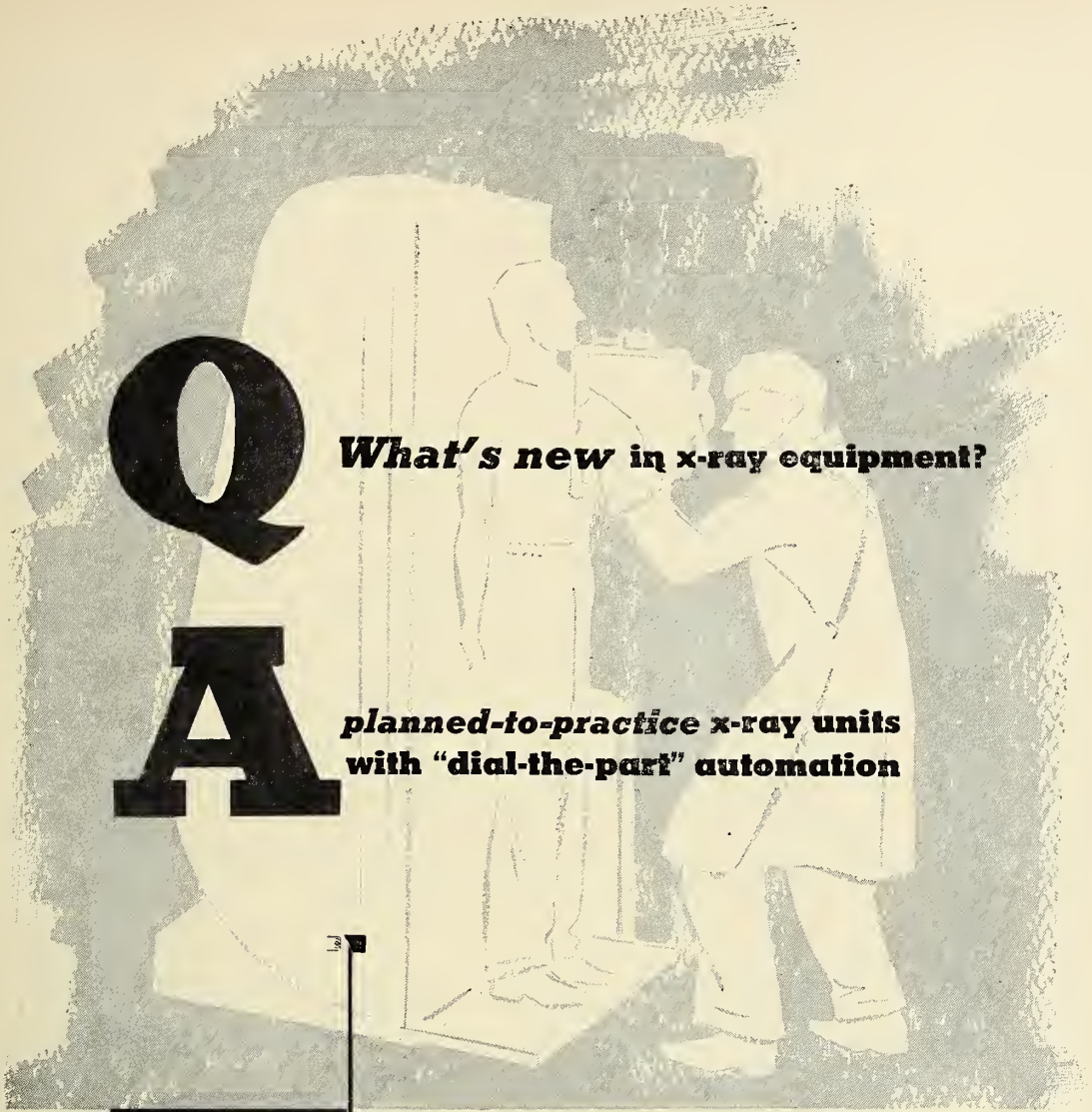
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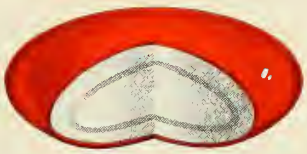
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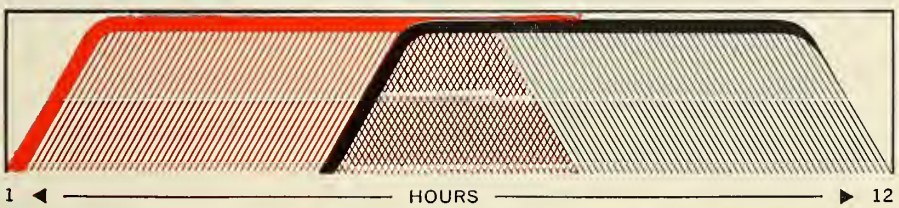
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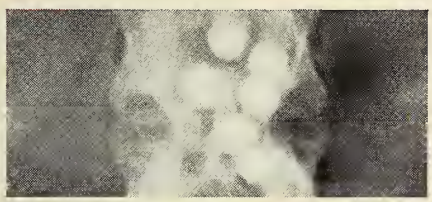
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Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

PROGRESS BACKFIRES AGAIN

"When I was a lad," neon was a rare and inert gas. Now that it has become more plentiful it seems to have become not only less inert but positively dangerous to human life. Attention to this paradox is called by an editorial in *The Journal of the South Carolina Medical Association* for March 1955. It is sufficiently short to quote intact:

NEON NUISANCE

The crashing of automobiles and the mashing of humans goes on at a right hearty rate. Apparently the public is not too much impressed with the importance of trying to reduce the slaughter and the damage.

It might seem that at least some small effort should be made to avoid new hazards, such as those created by the use of bright and confusing lights at intersections. Every little establishment along the way has a glaring neon sign which readily obscures the traffic signals; and filling stations seem to be especially egregious in setting up floodlights which should illuminate their dubiously lovely architecture, but frequently succeed in blinding the approaching driver.

Perhaps our ophthalmologists might have some pertinent suggestions to offer to the people interested officially in safety on the highways. Unfortunately, without strong support, the accomplishment of beneficial changes might well bog down in the mire of petty local politics.

Will the proper I.S.M.A. committee please take notice?

NURSING NEEDS IN TEXAS —AND INDIANA?

The Texas Medical Association is enough concerned about patients that they have established the Texas Joint Commission for Improvement of Care of the Patient. At Austin, Nov. 5, 1954, was held the First Conference on Nursing, sponsored by the commission. Dr. A. C. Scott, Jr., spoke on the physicians' approach to this subject before 9 physicians, 25 hospital administrators, and 76 registered nurses (directors of schools and nursing services). He, a hospital administrator and a director of nursing service all spoke on "What Are Our Nursing Needs in Texas?" Dr. Scott did a beautiful piece of work in pleading for a return of more personalized nursing care for patients. You will enjoy reading the following excerpts from his address, and if you are a practicing physician, no doubt you will say, "Amen!"—

Now, let us consider the quality of nursing care in more detail. To begin with, doctors think the Art of Nursing is rapidly being lost. Many doctors likewise agree with me that the Art of Medicine is fast becoming a dead art. The factors producing this rapid and unfortunate disintegration of the Arts of Medicine and Nursing are almost identical and three-fold: (1) superscientific educational requirements; (2) overspecialization; both of which lead to (3) a lack of close personal contact with and understanding of the patient.

Perhaps it is true that the medical profession's desire for better, more personalized bedside nursing care for patients harks back to the dark ages of twenty, thirty, or forty years ago, when we did not have

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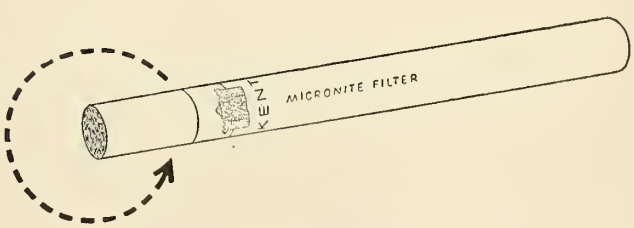
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nursing station red tape, unions, eight-hour shifts, overtime, or specialists in metabolic, psychiatric, diabetic, urologic, orthopedic, pediatric, geriatric, and rocking-chair nursing care, and we simply had to be satisfied with personalized bedside nursing. But, oddly enough, we find the public, represented by individual patients all over the United States, desiring exactly the same thing as the medical profession.

* * *

The keystones of the Art of Nursing and the Art of Medicine are the fundamental urges of women and men to minister to and alleviate the pains and ills of fellow human beings. Actually, the urge is much greater in women than in men. My best guess is that 95 to 97 per cent of young women enter the nursing field because of this primordial urge, and 85 to 90 per cent of the young men entering medicine do so because of this urge to help patients.

The 3 to 5 per cent of women and the 10 to 15 per cent of men who do not have this urge enter the profession for financial or commercial reasons. But, for the time being, let us forget them. They are not worth remembering anyway. Let us consider the vast majority who enter these portals of training because of their fundamental humanitarian urge to help patients.

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STARTING DATES, SPRING 1955

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Surgical Technic, Surgical Anatomy & Clinical Surgery, Four Weeks, June 6.
Surgical Anatomy & Clinical Surgery, Two Weeks, June 20.
Surgery of Colon & Rectum, One Week, June 13.
General Surgery, One Week, May 23, October 17.
Gallbladder Surgery, Ten Hours, June 27.
Thoracic Surgery, One Week, June 6.
Esophageal Surgery, One Week, June 13.
Fractures & Traumatic Surgery, Two Weeks, June 20.

GYNECOLOGY—Office & Operative Gynecology, Two Weeks, June 13.
Vaginal Approach to Pelvic Surgery, One Week, June 6.

MEDICINE—Two-Week Course September 26.
Electrocardiography & Heart Disease, Two Weeks, July 11.
Hematology, One Week, June 13.

RADIOLOGY—Clinical Diagnostic Course, Two Weeks, by appointment.
Radium Therapy, One Week, May 23.
X-Ray Therapy, Two Weeks, by appointment.

PEDIATRICS—Clinical Course, Two Weeks, by appointment.
Neuromuscular Diseases, Two Weeks, June 20.
Pediatric Cardiology, One Week, October 10 and 17.

CYSTOSCOPY—Ten-Day Practical Course every two weeks.

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL

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In the nursing field, these young women enter training school, thinking they will see patients and be with patients more or less constantly as they learn how to treat and care for them. They soon become disillusioned and find they were wrong in this belief. However, despite the fact that in their training period they seldom have an opportunity nowadays to be with, treat, or care for patients, the flame of this fundamental, humanitarian urge is so intense in a few of these students, thank God, that it burns on through all of their formative educational years of training and lights their path of practice clear on throughout life.

Unfortunately, the vast majority who started out with this fine, fundamental humanitarian urge lose it along the wayside in the complexities, profundities, and multiplicities of our scientific educational requirements, which more and ever more take nursing students out of close personal contact with patients.

Whereas in years gone by student nurses spent nine-tenths of their working time with and around patients, today I doubt if more than one-tenth of their time is actually spent with patients except in the very smallest hospitals.

* * *

Certain it is that the emphasis which has been placed on educational and scientific attainment in the last thirty years has paid off well in the form of new discoveries and many important, worth-while changes in both the medical and nursing fields, to the benefit of the public at large. Most certainly, we must continue to have many good specialists in both fields. But the emphasis has been so great on educational and scientific attainment in recent years that the pendulum has swung too far—just as it always does in all great, new, advancing movements. In this instance, it has been at the expense of the Art of Nursing and the Art of Medicine.

It is a hundred times more important that we reverse this trend back to a sensible middle ground than that we furnish hospitals double or treble the present number of nurses.

> Next to a good mother and a good mate,
> God's greatest gift to mankind is a good nurse.

Many good nurses are highly educated—nurse educators, nursing directors, administrators of hospitals, specialists in limited fields, department supervisors, or private duty nurses—but the best ones are those who in their early training had much close, frequent contact and personal experience with individual patients.

Doctors today want more good nurses, whose training experience with patients taught them to give excellent personalized bedside nursing care.

Our greatest nursing need today is a renaissance of the Art of Nursing.

If Florence Nightingale could visit Hippocrates they both would pledge this sentiment in nectar. Results of this Texas conference will be watched with interest.

This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D.C.—This session of Congress probably is more than half over. On health legislation, two things are becoming apparent. First, Congress is not attaching much urgency to some of the early-blooming issues that were so prominent in January and February. For example, it has been in no hurry to take up such subjects as reinsurance for health plans, guarantees of mortgage loans for health facilities, expanded care for military dependents, or health insurance for government employees. Action may yet come in a rush, and some of these bills may be passed, but not all. The second fact is that Congress this year does seem willing, if not anxious, to take some action on mental health.

One explanation of the slow pace of most health bills may lie in the fact that this is only the first session, and that bills not passed this year may be enacted next year, an election year. At any rate, unless a bill is definitely voted down, it remains alive until the 84th Congress adjourns in 1956.

At the top of the list of favored mental health bills are identical measures by Chairman Priest of the House Interstate and Foreign Commerce Committee and Chairman Hill of the Senate Labor and Public Welfare Committee. These bills, which were not initiated by the Eisenhower administration, provide $1,250,000 in grants for a three-year survey by non-governmental professional groups of all phases of mental health. Presumably the survey would be conducted by a Joint Commission on Mental Health, formed by the AMA Council on Mental Health and the American Psychiatric Association, with a number of other groups participating.

Considered by these committees at the same time was the administration's proposal for a three-year program of outright grants to states for new and existing mental health programs with Congress deciding on the money needed.

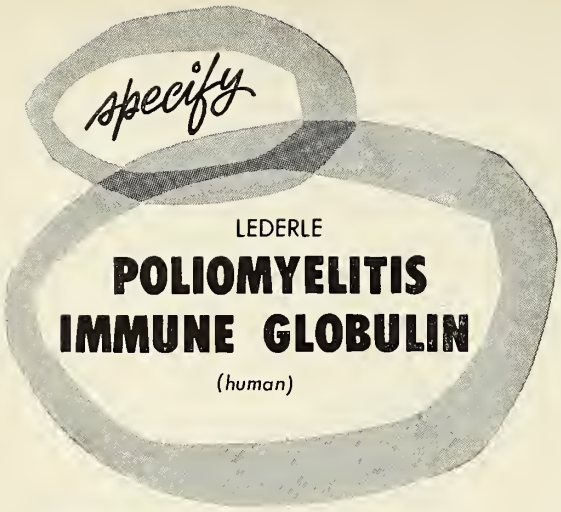
The survey bill was reported favorably by the House Committee within 10 days after hearings were completed. The grants proposal was held up with the explanation that it properly should be considered with legislation not then before the committee.

STATES HAVE NO VOICE

The Priest committee then turned its attention to fields other than health; it also has jurisdiction over legislation on railroads, aviation, communications and federal power. Senator Hill's committee continued on health bills, next taking up his and Senator Bridges' bill for a three-year, $90 million grant program for construction of non-federal laboratory facilities for research in a wide range of chronic diseases.

The measure failed to get AMA support, the Board of Trustees deciding it was too broad and loosely written. Dr. George F. Lull, AMA secretary-general manager, pointed out to the committee that the bill gives no voice to the states and local communities in development of a planned and integrated system of laboratory and other research facilities.

Prior to final Appropriations Committee action on next fiscal year's budget for the Federal Civil Defense Administration, the AMA urged favorable consideration of the agency's request for medical supplies and equipment. Dr. Lull made the point that it was futile to plan for the medical phase of civil defense unless the profession has the supplies to work with. He warned of the



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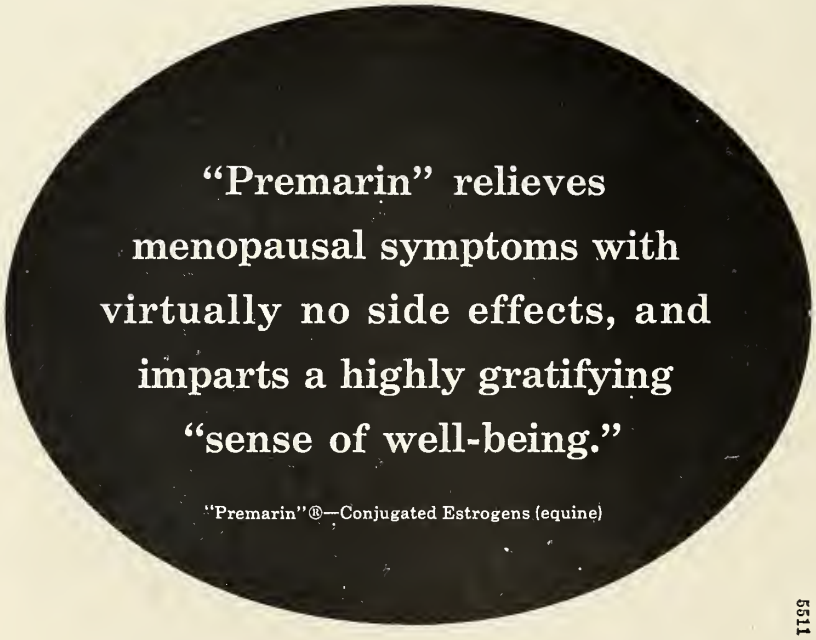
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medical problems that would arise from an enemy attack, including radio-active fallout. The House proceeded to approve a $30 million appropriation for stockpiling of supplies and equipment, $5.3 million less than the administration asked. However, the committee pointed out that FCDA has millions of dollars in unexpended balances.

SEEK TO UP VA FUNDS

This same appropriations bill carries approximately $750 million for the Veterans Administration medical budget for the next fiscal year. The measure contained one surprise: an unexpected $16,885,000 increase for a start on remodeling certain VA hospitals. The VA originally asked the Budget Bureau to approve $20 million for this purpose, the Bureau pared it down to $13,815,000 but the House raised it to $30 million.

Another bill that moved through the House with a minimum of controversy was one re-establishing the authority of the Secretary of Health, Education, and Welfare to channel surplus government property to health and educational institutions at no cost.



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Wanted: PHYSICIANS LOCATIONS

During the month of March five Indiana communities sought assistance from the Physicians Placement Service of Indiana State Medical Association. Some were disclosing for the first time that they needed a physician to serve their communities; others were repeating their urgent plea for additional medical service.

Communities, newly listed, included:

SPENCERVILLE—DeKalb county; population 310. Located 20 miles from Fort Wayne, Indiana; 12 miles from Auburn where hospital facilities are available. Three small factories in town and large surrounding farming community. Contact Charles C. High, Spencerville.

DE MOTTE—Jasper county; population 600. Nearest doctor is 8 miles. Hospitals are at Rensselaer and Valparaiso, 20 miles distant. Community is willing to help a doctor get started. Good schools in community. Contact Otto DeYoung, Jr., DeMotte, for further information.

PERU—Miami county; population 13,000. Opening for a resident at Wabash Employees Hospital. Contact Dr. D. W. Ferrara, surgeon-in-charge, Wabash Employees Hospital, Peru.

MEDARYVILLE—Pulaski county; population 700. No physician in the community. Medaryville serves a large area. Contact M. R. Clarke, Medaryville, for further details.

FOUNTAINTOWN—Shelby county; population 250. Six miles from Greenfield and 12 miles from Shelbyville where hospital facilities are available. Community willing to build an office. Contact the Rev. William E. Pruett, Fountaintown, for further information.

Physicians seeking information about Indiana opportunities were:

Bernard T. Cooper, M.D. (general practice), 347 Limestone Street, Indianapolis, Indiana.

Walter A. Shuman, M.D. (general practice), Holtwood, Penn.

Lt. John M. Holland, M.C. (general practice), 1047 Plane Street, (available Sept. 1955), Middletown, Pa.

R. C. Emmott, M.D. (general practice), Box 248, Stilwell, Oklahoma.

Joe R. Lloyd, M.D. (general practice), 215 St. George, Springfield, Ohio.

Capt. John R. Hanford, M.C. (general practice), 2nd Field Hospital, APO 108, New York, N. Y.

John A. Flatt, M.D. (general practice), 7326 Germantown Avenue, Philadelphia 19, Pa.

J. George Furey, M.D. (orthopedic surgery), 23 Fairway Drive, West Orange, New Jersey.

Thomas J. Monahan, Jr., M.D. (internal medicine), 62 Dunster Road, Jamaica Plain 31, Mass.

Fred H. Slager, M.D. (internal medicine), 22260 Olmstead, Dearborn, Michigan.

Robert I. Pfeffer, M.D. (Ob-Gyn.), 433 Belvedere Lane, St. Louis 19, Missouri.

Charles R. Montz, M.D. (Ob-Gyn.), 309 East Fourth, Marshfield, Wisconsin.

Martin J. Bender, M.D. (urology), 427 Bayard Street, Iowa City, Iowa.

Henry R. Hume, Jr. M.D. (orthopedic surgery), 430 Fairchild, San Antonio 11, Texas.



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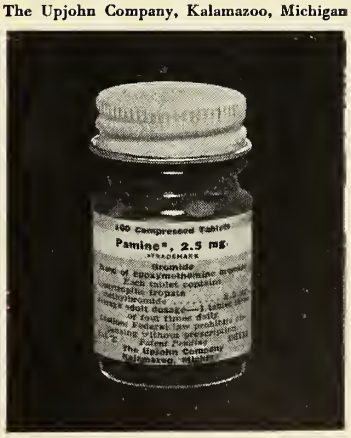
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State Board of Medical Registration Issues Quarterly List of Licenses

PERMANENT CERTIFICATES were granted by reciprocity during January, February and March to the following physicians by the Indiana State Board of Medical Registration and Examination. They are listed with their permanent or present addresses.

Alvin L. Bridges, Anderson; Jaap Jan Lind, Franklin; Kurt Schulz, Indianapolis; Robert L. Marske, Michigan City; Melvin J. Powell, Fort Wayne; Clarence H. Clarkson, North Vernon; Fred E. Lawrence, Indianapolis; Roy McKee, New Castle; John M. Miller, Bloomington; Marvin Alberg, Whiting; Harold Gordon, Louisville, Kentucky; Nathan Levene, Indianapolis; Robert M. Clarke, Muncie; Heskel Shina, Charlestown; Edward V. Schaffer, Indianapolis; George Kinser, Terre Haute; Joseph B. Crawley, South Bend; James P. Elkins, Indianapolis; Douglas A. Bailey, Marion; Thurman Gillaspy, Eaton; Thomas John Beno, Lafayette; Mary F. Hamilton, Evansville; Charles R. Bowers, Anderson; Paul B. Webb, Indianapolis; James R. Gottlieb, Chicago; Bernard I. Popham, Indianapolis; Harold L. Brenton, Columbia City; Eugene W. Hildebrand, Evansville; John E. Krueger, Fort Wayne; George B. Siler, Whiting; Clinton L. Border, Henryville; Maurice L. Courtney, Indianapolis; Thomas N. Davis, Gary; John J. Cunningham, East Chicago; Paul S. Kelley, Cedar Lake; Marshall E. Smith, Highland; Earl K. Williams, Lafayette; and James L. Hall, Jr., Gary.

Four licenses were revoked during the quarter. Names, official reason for revocations and city where doctor was practicing include: Gerald S. Lowery, conviction of a felony, Indianapolis; William J. White, gross immorality, Gary; Russell L. Arbuckle, conviction of a felony, Indianapolis; and Dale S. King, gross immorality, Fairmount.



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Dietary Cholesterol and Vascular Sclerosis

Recent studies reaffirm the "hypothesis that atherosclerosis is fundamentally a metabolic disease subject to important dietary influences"[1] and do much to refute contentions that foods containing cholesterol should be avoided in general diets.

Arterial disease resembling that in human subjects was produced in Cebus monkeys fed diets high in cholesterol and low in sulfur amino acids. Within 2 to 8 weeks after initiation of the regimen serum concentration of cholesterol rose to levels of 300 to 800 mg. per 100 ml. "The hypercholesterolemia could be largely prevented by feeding 1 gram per day of dl-methionine or l-cystine as supplements to the diet." Also, the elevated cholesterol levels "could be restored to normal by feeding 1 gram of dl-methionine but only partially restored by 0.5 gram of l-cystine daily."

According to the investigators, the "vascular lesions were in the ascending aorta but extended from the valves of the left ventricle to the proximal portions of the carotid and femoral arteries . . . The aortic lesions were chiefly characterized by the presence of lipid-laden phagocytes and increase in collagen and elastic fibers. The lipids were in part cholesterol derivatives."

Cholesterol, an essential metabolite produced in intermediary metabolism,[2] is biosynthesized from dietary protein, fat, and carbohydrate.[3] Normally, its synthesis is exquisitely controlled to insure adequacy as well as to protect against an oversupply.[4] Furthermore, considerable evidence indicates that an increased cholesterol intake is not an etiologic factor in alleged aberrations of cholesterol metabolism such as atherosclerosis.

In widely variable amounts, cholesterol occurs in foods of animal origin—meat, poultry, fish and marine foods, eggs, milk products—all foods of great nutritive value.[3] Present knowledge in no way warrants alteration in the customary consumption of these foods because of their contained cholesterol.

Skeletal muscle of beef, lamb, pork, and veal provides but small amounts of cholesterol, approximately 0.06 Gm. per 100 Gm. moist weight of meat.[5] Since atherosclerosis may interfere sharply with normal nutrition, the patient should consume diets rich in protein foods (such as meat), vitamins, and fruit.[6] In addition to high quality protein, meat supplies valuable amounts of needed B vitamins and essential minerals.

1. Mann, G. V.; Andrus, S. B.; McNally, A., and Stare, F. J.: Experimental Atherosclerosis in Cebus Monkeys, J. Exper. Med. *98*:195, 1953.
2. Okey, R.: Use of Food Cholesterol in the Animal Body; Relation of Other Dietary Constituents, J. Am. Dietet. A. *30*:231 (Mar.) 1954.
3. McLester, J. S., and Darby, W. J.: Nutrition and Diet in Health and Disease, ed. 6. Philadelphia, W. B. Saunders Company, 1952, pp. 517-518.
4. Editorial: The Biosynthesis of Cholesterol, J.A.M.A. *152*:1435 (Aug. 8) 1953.
5. Okey, R.: Cholesterol Content of Food, J. Am. Dietet. A. *21*:341 (June) 1945.
6. Wright, I. S.: Arteriosclerosis, in Stieglitz, E. J.: Geriatric Medicine, Medical Care of Later Maturity, ed. 3, Philadelphia, J. B. Lippincott Company, 1954, chap. 28, p. 413.

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Abstracts:

REMOVAL OF SCARS BY ABRASION: AN OFFICE PROCEDURE

Burks, James W. Jr. M.D. The Journal of the Louisiana State Medical Society. Pp. 29:33. Vol. 107, January, 1955.

The author feels that surgical abrasion is the treatment of choice for certain skin defects. He lists scars from acne as the usual indication but feels that accidental or artistic tattoos, scars from trauma, chickenpox or smallpox, wrinkles about the eyes and mouth and certain benign superficial nevi also will respond to this procedure. Basically the technique consists in abrading the skin with a sand paper disc or planing with a revolving wire brush (author prefers the latter). Regeneration of new skin comes from rete pegs in superficial abrasion and from follicular epithelium in deep planing. The standard equipment consists of:

1. Stainless steel brushes of various diameters.
2. Electric motor capable of producing 12,000 r.p.m.
3. Air blower to accelerate freezing.
4. Standard coarse ethyl chloride sprays.
5. Pre-chilling packs to remove sting of ethyl chloride.
6. Accessories (not required)
 a. Protective shields
 b. Spray localizers
 c. Protective gowns

A detailed account of the technique is given which is roughly as follows: The operative area (confined to three square inches at each sitting) is pre-chilled with cold packs for 20 minutes, then cleansed with alcohol and sprayed with ethyl chloride until frozen to board hardness. This usually takes 20 to 30 seconds. Planing is then done as in shaving with the use of an up and down stroke. The appropriate depth is learned only by experience. Postoperative bleeding is controlled with sterile dry compresses for some 20 minutes and the wound is then dressed with an antibiotic ointment. Dressings are changed daily and healing is anticipated in 10 to 14 days. Reabrasion may be done in the same area in about four weeks. The author feels that improvement of 60 to 80 percent may be expected.

John F. Helmer, M.D., South Bend

RHEUMATIC LESIONS IN LEFT ATRIAL APPENDAGES: PATHOLOGIC STUDIES OF MATERIAL REMOVED DURING MITRAL COMMISSUROTOMY

L. J. Tragerman, M.D., and C. L. Corley, M.D., Los Angeles. California Medicine, Vol. 82, No. 3, 163-166, March, 1955.

The left atrial appendage removed incidental to mitral valve commissurotomy was studied for rheumatic lesions in 128 cases. Endocardial Aschoff bodies, which are usually considered indicative of active rheumatic disease, were found in 35.9 percent of the cases. In previously reported series totaling 469 cases the incidence of Aschoff bodies has been found to vary from 16 percent to 67 percent, and the average was 43 percent.

In the present series there were 102 women and 26 men with ages from 24 to 59 and averaging 39.9 years. In 118 of the cases in which the sedimentation rate was measured immediately before operation it was normal in 55 and accelerated in 63 patients, but there was no correlation between the sedimentation rate and the finding of Aschoff bodies. In fact there were slightly more of the patients who had normal sedimentation rates whose auricular appendages contained Aschoff bodies than among those whose rates were elevated. Mural thrombosis was found in 30.4 percent of the cases showing Aschoff bodies, as compared with 46.4 percent of the entire group. However, auricular fibrillation, which was present in 70 of 125 cases, was, as might be expected, more common in the group showing mural thrombosis.

Seven of the 128 patients died in the immediate postoperative period, and autopsy was done in 6 of these. In only one of these had Aschoff bodies been observed in the surgically removed auricular appendage.

Aschoff bodies were found in 27 percent of the men in this group and in 38.2 percent of the women.

It is pointed out that active rheumatic carditis is a contraindication to mitral commissurotomy. In the present series of 128 cases, follow-up information as to evidence of rheumatic activity in the postoperative period was available in 53 patients and in only 8 of them was there clinical evidence of postoperative rheumatic activity. In none of this small group were Aschoff bodies noted in the auricular appendage.

Lall G. Montgomery, M.D., Muncie

(Please turn to Page 474)

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A NEW APPROACH TO MULTIPLE SCLEROSIS

Clawson, Thomas A., Jr., M.D. Rocky Mountain Medical Journal, February, 1955.

It is estimated that 250,000 people in the United States are suffering from multiple sclerosis. Etiology and pathologic physiology are obscure; apparently an alteration or destruction of the myelin sheath of the brain and spinal cord takes place. The author quotes Dr. Aird as stating that therapy which presumably serves to improve vascular supply is of some benefit in multiple sclerosis.

This article deals with the use of Hydergine, a new vasodilator, made up of three hydrogenated ergot alkaloids. It has been used for peripheral vasodilation, also in hypertensive vascular headaches and hypertension. It has its action on the vasomotor center.

The author's interest in Hydergine for the treatment of multiple sclerosis was stimulated by a paper by Hirschmann, Bente and Schmid who reported 25 cases. This paper presents 8 cases. One with no response, two questionable and five responded with encouraging results. No toxic or allergic effects were observed and no hypotensive effects were produced in those cases which had relatively low blood pressure at the onset of treatment.

Richard W. Holdeman, M.D., South Bend

SURGICAL MANAGEMENT OF UNDESCENDED TESTES

Snyder, W. H., Jr. and Lawrence Chaffin: JAMA 157 No. 2, 129-132, Jan. 8, 1955.

This discussion is based on a review of 363 patients from the Los Angeles Children's Hospital. 9.4% of the cases were bilateral. 67% of the patients also had an inguinal hernia.

The series demonstrates a tendency to perform surgical operations at earlier ages during the past few years. If a hernia is present, it and the undescended testis may be operated upon as soon as the child is well established. The authors cite histological studies which suggest that unless the testicle is placed in the scrotum before the patient is 5 years old its spermatogenic function will not develop as adequately as the normally placed mate.

If the testicle is immediately outside the external inguinal ring and can be manipulated into the scrotum no operation is needed.

If the testicle can be palpated and cannot be manipulated into the scrotum, operation is indicated. Hormonal treatment in this type of case is doomed to failure since the nondescent is due to an anatomical barrier.

If the testicle cannot be palpated and if there is no hernia demonstrable, hormonal treatment is necessary if it is desired to bring the testicle down before the age of 5.

However, it has been the practice on the authors' service to delay operation in the last mentioned category until the age of 10 or 12. Studies of fertility are mentioned which tend to show that while orchiopexy in bilateral cryptorchidism improves fertility, the same operation in unilateral disease does not improve fertility. Likewise androgenic function does not seem to be improved by orchiopexy.

The authors feel that, until more evidence is at hand to support the contention of increased fertility from early surgery, surgical procedures in the absence of hernia may well be deferred even up to the time of puberty.

They also feel that when the cryptochidism is bilateral endocrine therapy should be administered and early surgery should be performed on one side.

There were no fatalities in the series. In all bilateral cases good anatomic results were obtained in at least one testicle.

Frank B. Ramsey, M.D., Indianapolis

ENDOCARDIAL FIBROELASTOSIS IN INFANCY

Civin, W. Harold, M.D., and Majoska, Alvin, M.D. Hawaii Medical Journal 14:133-134 (Nov. Dec.) 1954.

Civin, W. H. and Majoska, A. V. report two cases of endocardial fibroelastosis in male infants in Hawaii. Each case revealed cardiac hypertrophy and endocardial fibrosis, predominately of the left ventricle with increased elastic fibers penetrating the subjacent myocardium. The absence of inflammation in each case is stressed.

A general discussion of endocardial fibroelastosis includes a brief picture of the chief clinical features. The complete absence of symptoms in some cases is an added cause of "sudden death" in infants, point out the authors.

Proposed etiologic factors producing endocardial fibroelastosis are thoroughly reviewed. The possible role of infection, metabolic disorders, circulatory deficiency, congenital abnormalities of the heart and nutritional deficiencies were not apparent in the two cases reported, and the authors properly conclude that the precise etiological factor or factors responsible for either or both the dilated and contracted varieties of endocardial fibroelastosis are not as yet well defined.

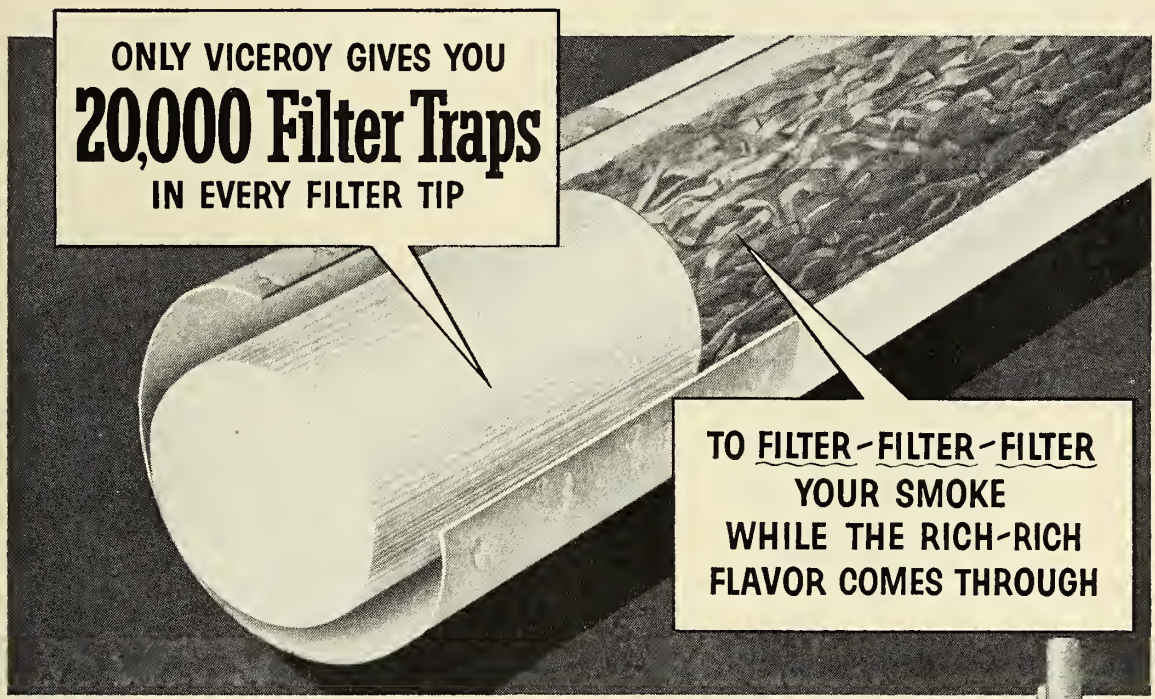
The authors also conclude with an expression of their belief that the disorder is not as rare as is commonly believed.

Charles Woodrow Thacker, M. D., South Bend



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Abstracts: — (Continued)

RADIATION EFFECTIVE IN OBSTINATE CONDITIONS

Rao, John O., M.D., Radiation Therapy As An Effective Measure for Treatment of Obstinate Conditions Encountered in General Practice. Mississippi Valley Medical Journal, Pp 234-235, Vol. 76, November, 1954.

The author feels that many practitioners are not aware of the efficacy of radiation therapy in the treatment of many nonmalignant conditions. The importance of knowledge and skill in the field of x-ray therapy is just as important as they are in other branches of medical science. A brief discussion is given of the importance of various physical factors in determining the type of radiation therapy to be given.

The author feels that the general practitioner is familiar with the use of x-ray therapy in skin conditions and disease in cancer and allied conditions. He stresses another group of diseases that include: 1. Bursitis. 2. Persistant or chronic pruritis. 3. Chronic infection including thrombophlebitis. 4. Eczema and associated allergic diseases. 5. Mycoses. 6. Arthritic root pains. 7. Functional uterine bleeding and sterility due to failure to ovulate.

X-ray therapy has been found to be very effective in bursitis. The acute stages of this disease are associated with pain and disability. It can be treated palliatively by several methods but x-ray therapy appears to be the most satisfactory. The type of therapy varies and depends upon whether or not calcification is seen on the radiograph of the involved region. Following therapy, calcification will frequently subside. The pain disappears within a relatively short period of time. Chronic pruritis is amenable to proper radiation therapy. A number of chronic infections are listed by the author as conditions which can be helped by x-ray therapy. The skin diseases discussed by the author include eczema and mycoses. Arthritic root pains are frequently relieved by x-ray therapy. The treatment is not a cure but does give the patient comfort. The author states "radiation therapy is useful in controlling uterine bleeding provided that one is sure that he is not dealing with malignant disease and has done a diagnostic curettage to rule out cancer." Some of the dangers of radiation therapy in this condition are considered.

Wallace T. Tirman, M.D., South Bend.

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 48 — May 1955 — Number 5

The Role of the General Practitioner In Industrial Medicine*

GEORGE F. WILKINS, M.D.†

Boston, Massachusetts

IT PROBABLY IS SAFE TO STATE that the majority of physicians in private practice do not consider themselves to be particularly involved with the subject of industrial or occupational medicine. However the growth of industry plus the rapid advance of socio-economic legislation in this country in recent years, not only has served to involve the private practitioner, willingly or not, but has placed him in a role that becomes increasingly important with each passing year.

The most recent available information[1] indicates a total of some 62 million employed people in the United States of which slightly more than 55 million are in non-agricultural industry and about 7 million in agriculture. Comparison of these figures to the total population would suggest that approximately 45% of the average private practitioner's patients are people who work at something for someone. Such assumption is in part substantiated by the results of a questionnaire submitted some two years ago by the American Academy of General Practice to its membership. It is reported that of the total number of physicians replying, approximately 90% stated that they did "some industrial practice".

When the plant distribution of our industrial population is considered,[2] this is not as surprising as might appear at first glance. For of the 55 million persons employed in industry, about two-thirds of them work in establishments of less than 500 employees. As the great majority of these plants have neither in-plant medical facilities nor any type of formalized health program, the local physician, usually a general practitioner,

* Presented at the 105th Annual Meeting—Indiana State Medical Association—Indianapolis, Indiana—October 26, 1954.

† Associate in Surgery, Peter Bent Brigham Hospital; Instructor in Surgery, Harvard Medical School; Medical Director, New England Telephone & Telegraph Company; Chairman, Committee on Industrial Health, Massachusetts Medical Society.

is called upon to render whatever medical services plant management considers necessary or advisable. It is the private practitioner therefore who renders industrial medical services in greater or lesser degree, to two-thirds of this country's industrial workers.

OCCUPATIONAL INJURIES AND DISEASE

Although industrial injuries comprise only a portion of the total field of industrial medicine, they perhaps have served as the most frequent point of contact between industry and the average private practitioner. And in spite of accident prevention programs, worker education, and improvements in the working environment, industrial injuries still constitute a problem of major economic importance from the point of the injured worker, his industry and the general public who as consumers, ultimately pay the cost of such injuries. In this country, during 1953[3] there were 2 million disabling work accidents of which 15,000 were fatal and 85,000 resulted in residual permanent impairments of some type. The remaining 1,900,000 produced temporary disability only. As a result of these on the job injuries workers in 1953 lost a total of 45 million man days at a total cost of 3 billion, 150 million dollars or about $50.00 for every worker in industry.

Under the compensation laws of most states, a disease or illness arising out of and during the course of employment, is considered in the same category as an accidental injury and therefore is also compensable. It has been stated[4] that occupational diseases are probably the most often misdiagnosed diseases in medicine, the errors being about equally divided between diagnosing an illness of non-occupational origin as being occupational and vice versa. This is not surprising in view of the fact that there are at present some 600,000 named organic compounds in existence[5]. Many of them are capable of exerting toxic effects upon sufficient exposure. For 1953, the American Conference of Governmental Industrial Hygienists listed some 173 different compounds and substances of known toxic properties together with the threshold limits of safe exposure to each[6]. To complicate the situation, many of these various chemical poisons exert their effects upon specific organs or organ systems. Like lues, as a group they are capable of imitating almost any known disease. The problem of occupational disease therefore places great responsibility upon the private physician. When an individual breaks his leg at work, the diagnosis and the cause are immediately evident. With occupational disease, both the diagnosis and etiology frequently are obscure. One well may ask, how can the private physician best contribute to this seemingly insurmountable situation? The most valuable and fundamental approach consists in taking a careful occupational history in the case of anyone with a peculiar illness in which the cause is questionable. Such a history should not limit itself to details of the patient's current occupation, but should cover his entire occupational life. For example, an individual currently working as a machinist, might present himself with pulmonary disease that actually is silicosis.

A careful occupational history would reveal that prior to his job as a machinist, this man worked for several years as a stone cutter. This then would give the clue to further diagnostic investigation.

Conversely, it should be emphasized strongly that all obscure illnesses among workmen are not the result of their occupation. A hasty diagnosis of occupational disease without reasonable evidence to support such a conclusion, is unfair both to the patient and his industry. It usually results in prolonged litigation with resultant general unhappiness on all sides. Possibly the most common error in this respect is in the realm of the dermatoses. Industrial medical departments frequently receive reports from physicians worded somewhat as follows:

"I have examined Mrs. M_____ because of a skin rash. This appears to be some sort of a contact dermatitis. She gives no history of exposure to anything unusual at home. Therefore I conclude that it must be due to her work." The fallacy of such reasoning should be evident. Of course the dermititis *might* be occupational but it is advisable in cases of this type, first to refer the patient to a dermatologist, a procedure which in most instances results in a rapid and correct solution of the problem to the satisfaction of all concerned. In cases of systemic illness in which suspicion of occupational causation is raised, the attending physician also may obtain assistance through consultation. There are a number of internists today with special training and interest

in the field of toxicology, who are expert in investigating the possible occupational aspects of obscure disease.

In the case of a large industry with an organized medical department, a note or phone call from the attending physician to the medical director outlining his suspicions, ordinarily will result in a complete and impartial investigation of the matter. In smaller industries without medical facilities and in areas where private specialists in toxicology are not conveniently available, assistance usually may be obtained upon request from the State Bureaus of Industrial Hygiene. Such bureaus exist within the structure either of the Department of Public Health or the Department of Labor depending upon the state in question.

REHABILITATION

A discussion of injury or illness, either occupational or non-occupational would be incomplete without mention of rehabilitation. Prior to World War II, one neither heard nor read very much about this subject. Until then I think it safe to say that most physicians concerned themselves primarily with treatment of the acute and early convalescent phases of injury. After healing of the injured part and removal of splints or other supports, except possibly for a short course of baking and massage, the patient usually was left to his own devices to recondition himself to the point of being able to resume his normal activities.

Today it is quite generally appreciated that rehabilitation is equally as important a part of the overall treatment of a case as is management of the more acute phases. Expressed broadly, rehabilitation consists of the use of all reasonable methods to assist disabled individuals to regain their maximum capacity for activity in the shortest possible time.

In areas where rehabilitation centers are available, such centers can take over this phase of treatment in selected cases. In areas where such facilities are nonexistent, or in the less severe type of disability, it becomes the responsibility of the attending physician to follow through on rehabilitation. It might be well to emphasize that rehabilitative procedures should not be reserved exclusively for patients with major amputations, the partially paralyzed or other seriously crippled persons. On the contrary, some degree of rehabilitation is necessary for anyone who has been disabled for more than a short time. Part of this is physical and aimed at reconditioning the injured part, but part of it also is psychological. Many normally active individuals, abruptly sidelined either by injury or illness eventually tend to consider themselves as more or less chronic invalids if their idleness is permitted to continue for a prolonged period of time. Development of such a frame of mind, of itself is sufficient to extend the period of disability, in some cases even to the point of permanency. The attending physician can do much to prevent such a situation from developing by encouraging activity and return to gainful employment as soon as the patient's physical condition permits. This in itself is a form of rehabilitation and an extremely important one.

Heat massage and passive motion, are perhaps the most common physical procedures utilized for rehabilitation. There is no question but that these measures have a definite and important place during the early convalescent phase of many injuries. If continued indefinitely and exclusively, however, they soon lose their effectiveness.

Active motion or exercise is necessary to obtain normal function for it is the only method by which the tone and substance of atrophied musculature can be restored. It also is well recognized that an individual will actively exercise a part more faithfully if his interest can be stimulated and maintained in what he is doing. The average patient with stiff fingers following a hand injury quickly becomes bored with squeezing a rubber ball or sponge even though he appreciates the ultimate value to himself of such exercise. If as a substitute, some form of activity can be devised where he will obtain the same type and degree of desired active exercise but at the same time be making or producing something useful, his interest is sustained and the restoration of maximum attainable function is both more rapid and complete. If this can be accomplished by his return to work, perhaps on a special job assignment but where he again becomes a useful member of society, then the ideal type of rehabilitation has been attained.

NON-OCCUPATIONAL DISABILITY

The discussion thus far has concerned itself with occupational disabilities. Although they constitute a significant and important problem, nevertheless the frequency and severity of ab-

sence from occupational injury and disease, pale into relative insignificance when compared to similar figures for non-occupational disabilities. Because of its magnitude and because many small and medium sized industries do not maintain detailed records of absence, the overall problem in this country never has been determined accurately, although many sampling studies are available.

Gafafer[7], utilizing data accumulated from a number of various reporting organizations, for many years routinely compiled the annual number of absences per 1,000 persons on account of non-occupational sickness and injury that are disabling for 8 consecutive calendar days or longer. For the 10 year period 1941 through 1950, he reported an average incidence of 117.7 for males and 229.3 for females, the female rate being 195% of the male rate. For the year 1950 alone the frequency rate was 116.8 for males and 258.4 for females, the female rate being 266% of the male rate. In these statistics, non-occupational sickness is approximately 9 times as frequent as non-industrial injuries in males and about 12 times as frequent in females.

If the frequency rates just cited are applied to the current industrially employed population, it is found that each year more than 4¼ million men and more than 4¾ million women are absent from work for more than 7 consecutive calendar days as the result of illness or injury not related to their occupation.

Chart I—records the percentage of frequency of disability by cause in the New England Telephone and Telegraph Company both for the 5 year period 1937 to 1941 inclusive and for the year 1953 alone.

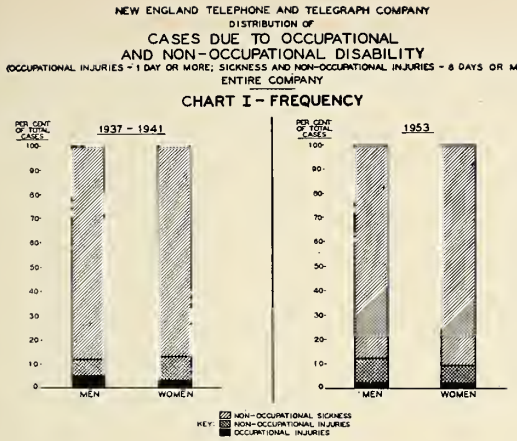
Chart II—records percentages of time lost during these same periods. It is readily apparent that there is very little difference in the two charts, non-occupational sickness accounting for almost 90% of all time lost by both sexes.

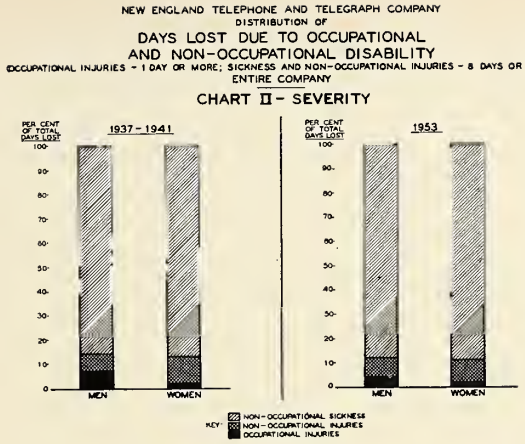
To appreciate the economic significance of such disability upon an industry, let us reduce the problem to the office of an average general practitioner. We will assume that in his office he employs a combination nurse-secretary. If she is disabled for a day or two he probably struggles along without her.

However if she is to be out for two or three weeks or more, he is forced to engage a substitute. Meanwhile, he probably continues to pay the salary of his disabled employee. Therefore during this period he is paying salaries to two employees while obtaining the productive services of only one. The doctor carries on his same volume of practice but because of this additional expense, his net profit is diminished. If this situation is multiplied a hundred fold or several hundred fold for any particular industry, it is easy to appreciate the impact of disability absence upon the industrial economy. Many industries today pay a disabled worker at least a portion of his salary either through the medium of a sickness benefit plan or other type of group disability insurance. Several states now have cash sickness plans in operation that are calculated to accomplish this same purpose. Who pays for this? The worker and his family pay for it because they usually suffer both a reduced income and increased expenses during this period; industry pays for it through increased production costs, and you and I as citizens and consumers also pay for it either in the form of higher taxes or in higher prices for the goods we purchase or both.

The key figure in the problem of non-occupational disability is the family physician. In most instances it is the family physician whom the worker first consults when he becomes disabled; it is the family physician who makes the diagnosis and carries out the treatment; and it is the family physician who determines the duration of work absence for the patient under his care. Because of the key role that he occupies, any substantial progress that is to be made in lessening both the frequency and severity rates of non-occupational disability absence will depend in large measure upon the efforts of the private physician.

Advances in medical science have served to bring about modification of many medical concepts, hallowed by time and until recently, held to be inviolable. Prominent among these changes have been our ideas regarding the relative importance of rest and nutrition in many types of illness. Not too long ago, it was standard procedure to treat a patient with coronary occlusion by keeping him flat in bed for 6 weeks and to automatically shelve him for 6 months as far as any type of activity was concerned. Today, many cardiologists have the patient up in a chair within 48 to 72 hours after the onset of the acute attack if it has not been accompanied by shock,





and find that their patients do much better under this regime. Also, the duration of subsequent disability now is determined not empirically, but by careful evaluation of the individual patient's progress. Most of us also will recall when after an appendectomy for uncomplicated acute appendicitis, the patient not only was confined to bed for 10 days to 2 weeks postoperatively, but in addition was subjected to a program of relative starvation for the first 5 to 7 postoperative days. Both of these well intentioned procedures actually served to deplete his protoplasm to such an extent that anywhere from 6 to 10 weeks were required for his weight and strength to return. Under the current regime of early ambulation and adequate nutrition, the uncomplicated appendectomy patient is usually back at full activity within a month after operation and in the younger age groups even earlier.

These and other changes in the medical management of many types of organic illness, have served to lessen the amount of disability absence from these causes.

However such reductions have been offset and exceeded by a disturbing increase in the number of functional illnesses among the citizenry at large and attributable to the constant pressures of modern day existence. A diagnosis of "nervous exhaustion" with advice to "take a month's rest" usually accomplishes little in this class of illness. In the absence of demonstrable organic abnormalities, fatigue symptoms usually represent a psychic reaction to some type of situational stress. Among the etiological factors involved may be a home problem, deep involvement in debt, dislike of a supervisor at work, a broken love affair and the like. An effort to determine the cause and then attack it either by eliminating it if possible or by helping the patient to recognize and adjust to it is a more satisfactory approach. In many cases of this type, unless the symptoms have been precipitated by a work situation, it actually is better, from a therapeutic point of view, for the patient to remain at work where the job and job associations serve to distract his mind from his symptoms.

LIGHT WORK

The convalescent worker who has regained a capacity for some work, even though he cannot return to his regular job, affords a great opportunity to the private physician to be of service both to his patient and to his patient's industry. In large industries with organized medical departments, the plant physician working in cooperation with the attending physician can determine the employee's work capabilities and then arrange for his placement on a suitably modified work assignment.

In the smaller plants without medical supervision however, a definite problem presents itself. In such an instance, the attending physician is familiar with his patient's condition but not with the requirements of the available jobs. The plant manager or his foreman are familiar with the jobs but not with the capabilities and limitations of the worker in question. In this situation, the attending physician can make a substantial contribution by being as specific as possible when submitting his recommendations, instead of confining his opinion to the meaningless but almost universally used statement—"I believe this patient can do light work".

Since work that might be considered light for a stevedore or trucker would be heavier than

normal for an elevator operator or office manager, the term "light work" defies definition unless augmented by additional qualifying statements. The worker's supervisor or foreman need more specific recommendations from the physician. For example in the case of the cardiac—Can he work overtime? In the case of the patient with duodenal ulcer or diabetes—Can he work irregular hours? In the case of the cardiac or patient with an orthopedic impairment—Can he climb? In the case of the cardiac, the controlled epileptic or the severe diabetic with possibility of insulin reaction—Can he work alone? In the back case—Can he lift and if so how much? Unless the foreman knows specifically what the physician has in mind when light work is recommended, the foreman is very apt to protect himself and resolve the matter promptly by the equally ambiguous reply that no light work is available. As a result, the patient continues in idleness either on a reduced income or no income at all.

THE PERIODIC HEALTH EXAMINATION

Traditionally, the physician's training both at undergraduate and postgraduate levels has consisted almost exclusively of subjects related to curative medicine, the relatively few academic hours devoted to preventive medicine being confined to the public health field and concerned almost entirely with methods of municipal mass protection against communicable disease. It is not surprising therefore that with the possible exceptions of the pediatrician, and more recently the geriatrician, the private physician has not been particularly interested in or concerned with the preventive aspects of medical practice as applied to the individual patient. Both management and labor however are demonstrating increased awareness of the fact that it is better by far to try and keep the worker healthy, than to attempt to restore him to health after he has become ill. One of the most important procedures in connection with preventive health maintenance is the periodic health examination.

The periodic health examination is performed upon an individual who is without symptoms and presumably well. It is in this respect that the health examination differs from the diagnostic examination, since the latter is initiated because of subjective symptoms of some type on the part of the patient. The rationale of the periodic health examination is based upon three considerations: namely that the earlier a pathological state is detected, the more amenable it is to cure or control; that most illnesses, other than acute infections, are asymptomatic in the early stages; and that the average patient as a rule does not voluntarily consult his physician until his disease has progressed to the point of producing symptoms.

Because of management foresightedness, and/or response to labor demands, industries in increasing numbers are adopting programs of periodic health examinations for their employees. In the smaller plants without medical departments, and in the smaller branch offices of large industries, arrangements for these examinations usually are made with a medical group, a clinic or with an internist who is especially interested in the subject of health maintenance. Entirely aside from the organized programs of management and of labor, the individual citizen also is becoming convinced of the value of keeping himself well. A recent news item[8] reported the results of a state-wide sickness survey conducted in the State of Washington. Participating in this survey were 1,200 physicians who kept diary records of more than 73,000 patient visits. The findings, when tabulated, revealed that accidents were in third place accounting for 10% of the total number of visits. Respiratory diseases, the largest of 17 disease categories, ranked second, accounting for 12% of visits. However in first place was 'health maintenance' or preventive care which brought more people to the doctors' offices than any other single cause and accounted for 16% of all patient visits.

This new interest of the individual citizen in health maintenance undoubtedly has been stimulated by his participation in the numerous case finding programs sponsored by national, state and local organizations. Community Chest X-ray surveys for tuberculosis case finding and Diabetes Detection Week occurring each November may be cited as two widely publicized examples of such programs.

The periodic health examination also is a case finding procedure but it is tailored for the individual rather than large groups, and is directed at uncovering pathology of many types rather than being confined to the detection only of one disease or disorder. While this concept of preventive health maintenance presents a relatively

new field for the average practitioner, it is an important and rapidly expanding one. It is a field in which the general practitioner can and will play the leading medical role, provided he manifests an interest in it.

BIBLIOGRAPHY

1. U. S. Department of Commerce—Bureau of Census —as of September 14, 1954.
2. Walmer, C. R.—Environmental Medicine in Industry. Public Health Reports 69:6, 585-587, June 1954.
3. National Safety Council—Accident Facts. 1954 Edition.
4. Seeler, A. O.—The Fundamentals of Diagnosis of Occupational Disease. Proceedings of Symposium on Industrial Medicine—Harvard School of Public Health. 45-49, April 1953.
5. Editorial—Industrial Medicine and Surgery 22:9, 413, September 1953.
6. Special Report—Threshold Limit Values for 1953. Archives of Industrial Hygiene and Occupational Medicine. Vol. 3, 296-298, September 1953.
7. Gafafer, W. M.—Industrial Sickness Absenteeism among Males and Females during 1950—with Index of the Previous Publication of the Series. Public Health Reports, 66:47, 1550-1552 (Reprint No. 3127) November 23, 1951.
8. News Column—Medical Economics—298-300, September 1954.

MOUNTAINOUS LABORS AND MOUSE-LIKE RESULTS

Science, they tell us, is only applied common sense. Like the time the Army tried to figure out (scientifically) how to predict whether a soldier would work more efficiently in the arctic or in the tropics. They gave elaborate psychologic tests. They correlated efficiency at all climes with pulse, blood pressure, pH, metabolic rate, dandruff on the collar, liver function, and so forth. Mightily they labored and at last they found a formula. Now it was possible, well in advance of transferring the soldier, to determine whether he would do better in the tropics or better in the arctic.

How? By asking him whether he liked hot weather better than cold.

Again, consider the two and one-half year study of the Arthritis and Rheumatism Foundation. They had 282 patients with rheumatoid arthritis. The problem was to review the gamut of drugs and see which gave most help to most patients. There were hormones, endocrines, vitamins and antibiotics. There were drugs distilled in the jungles of South America or extracted from the exotic plants of India. There were drugs of metallic origin, drugs of plant origin and wholly synthetic drugs. Results were checked, double-checked and cross-correlated. Indices were computed, coefficients of error and variance were calculated. After two and one-half years the report was finished. The most useful of these many esoteric drugs was found to be: aspirin!

In the field of losing weight, many a genius has discovered, after years of studious sweating and high-proof research, that the best way to lose weight is to eat less.

And so it goes. Without the leaven of common sense, science would float away until it lost itself in the stratosphere.

—*The Journal of the Medical Society of New Jersey*

Marfan's Disease Complicated by Hemothorax

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THE PATIENT, A. H., age 10 years, felt well until early evening on November 14, 1952. He was helping wash dishes and was singing, when suddenly he had a severe pain in his chest and back and collapsed to the floor. At this time there was a cold sweat and he looked pale and sick. He became cyanotic. There was no headache or convulsion, or any prodrome. When seen he was obviously in shock, with a blood pressure of 90/40 and was admitted to the hospital, given oxygen, glucose, plasma, blood, digitalis, and penicillin. By this time his temperature had risen to 101 degrees.

Past History: He was born with multiple congenital deformities which are noted in the physical examination. He has had no other serious diseases, but at the age of five he fell against a doorknob and injured his left eyeball.

Family History: The parents are both living and well. The father is of stocky build. The mother is very tall and has very long fingers and toes. One sister looks like the father. Two siblings died—one shortly after birth from aspiration pneumonia, and the other at eight months of age, cause unknown.

Physical examination revealed a tall boy with a long, narrow face and long fingers and toes. The xiphoid process was absent. There was a funnel chest and scoliosis. The musculature was soft, flabby, and diminished in mass. The head was dolichocephalic, very long and very thin. The ears were pointed and prominent. The left eye was atrophied and scarred, with no vision. The right eye was normal. Nose and throat were normal.

Examination of the heart revealed a tachycardia. Pulse was 140. Apical impulse was in the left anterior axillary line and there was a Grade II systolic murmur at the apex. Examination of the abdomen was normal; liver and spleen could not be felt. There was tenderness and rigidity in the right upper quadrant as well as the right lower chest.

Laboratory work done on admission and shortly thereafter showed a blood count of 3,400,000 red cells with 10.4 grams of hemoglobin; 32,100 white cells with 68 segs. and 32 lymphs. Platelets were 115,000; bleeding time was two minutes; clotting time was five minutes; prothrombin time was 21 seconds. Electrocardiogram was normal.

The roentgenogram of the chest showed calcareous scarring in the left infraclavicular space. There is clouding in the right cardiophrenic angle. The right diaphragm is elevated by about one and one-half inch. The mediastinum is shifted to the left to a considerable extent.

Re-examination of the chest showed pleural effusion on the right. A film was made of the right posterior oblique to outline the effusion as well as association with the interlobar fissure. There was no aneurysm noted.

Course in the Hospital: The patient recovered from shock slowly, but continued to run fever and complain of pain in the right lower chest. He had difficulty in breathing and was cyanotic at times. The X-ray showed fluid in the right chest (see Fig. 1). On November 26, 1952, thoracentesis was done and two quarts of blood were removed from the pleural space. Closed drainage was instituted. This functioned for a time, and when it did, the temperature came down to normal. However, his temperature began to spike again and further X-rays showed a thick pleural membrane and accumulation of more fluid (see Fig. 2). Thoracotomy was done between the ninth and tenth ribs on the right, and a thick pyogenic membrane was found attached to both the pleural and lung surfaces. This was

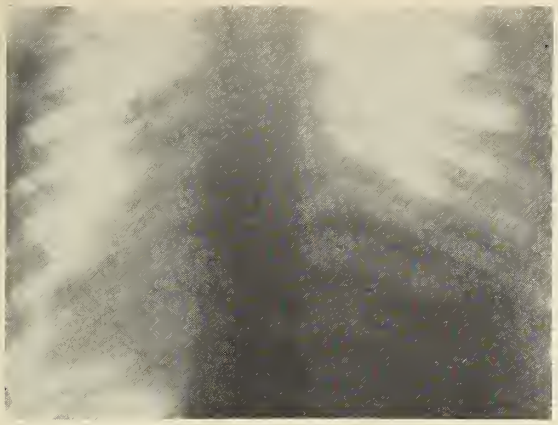


Figure 1

removed. Closed drainage was again instituted and Varidase was injected into the pleural cavity daily to keep the fluid draining adequately. Various cultures from the fluid revealed pseudomonas, non-hemolytic streptococci and staphylococcus. Five hundred thousand units of penicillin were instilled into the pleural space several times.

With this management, the pleural space gradually closed, less and less drainage was obtained, and on January 28, 1953 the patient was discharged from the hospital in good health.

DISCUSSION

In 1896 Marfan[1] described a five and a half year old girl with symmetrical elongation of the distal bones of the extremities, poor musculature and other congenital deformities. Since then, more than 300 cases have been described. Andrew Rados[2], in 1942, published a monograph on Marfan's disease including a complete review of the literature. He noted that 25 patients had vitium cordis and that cardiac symptoms could be found in 39 patients. Marvel and Genovese[3] reviewed the results of autopsies on 28 persons with Marfan's disease and noted cardiovascular lesions in 25. These included cardiac hypertrophy, cystic necrosis of the media of the aorta, intra-auricular septum defects, aortic aneurysms and dissecting aneurysms, aortic valve incompetence and endocarditis.

Etter[4] and Tobin[5] described cases with hemopericardium due to rupture of a dissecting aortic aneurysm.

However, since my patient's difficulties were in the lungs, as well as in the heart, a search was made of the literature for pulmonary lesions associated with arachnodactyly.

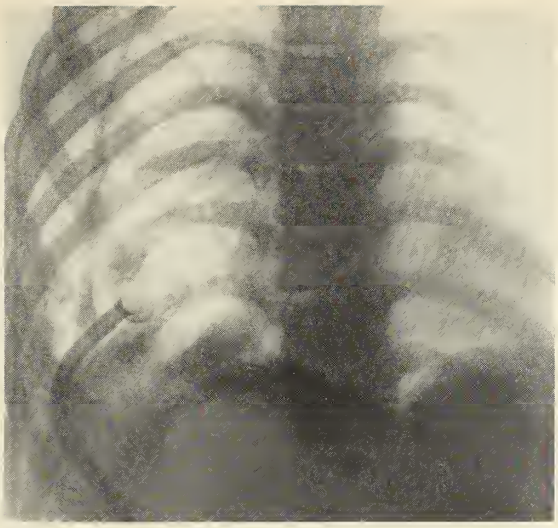


Figure 2

Katz[6] listed some of the pulmonary anomalies. They were vestigial middle lobes, enlarged lingular segments of the left lobe, monolobular lungs and atherosclerosis of the pulmonary artery and its branches. Apert[7] and Baer[8] described atherosclerosis and necrosis of the pulmonary artery.

Oswald[9] described diffuse cystic changes in the lungs, and Adams[10] reported a case of spontaneous pneumothorax due to a ruptured bleb on the lungs. Piper[11] described a case with an intraventricular septal defect and unusual division of the lobes of the lungs.

Hemothorax was described in an autopsy report by Uyeyama[12]. The chest contained three liters of blood resulting from the rupture of a dissecting aneurysm into the chest.

The cause of the hemothorax in the case presented here is unknown. This rare complication of Marfan's disease usually means the rupture of a dissecting aneurysm and has a poor prognosis. However, no aneurysm could be demonstrated on X-ray, and the patient recovered.

SUMMARY

A case of Marfan's disease complicated by hemothorax and the subsequent development of a pyogenic membrane is presented. The patient recovered after treatment for shock, surgical decortication of the pyogenic membrane and the use of Varidase intra-thoracically.

BIBLIOGRAPHY

1. Marfan, A. B.: Un Cas de Deformation Congenitale des Quatre Membres Plus Pronouncee aux Extrem-

ities Characterisee Par, Alongement des Os avec Un Certain Degre d'Amincessement, Bull. Et. Mem. Soc. Med. D. Hop. de Paris 13:220, 1896.

2. Rados, Andrew, M. D.: Marfan's Syndrome, Archives of Ophthal. 27:477, 1942.

3. Marvel, Robert J. and Genovese, P. D.: Cardiovascular Disease in Marfan's Syndrome, American Heart Journal 42:814, 1951.

4. Etter, L. E. and Glover, L. P.: Arachnodactyly Complicated by Dislocated Lens and Death from Rupture of Dissecting Aneurysm of Aorta, A.M.A. 123:88, 1943.

5. Tobin, J. R. Jr.; Bay, E. B.; Humphreys, E. M.: Marfan's Syndrome in the Adult, Arch. Int. Med. 80:475, 1947.

6. Katz, Harry L.: Thoracic Manifestations in Marfan's Syndrome (Arachnodactyly), The Quarterly Bulletin of Sea View Hospital 13:A5, 1952.

7. Apert, E.: Atypical Forms of Dolichostenometic Syndrome of Marfan, Nourrison 26:1, 1938.

8. Baer, R. W.; Taussia, H. B.; Oppenheimer, E. H.: Congenital Aneurysmal Dilatation of the Aorta Associated with Arachnodactyly, Bull. Johns Hopkins Hospital 72:309, 1943.

9. Oswald, N. and Parkinson, T.: Honeycomb Lungs, Quarterly Journal Medicine 18:1, 1949.

10. Adams, Raymond, A. and Porter, William B.: Marfan's Syndrome, Southern Med. Journal 42:844, 1949.

11. Piper, R. K. and Irvine-Jones, E.: Arachnodactylia and Its Association with Congenital Heart Disease, Am. Journal Diseases of Children 31:832, 1926.

12. Uyeyama, Hajime; Kondo, Benjamin; Kamius, Maurice: Arachnodactylia and Cardiovascular Disease, Report of an Autopsied Case with a Summary of Previously Autopsied Cases, American Heart Journal 34:580, 1947.

A Case of Malathion Intoxication In a Ten Year Old Girl

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REPORTEDLY THERE ARE ABOUT 16,000 brands of insecticide preparations registered in compliance with the requirements of the Federal Insecticide, Fungicide and Rodenticide Act of 1947. This Act, which is administered by the U. S. Department of Agriculture does not provide control over the sale and use of pesticides.[1]

Although evaluation of new pesticides before marketing is required by law, methods of evaluation vary widely because of the technical complexity of the problem.[2] Generally, most manufacturers have acute oral toxicity tests carried out prior to submitting their products for license. However, it is realized that the acute exposure of laboratory animals by the oral route may completely fail to approximate the situation of those handling the product. These persons generally experience low-level oral exposure although contact by the dermal and respiratory routes may be considerable and prolonged.

Many cases of toxic reactions and even fatalities have been reported from the use of organic phosphorus compounds.[3, 4] Because the general public frequently uses these compounds as insecticides without full knowledge of the potential dangers and the need for closer control and labeling of these products, the following case is presented.

CASE PRESENTATION

M. H., a 10 year old girl, was first seen by us at the hospital following referral by her physician. The onset of her illness was noted to be about 10:00 a.m. of the day of admission, at which time an aunt found the child lying on the bathroom floor unable to use her legs. She was put to bed at this time and given aspirin. At approximately noon the same incident occurred, the child getting up to go to the bathroom and again being unable to use her lower extremities. This time she was given aspirin and an enema and put back to bed. She fell asleep. The sleep deepened into a state of coma, at which time a doctor was called who immediately referred her into the hospital. The child did not vomit, had no other complaints, and was not involuntary prior to or during the comatose state.

Past history, family history, and review of symptoms were entirely negative and non-contributory.

Physical Examination: At the time of admission the child was in the supine position, in a semi-comatose state, and responded only to painful stimuli. Her temperature was 103°, respirations 40, and pulse 140. Positive findings were limited to the neurological examination. There was stiffness of the neck and back. Kernig's and Brudzinski's signs were positive. The deep reflexes of the lower extremities were absent. The abdominal and upper extremity reflexes were present. Muscle evaluation was unobtainable.

Laboratory Work: On admission the hemoglobin was 11.5 Gm., the red blood count was 3.86 million, white blood count was 13,800, polymorphonucleans 92%, and lymphocytes 8%. The urine was negative. Cerebral spinal fluid revealed no cells; protein 14 mgm.%, glucose 102 mgm.%, culture and smear negative. In view of the elevated cerebral spinal fluid sugar on admission, blood sugar was determined immediately and was found to be 163 mgm.%. However, the following morning this was 84 mgm.% The blood culture was negative. The throat culture grew streptococcus viridans. Therapy at this time was symptomatic and supportive. Subsequent laboratory findings were all essentially normal. Cholinesterase determinations were not available.

Hospital Course: Shortly after admission involuntary bowel movements and vomiting began.

The following day, on questioning the parents who arrived in town, it was elicited that this child attended a reunion on Sunday 48 hours prior to admission, at which time there was spread on the ground a product called Fly Flakes, containing the chemical, malathion. During the course of the reunion it rained, and the child played ball barefooted. Likewise the child covered herself with some plywood sheets which had Fly Flakes scattered on them. Monday morning she left Jeffersonville, the place of the reunion, to come to Indianapolis with her aunt for a week's visit. By that afternoon she was somewhat lethargic and listless. Instead of watching television as she normally did, she went to bed early.

In view of this additional history and the development of vomiting and diarrhea in the child, a can of Fly Flakes was obtained and atropine, the antidote as recommended, was started immediately. Subsequent hospital course was one of progressive improvement with no further vomiting and with gradual return to normal of neurological findings.

DISCUSSION

Because this child was the only one at the reunion to develop toxic symptoms, it was decided to examine her wearing apparel. Fly Flakes were found in the shoes which had been worn not only at the reunion but also on the entire following day which included her trip to Indianapolis with her aunt.

Upon investigation it was found that this product was new in the Jeffersonville area having been advertised repeatedly over radio, television, and in the newspapers as being very lethal for flies. The label on the front of the can states "Easy—Scatter by Hand—No Spraying". On the back, however, under the heading of "Caution" it says to avoid skin contact and use rubber gloves, keep out of reach of children, poultry, and domestic animals. However, nowhere is it stated that the product is a poison and should be handled as such. It is noted that "Buyer assumes all risk of use or handling whether in accordance with directions or not."

Malathion, the active ingredient of Fly Flakes, is the common name selected for the insecticide, O, O-dimethyl dithiophosphate of diethyl mercaptosuccinate. This has found rather wide usage as an insecticide and therefore there is appreciable human exposure. Under conditions of usage, these exposures may take the usual forms of oral, dermal, and inhalation contacts.

The principal pharmacological activity of malathion appears to be its anticholinesterase property.[5] As a result of the inhibition of this enzyme, acetylcholine accumulates in the tissues and produces effects resembling prolonged stimulation of cholinergic nerves.

The toxic manifestations of the organic phosphorus insecticides are similar and are referrable to the postganglionic nerves (muscarine-like effects) and the preganglionic and somatic motor nerves (nicotine-like effects) and the central nervous system. In this case many of these manifestations, as noted, were found.[6]

CONCLUSION

A case of malathion intoxication with recovery is reported in a 10 year old girl. It should be stressed that the label of this product fails to point out in lay terms by use of poison labels, large print, or any common description of its toxic symptoms the dangers inherent in its use. Also it fails to state that atropine, the antidote, is available only through medical channels.

We hope that this case brings forth three points:

1. Doctors should be aware of the use and widespread possibilities of toxic symptoms from the use of this and similar products.
2. Although legally within the law, the labeling and selling of organic insecticides disregards the moral responsibility to the general public.
3. Atropine is the antidote in poisoning by anticholinesterase products.

BIBLIOGRAPHY

1. Food and Nutrition Section: Chemicals Introduced in the Production of Food, Am. J. of Public Health, 40:121, May, 1950.
2. Kay, Kingsley, New Approaches to the Health Hazard Evaluation of Pesticides, Archives of Industrial Hygiene and Occupational Medicine, 8:70, 1953.
3. Grob, D., Garlick, W. L., and Harney, A. M.: The Toxic Effects in Man of the Anticholinesterase Insecticide Parathion, Bulletin of the Johns Hopkins Hospital, 87:106, 1950.
4. Biskind, M. S.: Public Health Aspects of the New Insecticides, Am. J. of Digestive Diseases, 20:331, 1953.
5. Hazelton, L. W. and Holland, E. G.: Toxicity of Malathion, Archives of Industrial Hygiene and Occupational Medicine, 8:399, 1953.
6. Council on Pharmacy and Chemistry, Pharmacology and Toxicology of Certain Organic Phosphorus Insecticides, J.A.M.A., 144:104, September 9, 1950.

Polyps of the Esophagus

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THAT ONLY 41 CASES OF BENIGN POLYPS of the esophagus have been identified in a review of medical literature bespeaks the extreme rarity of the condition. A few instances, apparently asymptomatic, have been disclosed at necropsy; others are dramatically demonstrated when a mass suddenly appears in the mouth as in the case here described.

REPORT OF A CASE

The patient, an elderly white farmer, suddenly regurgitated a fleshy mass into the mouth in the early hours of the morning. The incident was accompanied by marked dyspnea. The family physician was called and cut the mass off after ligation at its narrow pedicle. It was then learned that the patient had suffered from dysphagia for 7 or 8 years. The following day, the man felt well and was able to travel to a nearby city to consult one of us (M.R.) who advised hospital admission for further investigation. This was refused, as were repeated invitations to visit the consultant.

Grossly (Fig. 1), the single specimen was a gourd-shaped mass with numerous fat-like papillae on the surface. The neck portion was 4 cm. long and 1 cm. wide, while the body was 5 x 3 x 2.5 cm. On section, the tissues appeared to be of fat covered by a thin gray layer. Centrally there were longitudinally coursing blood vessels.

Microscopically (Fig. 2), the surface was covered by a thick layer of stratified squamous epithelium which, in some places, had a keratin-like surface with nuclei. There was, however, complete absence of kerato-hyaline. The directly underlying tissues were vascular collagenous connective tissues with numerous dilated blood vessels, both veins and arteries of all calibers. There was also abundant fat, especially centrally and in the pedicle. In many places there was a wide zone infiltrated by lymphocytes and plasma cells

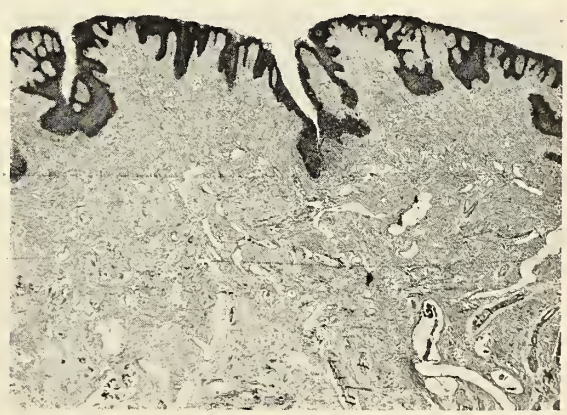
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Fig. 1. Esophageal polyp: view of surface and of interior.



Fig. 2. Esophageal polyp: core of vascular connective tissues covered by non-cornifying stratified squamous epithelium. X25.



directly beneath the epithelium. Nowhere was there evidence of cancer.

COMMENT

About 20% of all benign tumors of the esophagus are polyps; their frequency of occurrence is slightly less than half that of the leiomyomata, the predominating benign new-growth[1].

Men, especially older men, are more frequently affected than women. In one series[2] of 17 cases, 16 were males of whom 14 were over 40 years of age. The condition apparently has been reported only once in childhood in which case the polyps were multiple[3]. The polyp is usually single, gourd-shaped and fleshy, and is attached to the wall of the esophagus by a narrow pedicle at about the level of the cricoid cartilage. It is covered by smooth pale pink glistening membrane similar to that normally found in the esophagus; occasionally the covering is partly ulcerated. The core is made up of fibrous tissue and a variable proportion of fat. Edema may be pronounced enough to render structural evaluation difficult.

Microscopically, the bulk of the tumor is made up of vascular connective tissue generally infiltrated by lymphocytes, plasma cells and eosinophils in variable proportions. Centrally, fat cells are frequently identified and myxoid degeneration has also been observed. The often employed terms, "fibromatous", "fibrolipomatous" and fibromyxomatous", indicate great variation in proportion of myxoid connective and fatty tissues encountered. The covering non-cornifying stratified squamous epithelium generally resembles that of natural esophagus but may be infiltrated by inflammatory cells. A distinct basement membrane is present. The epithelium, however, may be atrophic and rete pegs absent.

The absence of elements of muscularis mucosae suggests that the polyp is exclusively mucosal in origin. Myxoid changes may be caused by reduction in blood supply accompanying progressive enlargement and stretching of its pedicle.

The far less common state of multiple polypi has been reported[3], as have points of attachment distal to the cricoid cartilage. As a rule, the free end of the polyp is rounded but there are examples with bifurcated ends.[4]

Symptoms may be absent or so mild as not to cause the patient to seek medical advice; such silent tumors are sometimes disclosed at necropsy. Commonly there is dysphagia, perhaps for a number of years, or the complaint may be one of "something hanging in the throat". In one instance, a polyp, 18 cm. long and 2 cm. in diameter, was removed surgically.[2] It was only after operation that the patient, a 70 year-old man, fully appreciated the mild sense of fullness in the upper thorax and episodes of belching which he had been experiencing. There may be actual retrosternal discomfort or pain. Recurrent "sore throat" with accumulation of large amounts of mucus, in the absence of pharyngeal inflammation, has also been reported. The clinical picture may be exclusively one of cryptic "gastrointestinal" bleeding. This is produced by ulceration of the polypal covering. Marked dyspnea is evident when the polyp is partially regurgitated and then aspirated, thus obstructing the larynx; this may happen during a bout of coughing or of vomiting. In fact, three persons died of asphyxia from laryngeal occlusion. Further, after ligation of a polyp[5], it subsequently sloughed and became fatally impacted in the larynx. Monro[6], in 1763, was more fortunate when he similarly ligated a polyp and the mass was passed in the stool.

A fairly frequent occurrence, certainly the most dramatic, is the sudden regurgitation of the bulk of the tumor into the mouth. Depending on its size and length of pedicle it may be brought up into the mouth and even protrude beyond the lips. In a 71 year-old man[9], for example, a fleshy mass was regurgitated five times during 12 years before the polyp was resected. The first time, the tumor reached only as far as the back of the throat and the patient was able to push it back with his fingers. On subsequent occasions the polyp was brought up as far as the mouth and then swallowed by the patient. Adams and Hoover[7] have described the case of a 42 year-old man who, during a reception at which oysters were on the menu, was suddenly seized with a choking sensation which he attributed to food sticking in his throat. The "oyster" proved to be a pedunculated polyp (6.5 cm. long) originating at the level of the cricopharyngeus muscle.

One need only refer to McBride's report[8] to appreciate the difficulties attending diagnosis. In his case, initially diagnosed as one of achalasia of the esophagus, there was weight loss, occasional melena and progressive dysphagia dominating the picture. Later, at gastrostomy, a polyp was found, the lower end of which projected into the cardia. In another man[9] achalasia was

diagnosed because of dilatation and hypertrophy of the espohagus; there was no apparent tumor on X-ray. On esophagoscopy, however, a large polyp was identified. The size of the tumor apparently bears no direct relation to the severity of symptoms which it produces. Very large tumors may be relatively symptomless.

From a survey of the literature, one gains the impression that a polyp can very readily escape detection, both by esophagoscopy and by X-ray. In the first instance, the esophagoscopist may mistake the side of the polyp for the wall of the esophagus because of the similarity of their membranes. Furthermore, the polyp may be partially obscured by redundant mucosal folds. Radiologically, Beeler, Collins and Hall[4] stress the importance of detailed examination when such slight abnormalities, as splitting of the barium stream, are observed.

As for etiology, the theory has been advanced[10] that perhaps a developmental anomaly of one of the branchial arches is responsible for the predominance of such tumors at the level of the cricoid cartilage. It is reasonable to assume that the progressive enlargement of a polyp is caused by the repeated peristalsis which accompanies swallowing, perhaps coupled with increased laxity of the esophageal mucosa in older persons. This does not, of course, explain the predominance in males.

SUMMARY AND CONCLUSION

A pedunculated esophageal polyp is described in an elderly man. About 40 cases have been previously reported, some of which were symptomless. Both esophagoscopy and radiologic study may fail to disclose the tumor.

BIBLIOGRAPHY

1. Chi, P. S. H. and Adams, W. E.: Benign Tumors of the Esophagus, Arch. Surgery *60*: 92-101, 1950.

2. Samson, P. V. & Zelman, J.: Pedunculated Tumors of the Esophagus, Arch. Otolaryng. *36*: 203-211, 1942.

3. Dickes, R., Knudsen, A. F. and Franco, S. C.: Multiple Polyps of Esophagus, Arch. Int. Med. *70*: 121-131, 1942.

4. Beeler, R. C., Collins, J. H. and Hall, M. F.: Am. Journal Roentgen. & Rad. Therapy *60*: 466-470, 1948.

5. Dubois, cited by MacKenzie, M.: Manual of Diseases of the Nose and Throat, London, J. & A. Churchill, 1884, p. 68; cited by Samson.[2]

6. Monro, A.: The Morbid Anatomy of the Human Gullet, Stomach and Intestines, Edinburgh, A. Constable and Co., 1811; cited by Samson.[2]

7. Adams, R. and Hoover, W. B.: Benign Tumors of the Esophagus, Journ. Thor. Surg. *14*: 279-286, 1945.

8. McBride, A. F.: Benign Polypoid Tumor of Esophagus, Cancer *4*: 708-716, 1951.

9. Harrington, S. W. and Moersch, H. J.: Surgical Treatment and Clinical Manifestations of Benign Tumors of the Esophagus, with Report of Seven Cases, Journ. Thor. Surg., *13*: 394-414, 1944.

10. Minski, P. R.: Zur Entwicklungsgeschichte und Klinik der Polypen und polypenahnlichen Gewächse des Rachens und der Speiseröhre, Deutsch Ztschr. f. Chir. *41*: 513-587, 1895; cited by Samson.[2]

Acute and Subacute Mastoiditis Necessitating Mastoidectomy in the Antibiotic Era: A Report of 10 Cases

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ACUTE AND SUBACUTE suppurative mastoiditis necessitating mastoidectomy has become increasingly rare since the advent of antibiotic therapy. It was felt, therefore, that a report of 10 such cases treated by the author during the winters of 1953 and 1954 would be of general interest.

The chemotherapeutic agents have prevented many acute middle ear infections from progressing into mastoiditis, and they have cured many cases of early mastoiditis that otherwise might have required surgical treatment. They have, however, inadvertently served to mask all the traditional signs and symptoms on which we used to rely; and they have, unfortunately, presented a false sense of security under which an infection might progress without notice. The wide and prolonged use of the antibiotic agents could be presumed to result in increased resistance of various pathologic organisms to these drugs and enable them to progress in their activity despite adequate therapy.

Hallberg and Thornell[1] reported a case of acute mastoiditis which developed insidiously without clinical evidence of a middle ear infection. They presumed that the infection had traversed from the nasopharynx through the eustachian tube, middle ear, and then through the aditus ad antrum without causing a middle ear infection. Williams[2] reviewed 585 cases of acute and subacute mastoiditis of which 7 percent were classed as "masked" mastoiditis.

It goes without saying that irrespective of the manner in which the mastoiditis developed, with or without treatment, insidiously or openly, any progression into bone necrosis passes the reversible point, and complete exenteration of the mastoid cell structure becomes mandatory.

SURGICAL INDICATIONS

The decision between an initiation or continuance of medical therapy and the performance of a complete (or "simple") mastoidectomy may not always be easy to make. The following may aid as a guide.

1.) A complete mastoidectomy should be performed when a frank acute suppurative mastoiditis exists with the classical signs of postauricular swelling and collapse of the external auditory canal. It is also positively indicated in the presence of extracranial or intracanial complications of otic infection.

2.) A complete mastoidectomy should be strongly considered when an acute purulent otitis media continues to discharge despite antibiotic therapy or discharges recurrently whenever therapy is stopped. When purulent material rapidly refills the canal as fast as it is wiped away, one can assume that its origin is from the mastoid.

The "reservoir sign" is often helpful in such cases: the external auditory canal is wiped clean, and, with the tympanic membrane under direct vision, pressure is exerted in the neck over the internal jugular vein. Stasis with congestion is

thereby produced in its tributaries causing purulent material to spill out into the canal.

A progressive secondary anemia and a leukocytosis are valuable laboratory signs in diagnosing an advancing mastoid infection. Frequently tenderness can be elicited over the mastoid antrum. Often cloudiness in the mastoid can be demonstrated roentgenographically.

REPORT OF CASES

Case 1.—H. D., a 12-year-old white male residing in the city, was seen on February 2, 1953, with a history of scarlet fever which had subsided two weeks previously, pain in the right ear of a duration of five days and swelling behind the right ear of a duration of two days. Treatment consisted of antibiotic ear drops which had been administered daily since the onset of the pain in the ear.

On examination, the right ear canal was found to be collapsed in its posterior-superior segment obstructing the view of the tympanic membrane. There was no discharge in the canal. There was a marked swelling and tenderness over the right mastoid area especially marked over the mastoid antrum. The right auricle was protruding markedly due to the postauricular swelling.

The patient was hospitalized, and an X-ray of the mastoids revealed an irregular cloudy destructive area in the right mastoid. The hemoglobin determination was 11 grams percent. The erythrocyte count was 3,850,000, and the leukocyte count was 15,750. The oral temperature was 99.8°.

A diagnosis of acute suppurative mastoiditis was made, and four hours after admission a complete mastoidectomy was performed. Endotracheal anesthesia was used, and the right mastoid was approached via a postauricular incision. As soon as the cortex was opened, pus under pressure welled up into the incision. Necrotic bone was removed and a "false bottom" was encountered which was found to have pus beneath it. In order to remove all of the cells and necrotic bone, it was necessary to expose both the temporal lobe dura and the occipital lobe dura. The latter was found to be quite red and thickened. It was also necessary to curette out a small zygomatic extension. One drain was placed in the cavity, and the incision was closed with silk sutures.

The postoperative course was uneventful, and intramuscular penicillin was administered twice daily. The drain was removed on the second postoperative day. The patient's temperature was normal four days postoperatively; he was dismissed from the hospital on the eighth day.

Case 2.—J. W., an 8-year-old white male residing in the city, was seen on February 20, 1953, with a history of scarlet fever, which had subsided one and a half weeks previously, and pain in the left ear with swelling behind the ear of a duration of three days. There had been no treatment except warm applications to the ear.

On examination, the left tympanic membrane was found to be congested but not bulging. The posterior wall of the auditory canal was partially collapsed. There was a markedly tender swelling over the left mastoid area which extended down into the neck about half way from the mastoid tip to the clavicle.

The patient was hospitalized, and X-rays of the mastoids revealed a heavy and diffuse cloudiness on the left side. The hemoglobin value was 9.5 grams percent. The erythrocyte count was 3,320,000, and the leukocyte count was 19,100. The rectal temperature was 102.5°.

A diagnosis of acute suppurative mastoiditis was made, and three hours after admission a complete mastoidectomy was performed. Endotracheal anesthesia was used. The left mastoid was approached via a postauricular incision, and pus was encountered as soon as the soft cortex was entered with a curette. It was necessary to expose a small area of the temporal lobe dura in order to remove completely all of the cells and necrotic bone. One drain was placed in the cavity, and the incision was closed with silk sutures. A myringotomy was performed, but only a small amount of bloody secretion was obtained. A culture of the exudate from the mastoid revealed hemolytic streptococcus.

Intramuscular penicillin was administered daily, and the postoperative course was uneventful. The drain was removed on the second postoperative day, and the temperature had returned to normal on the third postoperative day. The patient was dismissed on the sixth day.

Case 3.—D. F. L., a 20-month-old white male residing in a rural area, was seen on February 24, 1953, with a history of discharge from the right ear of a duration of two and a half weeks and swelling behind the right ear of a duration of one day. Treatment consisted of antibiotic ear

drops which were used for three days plus the occasional blowing of tobacco smoke into the ear canal.

On examination, the right ear canal was found to be collapsed and filled with a purulent exudate. There was a marked tender swelling of the right mastoid area which caused the auricle to protrude markedly. The swelling extended superiorly and anteriorly over the zygomatic arch. The child appeared toxic.

He was admitted to the hospital, and X-rays revealed a cloudiness of the right mastoid. The hemoglobin determination was 10 grams percent. The erythrocyte count was 3,770,000, and the leukocyte count was 25,450. The rectal temperature was 102°.

A diagnosis was made of acute suppurative otitis media with mastoiditis, and four hours after admission a complete mastoidectomy was performed on the right side. Endotracheal anesthesia was used, and the right mastoid was approached via a postauricular incision. When the thickened periosteum was elevated, creamy pus could be seen rolling up into the incision through numerous openings in the soft cortex over the area of the mastoid antrum. Soft crumbly bone was curetted out, and several walled-off areas of pus were encountered. It was necessary to curette out a small extension into the zygomatic arch. One drain was placed in the cavity, and the incision was closed with silk sutures. A culture of the exudate failed to reveal any growth of organisms.

The postoperative course was uneventful. The drain was removed, and the temperature was normal on the second postoperative day. The patient was dismissed on the seventh postoperative day.

Case 4.—T. M., a 5-month-old white male from a rural area, was seen on April 10, 1953, with a history of bilaterally discharging ears two months previously for which intramuscular penicillin had been given with a cessation of the symptoms. When the medication was stopped, however, the right ear again began to drain a creamy pus. The patient was given several courses of intramuscular penicillin and was hospitalized once for five days. During each course of treatment the ear would stop draining, but two days after the treatment was stopped it would again begin to drain.

On examination, the right ear canal was found to be full of a creamy pus. The canal was small, and it was not possible to obtain an adequate view of the tympanic membrane.

The patient was hospitalized, and X-rays of the mastoids revealed a few mastoid cells bilaterally with no apparent areas of destruction. The hemoglobin value was 10.5 grams percent. The erythrocyte count was 3,520,000, and the leukocyte count was 13,500. The rectal temperature was 100.4°.

A diagnosis was made of subacute suppurative otitis media with mastoiditis, and a complete mastoidectomy was performed on the right. Open drop ether was used, and the mastoid was approached via a postauricular incision. The cortex was found to be quite soft when entered with a curette. Granulation tissue and thin pus were found in the area of the mastoid antrum. The facial nerve had been exposed by the disease process and could be seen lying bare and exposed. The few mastoid cells were completely curetted out and one drain was placed in the cavity. The incision was closed with silk sutures. Granulation tissue from the area of the antrum was examined histologically and was found to contain many lymphocytes and a few polymorphonuclear leucocytes.

The postoperative course was uneventful. The drain was removed and the temperature was normal in two days. Penicillin was administered intramuscularly daily, and the patient was dismissed on the ninth postoperative day. The mother was advised to hold the baby's head in an elevated rather than a dependent position when nursing to prevent the possibility of milk entering the eustachian tube and middle ear. There was no further fever or discharge.

Case 5.—G. R., a 4-year-old white male residing in the city, was seen on October 3, 1953, with a history of a head cold of a duration of two weeks and pain and swelling behind the right ear which had been gradually increasing in severity for one week. One shot of penicillin had been administered three days previously without apparent benefit.

On examination, both tympanic membranes were found to be slightly congested but not bulging. There was a tender swelling of the right mastoid area causing a protrusion of the right

auricle. The tenderness was most marked over the area of the mastoid antrum.

The patient was admitted to the hospital, and an X-ray revealed a haziness of the right mastoid. The hemoglobin determination was 9.5 grams percent. The erythrocyte count was 3,570,000, and the leukocyte count was 15,250. The oral temperature was 99.8°.

A diagnosis was made of acute suppurative mastoiditis, and a complete mastoidectomy was performed four hours after admission. Endotracheal anesthesia was used, and the right mastoid was approached via a postauricular incision. When the periosteum was elevated there was revealed a perforation of the cortex over the mastoid antrum from which granulation tissue was protruding and through which creamy pus was oozing. The infected bone and cells were completely removed which necessitated exposure of the lateral sinus. One drain was placed in the cavity, and the incision was closed with silk sutures. A myringotomy was performed but no pus was obtained. 250 cc. of whole blood were given by transfusion. Tissue removed from the mastoid was examined histologically and was found to show granulation tissue containing numerous lymphocytes.

Penicillin was administered intramuscularly twice daily, and the postoperative course was uneventful. The drain was removed on the second postoperative day at which time the temperature was normal. The patient was released on the seventh postoperative day.

Case 6.—M. L., a 9-week-old white male residing in the city, was seen on November 24, 1953, with a history of bilaterally discharging ears of a duration of one week and swelling of the left mastoid area of a duration of 3 days. The baby had been fretful and not eating well for four days. There had been no treatment other than "sweet oil" administered as ear drops.

On examination, both ear canals were found to be collapsed and full of a creamy pus. There was a tender swelling over the left mastoid area which caused a protrusion of the auricle.

The baby was hospitalized, and an X-ray revealed no pneumatization in either mastoid and no evidence of a destructive process. The hemoglobin value was 9.5 grams percent. The erythrocyte count was 3,250,000, and the leukocyte count was 13,000. The rectal temperature was 101.2°.

A diagnosis was made of bilateral acute suppurative otitis media with mastoiditis on the left. Three hours after admission a complete mastoidectomy was performed on the left side. Open drop ether anesthesia was used. The mastoid was approached via a postauricular incision, and creamy green pus welled up under pressure as soon as the skin incision was made. A perforation of the cortex was noted over the area of the mastoid antrum, and soft bone and granulation tissue were cleaned out of the area of the antrum. One drain was placed in the cavity, and the incision was closed with silk sutures. A transfusion of 150 cc. of whole blood was administered. A culture of the exudate revealed streptococcus viridans.

Penicillin was administered daily intramuscularly, and the postoperative course was uneventful. The temperature was normal on the second postoperative day; the drain was removed on the third day. The patient was dismissed on the fifth day.

Case 7.—A. C., a 5-year-old white male living in a rural area, was seen on January 22, 1954, with a history of a discharging left ear of a duration of four days and swelling behind the left ear for two days. There had been no treatment.

On examination, the left ear canal was found to be collapsed in its posterior segment and full of a creamy pus. The tympanic membrane was not visible. There was a very tender swelling of the left mastoid area which caused the auricle to protrude markedly and which extended down into the neck. The patient had a toxic appearance and held his head in a "fixed" position.

The patient was admitted to the hospital, and X-rays did not show any evidence of destruction. The hemoglobin determination was 10 grams percent. The erythrocyte count was 3,550,000 and the leukocyte count was 22,900. The rectal temperature was 103.5°.

A diagnosis was made of acute suppurative otitis media with mastoiditis and a Bezold's abscess on the left. Three hours after admission a complete mastoidectomy was performed. Endotrachael anesthesia was used. The left mastoid was approached through a postauricular incision, and as soon as the periosteum was elevated thick green pus welled up from the tip area. There was then found a perforation through the cortex in

the tip through which pus was oozing. The mastoid was completely cleaned out, and it was necessary to remove the entire tip because of the bone destruction. Pus was aspirated from the intramuscular spaces in the neck, and one drain was placed down into this area and brought out the incision. A second drain was placed in the mastoid cavity, and the incision was closed with silk sutures. A culture of the exudate revealed hemolytic streptococcus.

Penicillin was administered intramuscularly twice daily, and the postoperative course was uneventful. The temperature was normal on the second postoperative day, and the drains were removed on the third day. The patient was dismissed on the seventh postoperative day.

Case 8.—T. M., a 7-year-old white male residing in a rural area, was seen on February 1, 1954, with a history of a discharge from and pain behind the right ear of a duration of four days. He had had recurrent episodes of right otorrhea all winter which had responded readily to intramuscular penicillin. At age two he had had a large cystic hygroma removed from beneath and behind his right ear by surgery and X-ray therapy. He had had intramuscular penicillin once daily for the three days previous to being seen.

On examination, the right ear canal was found to be collapsed in its posterior segment and filled with a thin pulsating purulent discharge. There was a tender swelling of the right mastoid area which caused a protrusion of the auricle.

The patient was hospitalized, and X-rays revealed a minimal cell development on the right with a periantral sclerosis posterior to which was a small radiolucent area. The hemoglobin value was 10.5 grams percent. The erythrocyte count was 3,730,000, and the leukocyte count was 17,200. The rectal temperature was 102°.

A diagnosis was made of acute suppurative otitis media with mastoiditis on the right. A complete mastoidectomy was performed, and endotracheal anesthesia was used. The mastoid was approached via a postauricular incision. As soon as the soft cortex was entered, pus welled up into the incision. The infected bone and cells were completely removed, and one drain was placed in the cavity. The incision was closed with silk sutures. A culture of the exudate failed to produce any growth. A specimen of the necrotic tissue from the area of the antrum was examined histologically and was found to be infiltrated with lymphocytes and neutrophils.

Intramuscular penicillin was administered twice daily, and the drain was removed on the second postoperative day. The temperature was normal on the second day, and the patient was dismissed on the sixth day.

Case 9.—C. E., a 5-year-old white female living in a rural area, was seen on February 19, 1954, with a history of flu one and a half months previously and a "cold" one and a half weeks previously. There had been pain in the left ear and swelling behind the ear of a duration of three days. There was no discharge. There was no history of previous otitis media. The patient had received oral penicillin for the previous three days.

On examination, the left tympanic membrane was found to be congested but not bulging. There was a tender swelling of the left mastoid area which caused a marked protrusion of the auricle.

The patient was hospitalized, and X-rays of the mastoids failed to show any evidence of destruction. The hemoglobin determination was 10.5 grams percent. The erythrocyte count was 3,990,000, and the leukocyte count was 16,700. The rectal temperature was 99.8°.

A diagnosis was made of acute suppurative mastoiditis, and four hours after admission a complete mastoidectomy was performed. Endotracheal anesthesia was used, and the left mastoid was approached via a postauricular incision. When the periosteum was incised, green pus under pressure welled up into the incision. A perforation was found in the cortex over the area of the mastoid antrum. In cleaning out the mastoid a "false bottom" was encountered, and pus was found under this shelf. One drain was placed in the cavity, and the incision was closed in layers with silk sutures. A myringotomy was performed, but no pus was found. A culture of the exudate failed to show any growth. A Gram stain revealed many pus cells but no organisms.

Penicillin was administered intramuscularly twice daily, and the postoperative course was uneventful. The temperature returned to normal and the drain was removed on the second postoperative day. The patient was dismissed on the sixth day.

Case 10.—J. H., a 4-year-old white female living in the city, was seen on April 13, 1954, with a history of pain and swelling behind the right ear of a duration of four days. There had been no discharge. The patient had received a shot of penicillin daily for the previous three days.

On examination, the right ear canal was found to be collapsed in its posterior-superior segment obscuring the view of the tympanic membrane. There was a marked tender swelling behind and above the right ear which caused a protrusion of the right auricle.

The patient was admitted to the hospital, and X-rays of the mastoids revealed a questionable haziness on both sides. The hemoglobin value was 9.5 grams percent. The erythrocyte count was 3,330,000, and the leukocyte count was 12,550. The rectal temperature was 101°.

A diagnosis of acute mastoiditis was made, and a complete mastoidectomy was performed three hours after admission. Endotracheal anesthesia was used. The right mastoid was approached via a postauricular incision, and as soon as the periosteum was incised pus welled up into the incision. A perforation in the cortex was noted over the mastoid antrum. A "false bottom" was encountered, and pus was found beneath it. It was necessary to expose the dura of the temporal lobe and the sigmoid sinus in order to exenterate the necrotic bone. One drain was placed in the cavity, and the incision was closed with silk sutures. A culture of the exudate failed to show any growth.

Penicillin was administered intramuscularly, and the postoperative course was uneventful. The drain was removed on the second postoperative day at which time the temperature was normal. The patient was dismissed on the seventh postoperative day.

COMMENT

Although this series of cases is not large, several consistencies demand notice and invite conclusions.

In all of the reported cases there was present a moderate or marked leukocytosis and a secondary anemia. A progressive decrease in the hemoglobin evaluation cannot be overemphasized as a valuable laboratory indication of advancing suppurative bone necrosis.

Only two of the ten cases received what could be considered as adequate early antibiotic treatment. The possibility of antibiotic-resistant organisms must be considered in these cases. Whether or not surgery could have been avoided in the remaining eight cases, had adequate early therapy been employed, is an unanswerable question. Only one of the reported cases could be considered as a "masked" mastoiditis.

Although surgery in all 10 cases was clinically indicated, and although a suppurative mastoiditis was evident in each case upon surgical exposure, it is interesting to note that in 4 of the 10 cases the X-rays were reported as normal. X-ray studies of the mastoids are always of value especially in determining the type of bone structure and the cellular pattern, but roentgenographic demonstration of bone destruction often lags too far behind the pathological process to be relied upon as indication for surgical intervention.

Of the seven cases in which a culture of the exudate was taken, it is of interest to observe that a report of no growth of any kind was returned in four cases. This is probably explained by the medical treatment in these cases which brought the suppurative process to a standstill.

SUMMARY

Ten cases of acute and subacute mastoiditis necessitating mastoidectomy are presented, and the indications for surgical intervention in such cases are discussed.

The value of a progressive secondary anemia as a diagnostic sign, the advisability of early and adequate antibiotic therapy in potential cases, and the fallibility of roentgenographic studies as a reliable diagnostic tool in these cases are stressed.

REFERENCES

1. Hallberg, O. E., and Thornell, W. C.: Masked mastoiditis. Minnesota Medicine. 27:284 (April) 1944.

2. Williams, H. L.: Quoted by Hallberg and Thornell.

The Journal
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Devoted to the interests of the medical profession of Indiana

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INDIANA PHYSICIANS PRAISE SALK

THE INDIANA STATE MEDICAL ASSOCIATION availed itself of its earliest opportunity to register officially its enthusiastic praise of the work of Dr. Jonas E. Salk and his associates in the University of Pittsburgh School of Medicine for their imminent conquest of polio. In the meeting of the Executive Committee of the Association, Sunday, April 17, the following resolution was adopted:

RESOLVED That in the judgment of this Association the glorious achievement of Dr. Jonas E. Salk and his co-workers adds a special brilliancy to an age already illustrious for its scientific triumphs; and that the successful development of the means by which to halt and stop in its murderous course one of the dreaded scourges of the children of men, should forever encourage reliance upon the power of inductive reasoning with which a generous Providence has endowed the human mind; —and further, that the demonstration of universal cooperation upon the basis of voluntary individual initiative, free from any government interference or coercion, which is still fresh in our minds in connection with the all-out effort to make available to the whole human family the benefits of the genius of Dr. Salk and his co-workers in medical scientific research, —should always be an inspiration to the whole world to develop, preserve and depend upon that fine spirit of untrammelled, uncontrolled, unforced recognition of human brotherhood, which found one of its noblest expressions in the way in which free medical science discovered a means for the stamping out of polio, the free pharmaceutical industry speedily produced, and the entire free medical profession stands ready to administer gladly, without delay or discrimination—so that none will be beyond the beneficent reach of this modern medical discovery, with the result that no child will be denied the protection of the Salk vaccine, no matter what the financial condition of his family may be.

AND RESOLVED, also, that the will and spirit demonstrated in this dawning conquest of polio should be kept effective for the further conquest of disease, the lengthening of our days, and the enriching of our lives by abounding

health; and particularly that the medical profession continue to do all within its power to help advance the interests of mankind in the field in which it tries to serve, and that it never cease to support and do honor to such of its members as Dr. Salk and all others in medical research whose labors prove to be such rich benefactions to all humanity.

KIRKPATRICK MEMORIAL FUND

RECENTLY THE FIRST OF A SERIES of conferences on the processes and problems of aging was conducted at Muncie. The program was arranged in the manner of a workshop in order to outline the questions which are to be explored and studied in subsequent workshops or lectures.

The series of exploratory and educational conferences is planned to extend for the next several years. The Kirkpatrick Fund, which endows this endeavor, is a memorial to J. Walter and Arrena I. Kirkpatrick, parents of Nila Kirkpatrick Covalt, M.D.

Mr. and Mrs. Kirkpatrick, during their lifetime, were deeply interested in many civic and community activities, and were particularly anxious to contribute to the solution of medical and social problems of the aged and aging. Their bequest to this ideal was the basis of the fund which has been named in their memory.

Their daughter, Dr. Nila Covalt, with the help and advice of several Muncie physicians, has conceived the lectureship as a means of carrying out the lifelong desires of the Kirkpatricks, whose lives have been the inspiration of this unique and wonderful enterprise.

The meetings have been arranged with the cooperation of Ball State Teachers College Foundation, the Delaware-Blackford County Medical Society, and Indiana University School of Medicine. As the aims of the fund are developed and specified and as the problems of gerontology are being solved it is planned to continue, on at least an annual basis, a conference or workshop at Muncie, and a lectureship at the Medical School for the dissemination of the knowledge attained.

The initial program on March 15 celebrated a most auspicious beginning with out of state participants in the persons of Dr. Edward J. Stieglitz, Dr. Wilma Donahue, Dr. Clark Tibbits and Mrs. Irma H. Firede, as well as representatives from health, educational and civic organizations from the entire state.

For a considerable period of time in the past and presumably for many years in the future the American population has been and will be acquiring an increasing number of senior citizens. The field of inquiry into their medical problems has just been entered into. Their social and economic needs require study. The Kirkpatrick Memorial Fund is providing a means of defining these problems and is leading the way toward their solution.

STUDENT AMERICAN MEDICAL ASSOCIATION

MORE THAN 1,000 MEDICAL STUDENTS and interns will be attending the Fifth Annual Convention of the Student American Medical Association in Chicago this month.

The organization is now, after a short five year period of growth, composed of 67 chapters, each one representing the student body of a medical school. Delegates from the chapters are organized into a national House of Delegates which annually considers and often solves the many weighty problems of medical education and internship.

The chapter at Indiana University School of Medicine was established soon after the movement was initiated. This year, under the presidency of Dan McKinney, it has conducted a program at Indianapolis for the benefit of the membership, and is now planning its organization for the coming school year.

The chapter has a faculty adviser, and also relies on the counsel of two other advisers, one a

representative of the Indiana State Medical Association, and the other from the Indianapolis Medical Society.

One of the purposes of SAMA is to acquaint its student members with the ethics, ideals, and proceedings of medical societies and associations. In furtherance of this purpose, two members of the Indiana chapter attend the House of Delegates of the ISMA each year.

The national organization has set up a group life insurance program which is featured by a low premium term plan to begin with, convertible to permanent insurance any time within four years after graduation. The number of married medical students has increased rapidly during recent years; SAMA life insurance has become very popular and helps to solve one of the financial problems.

This year an essay contest has been held in cooperation with the Blue Shield Commission. Prizes are offered for each local chapter winner and the three top national winners will receive generous cash awards. The essay subject was "A Medical Student Looks at Blue Shield".

The annual convention has been preceded by considerable committee work, just as is the case in the older medical organizations. It is expected that the delegates will wrestle with one of the problems with which all graduating students are nowadays concerned—the internship.

In the past the SAMA has treated its problems in a judicial and conservative fashion. It may well be that a group of 1,000 earnest members may be able to come up with some sharp answers on the internship puzzle.

REHABILITATION

THE HEALTH RESOURCES ADVISORY COMMITTEE of the Office of Defense Mobilization recently issued a report of their studies on rehabilitation.

The study was undertaken with the thought that the nation's skills and manpower would be maintained at the highest possible level if rehabilitation procedures were utilized in the most efficient manner possible. Such a plan would return the sick or injured worker to his job as soon as possible, and would also utilize the skills of the rehabilitation personnel most efficiently.

In order to acquaint all the various agencies and personnel concerned with the complex system of rehabilitation the committee plans to stimulate an educational program. Medical schools will be urged to indoctrinate their students in the philosophy of rehabilitation. Universities with courses in hospital administration will be requested to place greater emphasis on rehabilitation.

In addition, the American Hospital Association will stress the program in their publications. The National League for Nursing will consider ways and means of indoctrinating nurses.

It is hoped by this program and by recruitment and training of more personnel to provide —first, more rehabilitation facilities, and second, to improve existing facilities in the field of continuing care through successive stages in long-term patients.

One of the objectives is to integrate the rehabilitation process with the acute phase of the illness or injury. The importance of managing the treatment early in the disease with a view, or at least a sidelong glance, toward rehabilitation is not fully understood.

It is felt that a slight increase in number of rehabilitation personnel together with a general upgrading of the efficiency with which their skills are applied, and a better understanding on the part of doctors, nurses and hospital administrators of the rehabilitation process, will heighten the potential of such procedures to such an extent that eventually the sick and injured will be rehabilitated more quickly and fewer persons will be needed in this endeavor.

The President's Page

SALK VACCINE EFFECTIVE

THE ABOVE HEADLINE, blazoned across the nation April 12th, heralded another epochal advance in medicine's conquest of disease. Dr. Jonas Salk, his co-workers and the thousands of research men in the field of virology who made important contributions leading to his perfection of a polio vaccine, deserve our fervent thanks.

This vaccine will now take its place among the great discoveries in medicine in this past quarter of a century. A free people contributing voluntarily to science where research men can work and explore unfettered by dictatorial control should be a shining example of Democracy. I can almost hear the sighs of relief and prayers of mothers of our nation, yes, of mothers all over the world, as they contemplate the meaning of this marvelous discovery. It is often said that the difficult task takes work and sweat but that the impossible task only takes longer to accomplish.

By and large, Indiana physicians with little prior knowledge of the vaccination plan have responded admirably in administering the polio vaccine to thousands of children in the most susceptible age groups. The manufacturing acumen of our pharmaceutical houses should make the vaccine available in short order for all our people. Unlike the more selfish Communistic governments we will no doubt be sharing our good fortune and know-how with all the world.

It is my firm belief that this same type of operation will unlock the door behind which another killer hides. Reports from our cancer research centers give every hope of dealing a coup de grace in the near future to this scourge of mankind. Heart disease, mental disease, and a host of other afflictions are being assailed on every front. With all these advances man has increased his span of years and with it the socio-economic problems of the aged. This problem also needs our united efforts to see that we not only add years to life but life to years.

W L Bortens M.D.

The Woman's Auxiliary

REPORTS TO I. S. M. A.

MAY, 1955

As I prepare this page, I know that when it appears in print, I shall have been replaced as President of the Auxiliary to the I.S.M.A., by Mrs. J. W. Mather, of East Gary. To her, and the new officers, I wish to express my best wishes for a very happy and successful year.

Preparations for our House of Delegates meeting, in Evansville, are practically made. Reports from our county presidents are pouring in.

It had been my plan to give a comprehensive report to you of our accomplishments during my year in office. However, reports are still too incomplete to do more than give you a general idea as to how well we have fared with our various goals.

As to membership, our rather modest goal of 200 new members for the year has been exceeded. Our treasurer reports a total of 201 new members.

In *Today's Health* subscriptions, we hoped to go over the top, and, perhaps, be the first state of over 2,000 members to reach our quota of 2,435. In this field, we appealed to you, the doctors of our state, and our husbands, to help us. In all fairness, I do not believe you have rushed to our assistance as rapidly as we would have hurried to help you, had the appeal come from you to us! Just one subscription from each doctor in the state would have practically doubled our quota!

At the time of our latest report from National, we had 1,689 credits, or 69% of our quota. This is a gain of 715 credits over last year. Wish we might have made that extra 31%!

Thirteen of our county Auxiliaries have exceeded their quotas. They are as follows:

County	*No. Members*	*Chairman*	*% of subscrip.*
Marshall	11	Mrs. Otis Bowen	309%
Randolph	17	Mrs. Harvey White	262
Gibson	13	Mrs. R. S. McElroy	254
Jay	9	Mrs. A. C. Badders	189
Kosciusko	11	Mrs. Ryland Roesch	189
Porter	15	Mrs. E. J. DeGrazia	180
St. Joseph	166	Mrs. M. D. Wygant	178
Perry-Spencer	13	Mrs. N. A. James	131
Floyd	77	Mrs. G. S. Pierce	128
Vigo	81	Mrs. Joseph Weber	125
DuBois	16	Mrs. John Barrow	113
Elkhart	77	Mrs. E. P. Mininger	112
Hendricks	14	Mrs. W. C. Stafford	100

The above are official reports from National. In the county reports coming into my office, I find four more counties have exceeded their quotas, *unofficially*. They are, Tippecanoe—Mrs.

Robert McAdams, Chairman; Parke-Vermillion—Mrs. W. D. Britton, Chairman; Carroll—Mrs. Max Adams, Chairman; and Whitley—Mrs. Linus Minick, Chairman. I hope I shall find many more by the time all tabulations are in.

For our American Medical Education Foundation project, again our report is not complete. Our goal was $10,000 for the year, which is approximately $5.00 per member. Mrs. Francis Fargher, state chairman, from Michigan City, reports that we will NOT reach our goal. However, we will considerably surpass the amount we received last year! No doubt Mrs. Mather will tell you the good news about this on her page, very soon.

Last year we were exceedingly proud of our record in nurse recruitment. The reports are far too incomplete for us to tell you the results for this year. Tabulations of the reports already in, lead us to believe we have made substantial progress.

Our State Auxiliary gives a $100.00, 4-H Club Nurse's scholarship each year, and it was my privilege to award this to Miss Fredina Crowe, Paoli, on January 6, at a meeting in Lafayette. She is now in training at the Methodist Hospital, Indianapolis. In a recent letter, she said: "I just finished my first six months of training, and would like to tell you that I enjoy every minute of it".

In the fields of Public Relations, and Legislation, it is harder to evaluate our progress. We have tried to keep abreast of the time, by reading all literature that came our way, and by doing the things that are asked of us by our parent organization.

As President, I have driven nearly 7,000 miles over the state this year. I have visited 15 Auxiliaries, attended 7 District meetings, 8 committee meetings, and many others. I entertained the officers and committee chairmen in June, and the *Today's Health* chairmen who made their quotas last year, in July. I presided over the Auxiliary functions at our General Assembly meeting in Indianapolis in October, and attended the Conference of National Officers and State Presidents and Presidents-elect in Chicago, in November.

I shall attend our House of Delegates meeting in Evansville, April 28 and 29. Upon this latter date, our annual election of officers will take place.

When at home, I have been glued to my typewriter most of the time!

It will be my privilege to represent the Indiana Auxiliary as President, at the National meeting in Atlantic City, in June, and give the report from our state.

We could not have achieved the success we have without help and encouragement from the I.S.M.A. office. We are especially indebted to Mr. James Waggener, the Executive Secretary, for his help. He spent many hours working with, and for us, on our Program book, as well as helping us in many, many other ways, and his office staff was equally helpful.

I wish to thank both Dr. Portteus, and Dr. Howard, and the members of their Executive Committees. It was a pleasure to work with all of them. To Jeanne Grover, and THE JOURNAL staff, a special salute for the helpful suggestions, and their patience with me. That deadline seemed to arrive with every tick of the clock!

This has been a very busy, but enjoyable year. I have met so many lovely wives of our Indiana doctors, all over the state, and my experiences as State President will never be forgotten. When I allowed my name to be used as a candidate for this office, I said: "I do not care about being president, but I will enjoy being a past-president!" I have now attained that goal. I have found, however, it is an honor which has to be earned! Now, I shall bask in reflected glory!

Thanks to every member who helped to make our achievements possible.

Mrs. Harry C. Harvey,

1954-55 President

The Doctors Who Crack Down on Doctors

By MILTON SILVERMAN

Annoyed that a few physicians could destroy public confidence in medicine by overcharges, fee-splitting and needless surgery, a California medical society rebelled. Here is how they dealt with their unscrupulous colleagues, won new respect for their profession.

LAST FALL a young mother came to the offices of a county medical society near San Francisco and objected strenuously to the bill she had just received from her obstetrician.

"He's charging us seven hundred dollars for a Caesarean operation," she said. "I thought the standard price around here is only two hundred and fifty."

"Yes, the usual fee is two hundred and fifty," said an association official. "But are you sure the doctor didn't mention a higher fee to you beforehand?"

The woman shook her head. "He didn't mention any fee before the operation," she said. "And now he won't even discuss the bill with me."

"All right, we'll look into it."

Three weeks later, after an exhaustive investigation, the chairman of one of the association's special committees visited the obstetrician. "Your patient can probably afford to pay you seven hundred," he said, "but that doesn't seem to be the point. You didn't tell her ahead of time that you were going to charge her more than the usual fee. There's nothing on the record to show she had any complications. You didn't give her any special services."

"So what?"

"Well, can you bring your price down to the usual fee? We've all agreed that this plan is best for the public, and—"

"I don't believe in that nonsense!" snapped the obstetrician. "Nobody is going to tell me how to charge my patients. She pays me that seven hundred in full or I take it to court. And how do you like that?"

"Of course, it's up to you," said the chairman. "But the members of my committee have instructed me to tell you this: if you go to court, we'll see to it that your patient is defended by the attorney for the county medical association. And, if necessary, we'll put every doctor on the committee on the stand to testify that your fee is extortionate."

"I guess I made a mistake," the obstetrician said. "The bill is the usual two hundred and fifty."

To many observers, this memorable case served as a notice that one medical group had finally found an effective substitute for the traditional but irritating system of charging a patient according to his supposed ability to pay. They had set up local schedules of what seem to be fair and reasonable fees, and then voted to use these as a yardstick.

"The plan does not change the right of a physician to charge whatever price he wants," an association leader said. "He can always charge less. He can also charge more if there are complications, or if he thinks he has particular qualifications, or if his patient demands special services, or merely if he feels his patient can afford it."

But—and here is the point that makes the

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difference—if any physician charges more than the official "usual fee" in his community without first obtaining the patient's agreement, and the patient then objects, the medical association will come to the support of the patient.

This remarkable new program, aimed primarily at putting the business part of medicine on an open, businesslike basis, was introduced during 1953 in California's East Bay counties—Alameda and Contra Costa, just across the bay from San Francisco. To those who have watched the strange developments in medical economics, it was scarcely surprising that the East Bay doctors were the first to attempt the fateful experiment. In the past decade they have repeatedly pioneered in this field.

Sparkplugging their activities has been a group of dedicated physicians who tried several years ago to clean up one messy case, and who found they could succeed only by starting a major revolution. And with them for eight hectic, history-making years was a young layman who had been trained as a psychologist, and who had served his apprenticeship in Midwestern movie theaters and department stores.

"In those businesses," he said recently, "you learn that when you've been kicking the customers around, it doesn't do any good to tell them through the newspapers and radio how wonderful you are. First you stop kicking them around."

The doctors followed this prescription faithfully. When they, like other medical groups all over the country, were bitterly attacked for refusing to answer night calls, declining to treat patients without a guarantee of payment, charging scandalously high prices, unethically splitting fees, performing needless operations and committing malpractice, the East Bay physicians did not blame all these sins on the small minority of miscreants who were actually responsible. They did not attempt to deny, justify or explain. They did not denounce all their accusers as communists or proponents of socialized medicine, or merely insist that American medicine is the best medicine.

"First, we looked to see where we were kicking our patients around," says one of these doctors. "Then we stopped doing it."

They set up a day-and-night telephone-answering system and an emergency doctor-dispatching program, and then advertised in the newspapers an unconditional guarantee to provide needed medical care to any patient, twenty-four hours a day, regardless of ability to pay.

They organized a workable program to provide medical and legal aid to any patient who had been victimized by a gouging physician.

When they found that bill collectors were going after unpaid medical bills with possibly excessive enthusiasm—and thus making more enemies for the medical profession—they did not try to wriggle out by blaming the bill collectors. They set up their own agency to collect bills, rarely by going to court, but usually by working out a reasonable payment plan which met the approval of the individual patient.

And when many medical groups were busily denying that any doctors were guilty of malpractice or even more busily attempting to hush any discussion of the delicate topic, the East Bay doctors set up a special investigating committee—with a two-fisted clergyman representing the public—to protect patients against incompetent or unethical practitioners.

The goal of the committee was to prevent malpractice wherever possible, provide the remedy when it did occur, but never to hide it.

This attitude may be annoying to many doctors—in fact, it has caused some of them to denounce the East Bay medical group in a highly unfraternal fashion—but it has apparently paid off, and many of the policies developed in Alameda and Contra Costa counties are spreading to other parts of California and to other areas of the United States.

"It has long since become apparent," says Dr. Walter B. Martin, president of the American Medical Association, "that the programs put into effect by the Alameda-Contra Costa Medical Association—put into effect, and not merely discussed—represent a major advance in medical practice. That group has repeatedly spearheaded the medical profession's efforts to improve physician-patient relationships. It has served as a testing ground for many policies now being adopted by the AMA. Its many successful projects richly deserve the praise of both patients and doctors."

Alameda County, in which most of these pioneering steps were taken, seems to be an ideal test ground for such research. With a total population now of about 800,000, it includes the metropolitan city of Oakland, the college city of

Berkeley with its University of California, busy manufacturing centers, farming communities, thriving residential suburbs, a few great estates, and some areas little better than slums. Adjoining it is Contra Costa County, with a population of about 350,000, and also with farming areas, factories and attractive suburban towns.

Alameda County also happens to be the home base of Henry J. Kaiser, and his controversial closed-panel health-insurance system, the Kaiser Health Foundation. Some cynics have charged that it was Kaiser who made the East Bay doctors reform as a defense against his own medical plan. This is an engaging idea, but it is not supported by the record. The local group began its activities long before Kaiser's program was even a small thorn in the flank of organized medicine.

It has also been charged that the East Bay doctors were forced into their role because conditions in their communities were among the worst in the country. This, too, is unsupported by the record. The explanation for the revolution is apparently far simpler: the East Bay doctors didn't think better-than-average treatment for their patients was good enough.

The event which probably did more than anything else to get this revolution into high gear was the frustrating case of a six-year-old girl who had run a splinter into her eye. A physician removed the splinter, apparently saved the child's sight and then rendered a bill for $1200.

"We can't tell you how grateful we are," the girl's father said, "but your bill has staggered us."

"What's the matter?" asked the doctor. "Don't you think your daughter's eye is worth twelve hundred dollars?"

"My daughter's eye is worth a million dollars," said the father. "But we just haven't got twelve hundred dollars now."

"Get it," said the doctor.

When details of the case were reported by the unhappy father to Alameda County Medical Association, the members of its ruling council were horrified. But although they first pleaded with the eye doctor, then argued with him, and finally denounced him, they could not budge him from his stand.

At the time—about ten years ago—it seemed there was nothing else that the medical association could do. Its council members confessed they were powerless to correct the situation.

To a small nucleus of East Bay doctors, however, the case of the $1200 fee was only the beginning. Stung by this first defeat, they started to look more closely into medicine as it was actually practiced in their communities, and what they saw made them even more furious.

"In our survey we have uncovered numerous cases in which an unfortunate overcharge has been made," reported the late Dr. Gertrude Moore. "Something is wrong. The price tag is becoming the most important thing in medicine. We must do something about it now."

Doctor Moore could not be dismissed as an enemy of organized medicine. Described as a pint-sized fire-eater, she was a woman of devastating honesty, one of the most respected pathologists in the country and secretary-treasurer of the county medical association.

"We don't have time to do this kind of a job," she said. "We don't even know how to do it. We'd better get a good man to come in and show us how."

The man they got was an unassuming self-effacing, thirty-seven-year-old Hoosier named Rollen Waterson. Fifteen years before, he had gone to work for a movie-theater chain in Illinois, sweeping out the floors, playing the organ, later booking stage shows, and finally writing advertisements for the current attractions.

"That was in the middle of the depression," he says. "Business was terrible. And some of the pictures we showed were even worse."

He adopted an unusual technique to tout these cinematic turkeys. When he felt the occasion demanded, he told the public: "You may not like the show we have now—but we have it anyhow. There'll be a better one next week."

Movie-goers were astonished by this candor, but soon found they could trust Waterson's advertisements, and business picked up. One theater which had been losing $4000 a week was enabled to lose only $1000 a week. Waterson thought this was a real improvement and entitled him to a slight raise. He asked for it and was fired.

Next he was employed by a string of Midwestern department stores, assigned to find why they were steadily losing money. He sat in complaint departments and watched employees insult the customers. He saw the stores refuse to back

up their guarantees of "guaranteed nonshrinkable" merchandise. He saw salesmen use every possible device to keep from waiting on potential buyers.

"You're just kicking your customers in the teeth," he told store officials. "If you stop, they may appreciate it."

At his urging, salesmen were put on a commission based on an increase in their sales. Guarantees were scrupulously honored and complaints were handled courteously. Employees found they made more money by keeping their customers satisfied, and the results were amazing. Business and profits skyrocketed.

"All you had to do was see what the customer needed, and then give it to him," Waterson said. "People were astounded that the technique worked."

In 1939 he was asked to go to the rescue of the county medical society in Lake County, Indiana. "But I can't help you," he argued. "I'm not a doctor. I don't know anything about medicine."

"Mr. Waterson," the Indiana doctors told him, "you seem to know about people. We want you."

For six years he served as executive secretary of the Indiana group, helping the doctors to solve some of their pressing public-relations problems, ending the control of hospitals and clinics by grasping politicians, and at the same time learning some of the inner workings of organized medicine. Then one day he met Dr. Harry J. Templeton, of Oakland, California.

"We've been hearing about your work in Indiana," the physician said. "Maybe you're the man who can help us. We've got some shortsighted doctors in our group, and we don't know what to do about them. There're not many of those fellows, but they're giving all of us a bad name. Will you come out and give us some ideas?"

In the spring of 1945, Waterson went to Alameda County and met with the entire medical association. He outlined a general program and suggested the employment of an executive secretary to carry it out. The association immediately voiced its approval and voted the necessary funds. At once Doctor Templeton, fiery little Dr. Gertrude Moore and the other leaders of the society moved into an adjoining room for an executive session.

Before anyone else could say a word, Doctor Moore announced. "That's enough discussion! He's the man we want for the job."

"Wait a minute, Gerty," another physician objected. "He doesn't even have a doctor's degree. What could he know about medicine?"

"How much good have our degrees done us? We've still got this mess here. Go out and grab that young man before he gets away from us."

Fifteen minutes later the startled Waterson was offered the job, and quickly accepted it.

Some of his new employers thought they had hired a publicity man who would promptly turn out great quantities of laudatory information for press and radio. They were soon disillusioned. "There can no longer be any doubt that the organized medical profession has failed to earn good relations with the public," he told them. "Before we do any publicizing, before we wrap up our package in fancy paper and present it to the public, let's be sure that the contents of the package are uniformly good."

He also indicated that, in his mind, medical ethics are for the protection of the public, not for protection of the doctor.

"This seemed to be one of those harmless academic ideas, like favoring motherhood and opposing sin," said one physician. "It didn't take long for the rest of the boys to find out we really meant it."

One of the first doctors to make the discovery himself was a specialist who demanded seventy dollars for some minor services which the medical association estimated, after investigation, to be worth not more than ten dollars. Acting upon the patient's complaint, association officials urged the doctor to reduce his bill, if only for the good name of medicine.

"I decide how to treat my patients and I decide how to charge them," he said. "I'm bringing suit against the patient."

The council of the medical association met and discussed the situation. "It's just like that case of the girl with the splinter in her eye," a council member said. "There's nothing we can do."

"I think there's something we can do," said Waterson. "We can see to it that the patient is defended by the association's own attorney, and at the association's expense."

"You mean, have our own lawyer appear

against one of our own members? Why, we've never done anything like that before!"

"I know," agreed Waterson. "It might be effective."

The results were epoch-making. Joseph Rankin, attorney for the association, appeared in court to defend the patient and called to the witness stand a battery of specialists who all testified that the bill was too high. The judge quickly and forcefully ruled for the patient. It was the last time an East Bay doctor went to court to collect what his colleagues described as an extortionate bill.

The final score for the maneuver: one irate—but wiser—specialist, one delighted patient—who soon told scores of her friends about the new look in local medical practice—and a growing group of doctors all over the county who expressed their warm approval and rallied to the support of the new program.

More support came when the association turned to another problem which had been plaguing medical societies throughout the country: what to do about physicians returning from military duty.

"While we were still overseas, we began hearing about it," recalls one Oakland surgeon. "In one city after another, we were told, stay-at-home doctors had taken over our practices, our hospital appointments and our office space, and wouldn't give them up. We weren't welcome."

This young surgeon returned and discovered his stay-at-home colleagues in Alameda County had adopted an unexpected attitude. They had reserved his hospital appointments for him, they urged his former patients to return to his care, and they had hired their own real-estate agent to find him desirable office space.

"You know," he told Waterson soon after his arrival. "I never dreamed I'd get a reception like this. But there's still one problem. After four years in the Army, we're broke. I've got to see if I can borrow some money somewhere to keep us going for a while."

"Maybe you'll let the association help," said Waterson. "Your fellow doctors here have set up a loan fund for just this purpose. We'll write you a check now for a thousand dollars. No interest, of course. Please let us know if you need more."

The East Bay doctors next turned to the ticklish problem of malpractice, and the widespread belief that physicians were conspiring to protect their incompetent colleagues against exposure and punishment.

"Too many people are convinced that it is impossible to get one doctor to testify against another," said Waterson. "We can't go before the public with our story until we can guarantee that patients are protected from gross incompetence, carelessness and fee-minded doctors."

The asscociation already had a medical committee on malpractice. To this committee they added a layman — Rev. Paul Reagor, former pastor of one of the biggest churches in the county—to act as an observer for the public. Instead of asking an expert to testify for one side or the other, they appointed special investigators with unlimited authority to make an impartial examination and report their findings.

"Once the facts are in, the whole committee votes on the appropriate action to be taken," the Reverend Reagor says. "If there has been any covering up for guilty physicians, I certainly have never seen it. That committee is usually tougher than I'd be myself."

The committee soon discovered that most malpractice claims were the result of an unfortunate misunderstanding, and could be handled quickly by a tactful explanation. Some could be classified only as blackmail or nuisance suits, and the committee announced it would fight these adamantly through every court in the land. But when real malpractice was detected, the committee immediately offered the patient additional medical or surgical care to repair the damage, or a cash settlement, or both. Offending doctors were censured, and repeated offenders had their malpractice insurance (a policy doctors carry to protect themselves against patients' suits) canceled. To date, however, the committee has found no way to expel incompetents from the society, or to remove their licenses. In California, as in other states, medical licenses can be granted and revoked not by medical societies, but only by the state government itself.

By 1949 the East Bay doctors had solved some of the most obvious and pressing of their problems. The solutions were not airtight or completely perfect in every case, yet they represented a distinct improvement. But the doctors felt that the doctor-patient relationships could be improved still more. With funds supplied by the California Medical Association, and the backing of Dr. H. Gordon MacLean, soon to become

president of the state group, they hired an expert to give them a hand.

The expert was Dr. Ernest Dichter, of New York, who described himself as a "professional disillusionist." One of the top industrial psychologists in the country, he had previously been retained by such firms as the Goodyear Tire and Rubber Company, the Columbia Broadcasting System and the Book-of-the-Month Club to study their customer relationships.

"It was exciting to work with those doctors," he said. "They wanted to prevent and correct their mistakes, not camouflage them."

He came to Alameda County and talked to physicians, patients, nurses, hospital managers, interns and medical students. He found out what patients thought about doctors, what doctors thought about patients and what doctors thought about other doctors. At the end he presented his findings in the form of a diagnosis, which Waterson and a committee of physicians then used as the basis of treatment, a prescription urging changes in many phases of doctor-patient relationships:

No more talking down to patients as "mere laymen." No more bouncing the patient from specialist to specialist—a technique politely known as "referring the case." No more needless delays in the doctor's waiting room. No more telling the patient to "come any time from two to five" — which often meant coming at two o'clock and waiting until five. No more false delicacy about finances, no saying "My nurse makes all the arrangements about the bill," and no more apologizing for the right of a doctor to charge a fair price to cover his office expenses and overhead, as well as his skill.

It was also recommended that the family doctor—a term which has often come to mean a man who isn't quite so talented as a specialist—should be replaced by a "personal physician," either a general practitioner or a specialist, who can act as a general manager for all medical services. The personal physician should never "refer" his patient to a surgeon, for example, but, if necessary, he should enlist a surgeon to join the team; he should discuss the treatment and probable fee with both surgeon and patient, follow through by visiting the patient during the surgeon's treatment, get progress reports, fire the surgeon if the latter is not satisfactory, and, in short, serve as "the patient's own representative to and for medicine."

And finally the Dichter report, which is now considered by many authorities as a milestone in its field, called for a radical change in doctors' bills. "Neither patient nor doctor should feel that a price is being placed on life," it was claimed. "This is biological blackmail. The price should be placed on the value of the services rendered."

The East Bay doctors, along with some leaders of the California Medical Association, had long accepted this concept, and the Dichter report served as a potent stimulus to transform the idea into a practical program. They worked for months with union leaders, insurance experts, statisticians, hospital executives and individual physicians to iron out the details. Finally, in 1953, they were ready for an experimental run. The area they selected was a portion of Contra Costa County, which had recently joined with Alameda to form the Alameda-Contra Costa Medical Association.

"We're not merely willing to try it, we must try it," said one Contra Costa physician. "We've got trouble here."

The trouble concerned a few incorrigible doctors who were apparently gouging on patients with voluntary-health-insurance policies. One such patient was a waitress who had undergone an operation for which the normal fee in the community was $100.

"I thought I was going to be all right," she said. "The health-insurance policy I have with my union was going to pay me eighty-five dollars, and all I'd have to put out extra would be fifteen dollars. But the minute that surgeon found how much the insurance would pay he raised his price to a hundred and fifty. If that's the way the doctors do it, I want the Government to take over medicine."

To halt this kind of extortion, the doctors voted by a 3-to-1 majority to institute what is now called the "usual-fee plan."

They first reported their individual fees for some 900 different medical and surgical procedures. Then these individual prices were analyzed and a list was set up for the entire area, based on the fee most commonly charged for each procedure. A routine office visit, for example, was $5, a standard house call $7.50, an appendectomy $200, a tonsil operation for a child $60, and a normal delivery $125.

And finally they agreed they would not charge more than the usual fee unless they first obtained

the patient's agreement. Any patient charged more than the going rate without this prior agreement would, if necessary, be defended in court.

"This puts the matter right out in the open, where it should be," declared Dr. James Graeser, who was then president of the association. "The final decision must be up to the patient. Once he knows what the price will be, he can decide to accept it or go to another doctor. But he must know the price first."

In the past fifteen months the usual-fee plan—with its guarantee of enforcement—has proved so successful that it is spreading to other California counties. It now has been approved, at least in principle, by more than 2000 doctors who serve nearly 2,000,000 people. Not every doctor has endorsed it, and some still denounce it as an abominable variety of compulsion, but apparently most doctors and most patients have given the program their enthusiastic approval. Representatives of other medical groups all over the United States have studied the plan, and many of them are developing similar programs for their own communities.

Last June, at the AMA convention in San Francisco, Dr. Edward J. McCormick, of Toledo, Ohio—then retiring as president of the association—said, "The profession should consider the creation of average-fee lists or fee schedules that would prevail on an area or regional basis for the vast majority of cases."

The old "Robin Hood" method of "soaking the rich to help the poor," he told the AMA's policy-making House of Delegates, has outlived its usefulness, it is irritating to the public, it is responsible for some scandalously high doctor bills, and it is threatening to make a sham out of voluntary health insurance. The time has passed, he said, when a doctor can properly boost his usual fee merely because the patient—or the patient's insurance company—can afford to pay a higher price.

Doctor McCormick emphasized that the problem cannot be solved simply by setting up a schedule of fees. The schedule must be enforced. "Those of our members who fail to co-operate, who overcharge and who add to their bills over and above the reasonable fees determined, should be called before the grievance committees of their local societies to show cause why they should not be suspended or expelled," he said.

Last spring the continuing program in the Alameda-Contra Costa Medical Association was entrusted to William Scheuber, Waterson's former assistant, and Waterson is currently working with other county and state medical groups. To him, the success of this new look in medicine is just what should have been expected.

"Most doctors are wonderful men who want to do the right thing for their patients," he said. "Now they've finally realized that 'doing the right thing' means they must also protect patients against the few doctors who are incompetent or dishonest, and who are smirching the reputation of the entire medical profession."



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Report by Lewis L. Strauss, Chairman, U. S. Atomic Energy Commission

At a news conference on December 17, 1954, I stated that the staff of the Atomic Energy Commission was studying the subject of fallout and expressed the hope that information about it would be made public at a later date. "Fallout" is the word now applied to a phenomenon that follows the explosion of a nuclear weapon. Such an explosion, if the fireball touches the surface of the earth, draws up large amounts of materials into the bomb cloud. These materials subsequently fall back to earth as radioactive particles over a large area, mostly down-wind and relatively close to the point of explosion—although the lighter particles are carried great distances. The main radioactivity of fallout decreases very rapidly with time—for the most part, within the first hours after the explosion. An in-the-air explosion where the fireball does not touch the earth's surface does not produce any serious radiological fallout hazard.

Since nuclear weapons are in possession of the USSR, the Commission believes the American people wish to be informed regarding the dangers of nuclear explosions and the measures which individuals can take to protect themselves if an atomic attack should ever occur. Therefore, the Commission has condensed in the attached Report the information which can be made public at this time on the effects of the explosions of high-yield nuclear weapons.

The following excerpts and summarized sections contain the highlights of the Report itself.

FALLOUT PATTERN OF 1954 TEST IN THE PACIFIC

The very large thermonuclear device tested at Bikini Atoll on March 1, 1954, was detonated on a coral island and the ensuing fallout contaminated an elongated, cigar-shaped area extending approximately *220 statute miles down-wind and varying in width up to 40 miles.* In addition, there was a contaminated area up-wind and cross-wind extending possibly 20 miles from the point of detonation. Data was collected from 25 points on 5 atolls located from 10 to 330 miles down-wind (generally east) from Bikini Atoll. Due to an unexpected shift in the direction of the prevailing winds in the higher altitudes, the fallout missed the observation rafts that had been placed farther north previous to the test firing. The estimated contour of the pattern of fallout is, therefore, based only in part on data obtained from actual measurements and partly on calculations.

Data from this and other tests permits *estimates* of casualties which would have been suffered within this contaminated area if it had been populated. These *estimates* assume: (1) that the people in the area would ignore even the most elementary precautions; (2) that they would not take shelter but would remain out of doors completely exposed for about 36 hours; and (3) that in consequence they would receive the maximum exposure. Therefore, it will be recognized that the estimates which follow are what might be termed *extreme* estimates since *they assume the worst possible conditions.*

On the basis of our data from this test and other information, it is estimated that, following the March 1, 1954, test explosion, there was sufficient radioactivity in a down-wind belt about 140 miles in length and of varying width up to 20 miles to have seriously threatened the lives of nearly all persons in the area *who took no protective measures.*

Some distance farther from the point of detonation, at about 160 miles down-wind and along the axis of the ellipse, the amount of radioactivity would have seriously threatened

the lives of about one-half of the persons in the area who took no protective measures.

Near the outer edge of the ellipse, or approximately 190 miles down-wind, it is estimated that the level of radioactivity would have been sufficient to have seriously threatened the lives of 5 to 10 percent of any persons who might have remained exposed out of doors for all of the first 36 hours.

Thus, about 7,000 square miles of territory down-wind from the point of burst was so contaminated that survival might have depended upon prompt evacuation of the area or upon taking shelter and other protective measures.

At a distance of 220 miles or more down-wind, it is unlikely that any deaths would have occurred from radioactivity even if persons there had remained exposed up to 48 hours and had taken no safety measures.

The estimates cited above do not apply uniformly throughout the contaminated area inasmuch as the intensity of radioactivity within a region of heavy fallout will vary from point to point, due to such factors as air currents, rain, snow, and other atmospheric conditions. Because of this and because most persons, if given sufficient warning, probably would evacuate the area or take shelter and other precautionary measures, the actual percentage of fatalities could reasonably be presumed to be considerably smaller than these extreme estimates.

PROTECTION AGAINST FALLOUT

In an area of heavy fallout the greatest radiological hazard is that of exposure to *external* radiation, which can be greatly reduced by simple precautionary measures. Exposure can be reduced by taking shelter and by simple decontamination measures. Test data indicates that the radiation level, i.e., the rate of exposure, indoors on the first floor of an ordinary frame house in a fallout area would be about one-half the level out of doors. Even greater protection would be afforded by a brick or stone house. Taking shelter in the basement of an average residence would reduce the radiation level to about one-tenth that experienced out of doors. Shelter in an old-fashioned cyclone cellar, with a covering of earth three feet thick, would reduce the radiation level to about 1/5000, or down to a level completely safe, in even the most heavily contaminated area. Designs of shelters of simple yet effective construction have been prepared by the Civil Defense Administration and are available to the public.

Radioactive material deposited during the fallout may or may not be visible but would be revealed by radiation detection instruments such as Geiger counters. Any falling dust or ash that can be seen down-wind within a few hours after a nuclear explosion should be regarded as radioactive until measured by a radiation detection instrument.

Care should be taken to avoid the use of solid foods or liquids that may contain fallout particles.

If fallout particles come into contact with the skin, hair, clothing, prompt decontamination precautions such as have been outlined by the Federal Civil Defense Administration will greatly reduce the danger. These include such simple measures as *thorough bathing of exposed parts of the body and a change of clothing.*

INTERNAL RADIATION EFFECTS

Two other factors must be considered in evaluating possible hazards from radioactive fallout. The first is the effect of internal radiation from fallout particles swallowed in foods or liquids. The second is the effect of radiation upon the germ cells which transmit inherited characteristics from one generation to another. It should be noted that in neither case is there reason to believe that weapons testing programs of the United States have resulted in any serious public hazard.

The radioactive forms of strontium and iodine are the constituents of fallout which are of principal concern as internal sources of radiation through ingestion. The concentrations of these substances from nuclear detonations to date have been monitored at many localities, and the amounts detected have been insignificant, compared to concentrations which would be hazardous.

GENETIC EFFECTS OF RADIATION

There is a wide range of admissible opinion as to the genetic effects which radiation might have upon future generations, and conclusive data is not available at present on which to base an incontrovertible forecast. However, it is important to recognize that the average amount of radiation exposure received by residents of the

United States from all nuclear detonations to date has been about the same as the exposure received from one chest X-ray. The Commission's medical and biological advisers do not believe that this small amount of additional exposure is any basis for serious concern at this time.

BLAST AND HEAT EFFECTS

Two important characteristics of any nuclear explosion, other than those from fallout, are the effects of blast and heat, which are of the same nature for a thermonuclear bomb as for the earlier and smaller atomic bombs. The intensity and area of the blast and heat effects increase in relation to the greater energy yield of the explosion. Much information on these two effects has already been published by the Atomic Energy Commission, but it might be recalled that an atomic bomb of the earliest type, equivalent to 20,000 tons of TNT, would produce blast and heat sufficient to destroy, or damage severely, buildings within a radius of more than one mile from the explosion point. The United States has developed fission bombs many times as powerful as the first atomic bombs, and hydrogen weapons in the ranges of millions of tons (megatons) of TNT equivalent.

PROTECTION AGAINST BLAST AND HEAT

The hazard from both burn and blast effects well *outside* the central target area would be reduced greatly by shelter. Clothing or almost any kind of shelter would reduce the danger of direct burns, although there might be danger of clothing and structures becoming ignited. Also, shelter would materially reduce the hazard of blast injury by affording protection against flying or falling debris. As is generally known, the shelter afforded by ordinary city buildings would not suffice within the central area surrounding the point of explosion of a large nuclear weapon. For this reason, the Federal Civil Defense Administration recommends evacuation of the central areas of target zones on early warning of approaching attack.

FALLOUT FROM NEVADA TESTS

Only relatively small nuclear test explosions are conducted at the Nevada Test Site, in contrast to the tests of high-yield thermonuclear devices at the Pacific Proving Grounds. In Nevada, as well as in the Pacific, all tests are planned for times when forecast weather conditions minimize the possibility of fallout hazard. High air bursts at the Nevada Test Site have produced no significant fallout; heavy fallout from near-surface explosions has extended only a few miles from the point of burst. The hazard has been successfully confined to the controlled area of the Test Site. The highest actual dose of radiation at an off-site community has been estimated to be *less than one-third of the greatest amount of radiation which atomic energy workers are permitted to receive each year under the Atomic Energy Commission's conservative safety standards.*

CONCLUSION

In the event of war involving the use of atomic weapons, the fallout from large nuclear bombs exploded on or near the surface of the earth would create serious hazard to civilian populations in large areas outside the target zones. The Atomic Energy Commission hopes that these dangers will never be experienced by mankind. However, until the possibility of an atomic attack against us is eliminated by a *workable international plan for general disarmament,* the study and evaluation of the effects of weapons which might be used against us and the improvement of our means of self-defense are a paramount duty of our government.

Analysis of Medical Aid Costs Made From Welfare Department Summaries

DURING THE SIX-MONTH PERIOD from July 1 through December, 1954, 363,900 persons received aid from the Department of Public Welfare of the State of Indiana. The total cost of this program according to a statistical report issued by the Department of Public Welfare was $2,802,-123.79.

Of this total $2,352,886.00 was spent through the old age assistance program; $359,494.35 went to dependent children; and $89,743.44 was spent for care of the blind.

The survey includes 91 counties; Spencer county figures are not shown. There were old age assistance cases in each of the 91 counties; dependent children were helped in 91 counties; 89 counties reported blind recipients of state funds.

The surveys of the three welfare programs were made to afford a summary of medical aid cost in each category.

During the six months covered by the reports 27.2% of all the recipients received health care in some form.

A break-down of figures on a monthly basis discloses the following:

An average of 37,895 old age recipients
12,412 received medical aid: this is 32.8%
Cost per recipient was $10.35
Cost per patient was $31.59

WHO GOT WHAT?
THE PHYSICIANS:

Further analysis of the medical aid shows:
Physicians treated 8,886 of the 12,412 patients
They received $97,004.20 for their services
Monthly cost per patient was $10.92
(There are no figures available to show how many times physicians saw each patient. The $10.92 average cost includes day and night house calls, office visits, and calls by the physicians on patients in hospitals and nursing homes. It includes surgery. In these cases the welfare recipient calls the doctor when he feels it is necessary.)

THE HOSPITALS:

Continuing on the same monthly basis and for the same period:
Hospitals were paid for 7,412 days care
(There are no figures to show number of patients)
They received an average of $13.46 per day
They received a total of $99,941.87

THE PHARMACISTS:

Only totals paid for prescriptions were reported. No break-down of any kind was possible.
Pharmacists were paid $36,967.77 monthly

THE DENTISTS:

Dentists received $3,459.25 per month for work on old age recipients

THE NURSING HOMES:

Here again no break-down is possible.
Nursing homes received an average of $145,265.83 per month

ALL OTHER COSTS:

Other costs, not itemized, ran $9,675.41 monthly

DEPENDENT CHILDREN:

From July 1 through December 1954 the second summary shows:
An average of 21,039 children received aid monthly
Each month 3,743 received some type of medical aid: that is 17.7%
Total spent monthly was $59,915.72
Average cost per recipient, $2.87; per patient $16.18

WHERE DID IT GO?
THE PHYSICIANS:

Physicians treated 2,591 patients per month
They received an average of $9.23 per month per patient
That totaled $23,702.56

(Please turn to Page 550)

Deaths . . .

William H. Field, M.D., 78, who practiced in Evansville for 52 years, was drowned February 4 in Lake Minnehaha, Lake county, Florida, when his sailboat capsized. His companion, John M. Davidson, also an Evansville native, was drowned. The two men had been making their home together in Clearwater, Florida, since Dr. Field's retirement in 1954.

Doctor Field was a graduate of the University of Pennsylvania School of Medicine and took postgraduate work in London and Vienna. He was among the early specialists in ophthalmology and otolaryngology. For the last 22 years of his practice, Dr. Charles F. Leich was his associate.

Doctor Field was a member of the American College of Surgeons, a 50 year member of the Vanderburgh County Society and the Indiana State Medical Association and American Medical Association.

Charles A. Miller, M.D., Princeton, died from arteriosclerotic heart disease February 9. Doctor Miller, 82, was the oldest member of Gibson County Medical Society. He was a graduate of the University of Illinois College of Medicine where he received his degree in 1905. Doctor Miller had been in general practice in Indiana since 1907. He was a senior and 50 Year Club member of Indiana State Medical Association and a member of American Medical Association.

John D. Hendricks, M.D., 79, died in Methodist hospital, Indianapolis, March 21. He had been a practicing physician in Indianapolis since 1924. Doctor Hendricks received his medical degree in 1906 from the Indiana Medical College, School of Medicine of Purdue University, Indianapolis, and started practice at Lizton where he remained until coming to Indianapolis. He was a senior member of Indianapolis Medical Society, the Indiana State and American Medical Associations.

Robert D. Denman, M.D., who had practiced at Helmer in Steuben county since 1905, died March 27 in Sacred Heart hospital, Garrett, from injuries received in an automobile crash two days earlier. Although 81, Doctor Denman was still in active practice. He was enroute to call on a patient when his car collided with one driven by Dr. I. H. Lawson, Kendallville physician, who was also making house calls. Doctor Lawson was hospitalized.

Doctor Denman was born in Willshire, Ohio and was principal and superintendent of schools at Mercer, Ohio before entering the Medical College of Indiana at Indianapolis. He received his degree in 1904. In Steuben county Doctor



1. Bárány Pointing Test. *The patient points at a stationary object, first with his eyes open and then closed. A constant error in pointing (past pointing) with his eyes closed in the presence of vertigo indicates peripheral labyrinthine disease or an intracranial lesion.*



2. The Caloric (Bárány) Test. *The patient sits with his eyes fixed on a stationary object and the external ear canal is irrigated with hot (110 to 120 F.) or cold (68 F.) water. If the vestibular nerve or labyrinth is destroyed, nystagmus is not produced on testing the diseased side.*

3. The Rotation (swivel chair) Test. *The patient sits in a swivel chair with his eyes closed and his head on a level plane. The chair is turned through ten complete revolutions in twenty seconds. Stimulation of a normal labyrinth will cause nystagmus, past pointing of the arms and subjective vertigo.*



Notes on the Diagnosis and Management of "Dizziness"

I. Vertigo

The term "dizziness" (vertigo) should be restricted to the sensation of whirling or a sense of motion.[1] This sensation is usually of organic origin and is the tangible symptom of a specific pathology.

Moderate vertigo, with a sense of motion and a whirling sensation, may be produced by infection, trauma or allergy of the external or middle ear. Examination of the ear will usually disclose the abnormality.

Severe vertigo, which will not permit the patient to stand and causes nausea and vomiting, indicates an irritation or destruction of the labyrinth. The specific condition may be labyrinthine hydrops, an acute toxic infection, hemorrhage or venospasm of the labyrinth or a fracture of the labyrinth. Multiple sclerosis and pathology of the brain stem should be considered also.

It is important to learn if the patient's sensation is continuous or paroxysmal.[2] Paroxysmal vertigo suggests specific conditions: Ménière's syndrome, cardiac disease and epilepsy. Continuous vertigo without a pattern may be due to severe anemia, posterior fossa tumor or eye muscle imbalance.

Dramamine® has been found invaluable in many of these conditions. In mild or moderate vertigo it often allows the patient to remain ambulatory. A most satisfactory treatment regimen for severe "dizziness" is bedrest, mild sedation and the regular administration of Dramamine.

Dramamine is also a standard for the management of motion sickness, is useful for relief of nausea and vomiting of radiation sickness, eye surgery and fenestration procedures.

Dramamine (brand of dimenhydrinate) is supplied in tablets (50 mg.) and liquid (12.5 mg. in each 4 cc.). G. D. Searle & Co., Research in the Service of Medicine.

1. Swartout, R., III, and Gunther, K.: "Dizziness:" Vertigo and Syncope, GP *8*:35 (Nov.) 1953.

2. DeWeese, D. D.: Symposium: Medical Management of Dizziness: The Importance of Accurate Diagnosis, Tr. Am. Acad. Ophth. *58*:694 (Sept.-Oct.) 1954.

SEARLE

Denman was known for his interest in all civic and lodge activities.

He was a senior member of Steuben County Medical Society, the Indiana State and American Medical Associations.

Earl L. Waite, M.D., a native of Gilead in Miami county, died at his home March 30. He had been confined to his home for the last seven months because of a heart condition.

Doctor Waite was born in Gilead in 1874, was graduated in 1911 from the Eclectic Medical College in Cincinnati and entered practice in Rochester. During World War I he served as a first lieutenant in the infantry. When he returned he established his office in Gilead where he had been in practice since. Doctor Waite had been active in medical organizations, having served as president of Miami County Medical Society of which he was a senior member. He was also interested in lodge, church and veterans' groups programs. Doctor Waite was a member of Indiana State and American Medical Associations.

John A. Scudder, M.D., 73, who was named "Physician of the Year" in 1953 by Indiana State Medical Association, died in Robert Long hospital, Indianapolis, on March 30. He had been a surgical patient for a week. Doctor Scudder, a native of Edwardsport, Knox county, had spent his entire career in that community. He received his medical degree from Indiana Medical College in 1906 and opened his office in Edwardsport immediately. His award from the ISMA was presented because of his "devotion, night and day, to the sick" in the 15 mile area where he



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had cared for three generations of many families. His only absence was when he served in the Army Medical Corps during World War I and when he attended professional meetings.

Doctor Scudder had been Knox county health officer since 1954, served on the board of directors of Hillcrest hospital at Vincennes, and was a member of several lodge and service organizations. He was a member of Knox County Medical Society, the Indiana State and American Medical Associations.

Franklin Petry, M.D., 81, died April 3 in Porter Memorial Hospital, Valparaiso. He became ill in Sarasota, Florida several weeks earlier and was flown home. Doctor Petry had been in semi-retirement since 1950.

He was born in Beaver Dam, received his medical degree from the University of Illinois College of Medicine in Chicago in 1901 and practiced in Gary for several years. In 1914 he went to Lowell where he had been in practice until his retirement.

Arett Campbell Arnett, M.D., Lafayette surgeon and co-founder of the Arnett Clinic in that city, died April 2 in his home four hours after suffering a heart attack. He had retired from active practice last October but had maintaained an active interest in the clinic.

Doctor Arnett, who was 72, was born in New Richmond, was graduated in 1907 from Indiana Medical College, and served his internship at St. Elizabeth hospital, Lafayette. He established

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his office there in 1909. In 1917 Doctor Arnett served on the Mexican border with the National Guard. During World War I he was a major in the Army Medical Corps, serving with the Rainbow division. He had maintained his interest in military affairs, serving as commander of his American Legion post, as a member of the national executive committee of the Legion, and as chairman of the State Armory board.

In 1922 Doctor Arnett and Dr. F. S. Crockett established the Lafayette clinic which since Doctor Crockett's retirement has been known as Arnett Clinic. He served as surgeon for several railroads, was a member of the American College of Surgeons, the Tippecanoe County Medical Society, Indiana State and American Medical Associations.

Doctor Arnett's civic interests also included the Lafayette Chamber of Commerce which he served as first president and for two additional terms. He was a director of the Chamber for many years. Doctor Arnett was also an aviation enthusiast. He was active in establishment of the Lafayette airport and was among the first owners of a private plane in the area.

Reuben E. Almquist, M.D., 55, died of a heart attack March 9 in Gary Methodist hospital shortly after delivering a baby.

Doctor Almquist went to Gary May 1, 1953 to join his brother, C. O. Almquist, M.D., in practice. Following his graduation in 1928 from Rush Medical College in Chicago he served for six years on the staff of a Gary industrial hospital. He then went to Iowa where he was in practice in Albert City from 1934 until 1953. He served for four years in the Army Medical Corps during World War II. He was a member of Lake County Medical Society, the Indiana State and American Medical Associations.

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Atom-Powered Portable X-ray Developed by Army

X-rays of wounded soldiers on the battlefield with a newly designed portable x-ray unit powered by radioactive thulium will soon be possible according to Maj. Gen. George E. Armstrong, The Army Surgeon General.

The new device is capable of producing an x-ray picture without electricity, water, or a darkroom. The complete unit, which also includes a film holder, weighs only 48 pounds and may be carried on the back of a medical aid man. Extensive tests at the Army Medical Research Laboratory, Ft. Knox, Kentucky, have proved that the ¼ inch lead plate which contains the radioactive thulium protects the user from accidental radiation exposure. Under normal use, the tiny piece of thulium is expected to be effective for about one year, when it will be returned to the atomic pile for rejuvenation.

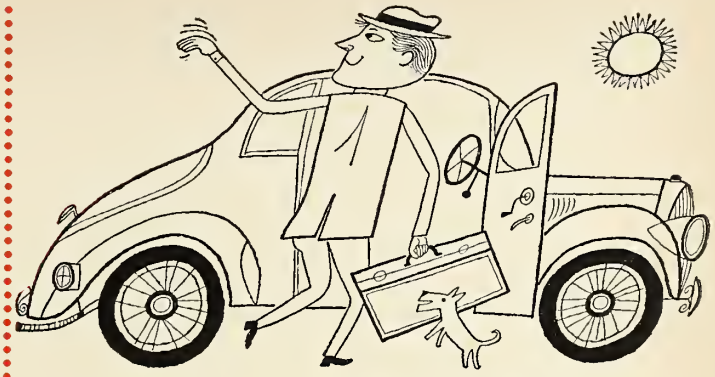
The developer is a "self-contained" cassette or film holder in which all pictures are made with radiosensitive paper and pads instead of film. The paper and pad are saturated with developer and stabilizer and are separated by leak-proof dividers. The cassette is wrapped with a light proof and waterproof covering. As the cassette is exposed, the dividers are removed and the radiation-sensitive paper records the radiograph. Radiographs that are produced lack the fine detail of standard x-ray films but they are suitable for field and emergency use.

Operation of the machine is so simple that an average individual can be trained to use it in a few hours. It can be set up, a picture taken, and developed for reading within five to ten minutes. Timing of the exposure is done with a wrist watch.

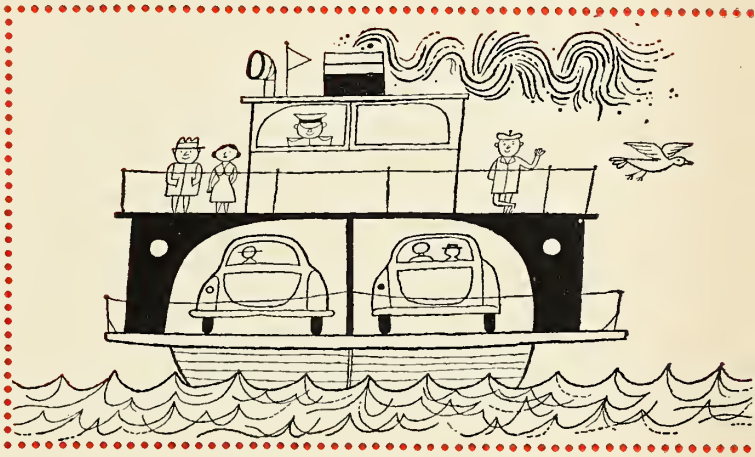
It is anticipated that each unit will cost approximately $200.

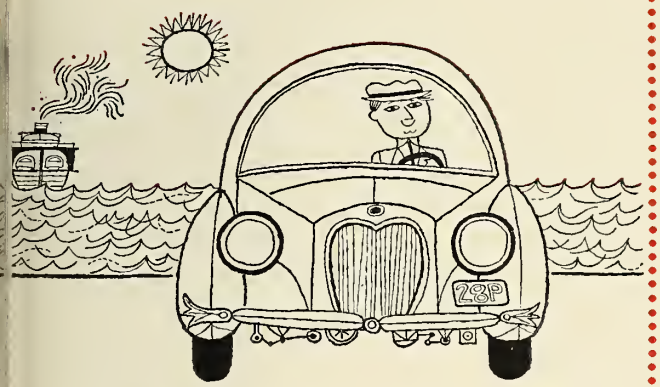
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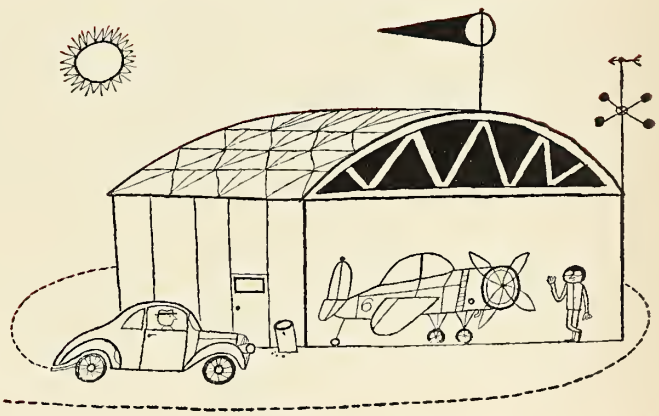






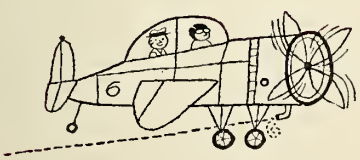






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NEWS NOTES — from State and Nation

Indiana Association of Pathologists to Meet May 22

The Indiana Association of Pathologists, together with the U. S. Veterans' Administration Hospital, the Indiana Cancer Society, and Indiana University School of Medicine, is sponsoring its Seventh Annual Seminar May 22 at 10 a.m., Central Daylight Time, in the Veterans' Administration Hospital, 1481 West 10th Street, Indianapolis.

The subject for the 1955 Seminar will be "Diseases of the Thyroid". Two distinguished speakers will present the discussion. They are Dr. G. H. Klinck, Endocrine Section, Armed Forces Institute of Pathology, and Dr. John H. McClintock, assistant professor of surgery, Albany Medical College, Albany, New York.

A number of sets and protocols will be available to pathologists who are not members of the Indiana Association of Pathologists. They will be distributed to those who apply in the order applications are received as long as the supply lasts. A nominal fee of $5.00 will be charged and this should be sent with the application to Dr. J. L. Haymond, Secretary of the Indiana Association of Pathologists, 3769 College Avenue, Indianapolis, Indiana. Sets will be distributed before the seminar. The presentation at the meeting will be made by means of lantern slides.

All interested members of the member profession are invited to attend. Dr. Frank Vellios, Indiana University Medical Center, Indianapolis 7, is chairman of the seminar committee.

The tenth annual **Schering Award competition** for medical students has been announced by Dr. Robert W. Burley, chairman of the award committee. Deadline for applications for entry forms is July 1 and manuscripts should be mailed before October 1. American and Canadian stu-

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dents are invited to submit papers on three specific subjects this year. Titles selected by the Schering committee include "Current Concepts in the Management of Osteoporosis", "Prevention and Treatment of Blood Transfusion Reactions", and "Recent Trends in the Clinical Use of Adrenocortical Steroids". First prize is $500 and second prize $250. Prizes will be awarded for each of the three subjects. Information may be obtained from the Schering Award Committee, 60 Orange Street, Bloomfield, New Jersey.

Dr. Paul Tindall Resigns Medical Board Position

Effective April 1, Dr. Paul R. Tindall, Shelbyville, resigned as secretary of the Indiana State Board of Medical Registration and Examination. He had served continuously on the board for 13 years and for the last 10 years had been secretary. He had served on the board previously for a short time following World War I.

Dr. Tindall's statement submitting his resignation to the Governor said "The time has arrived when I feel the necessity of seeking relief from an overburdened schedule of activities."

Dr. J. William Herr, who had been in practice in Mount Vernon for 13 years, has taken over the offices of Dr. Joseph H. Geyer in Ashley. He is also occupying the Geyer residence. Dr. Herr was graduated in 1931 from Indiana University School of Medicine and practiced in Greensburg for 11 years before moving to Mount Vernon.

D. Mead Johnson has been elected president and chief executive officer of Mead Johnson and Company, Evansville. He succeeds Lambert D. Johnson, Sr., who will continue as chairman of the board. The new president is the third president in the 55-year history of the nutritional and pharmaceutical firm which was founded by his grandfather.

D. Mead Johnson joined the firm in 1936 as a sales representative and became a director in 1938. He has been executive vice-president since 1953.

Dr. Ralph E. Blackford, who recently completed a four year fellowship in the surgery department at the Mayo Clinic, Rochester,

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Minnesota, has returned to Indianapolis and established an office at 5909 East 10th Street. He is a graduate of Indiana University School of Medicine, interned and served a residency at Indianapolis General and was in practice in Indianapolis before going to the Mayo Clinic. Dr. Blackford is a fellow of the American College of Surgeons.

General Hays Becomes Army Surgeon General June 1

Major General Silas B. Hays, nominated March 11 by President Eisenhower to be Army Surgeon General, will assume his post June 1. He succeeds Major General George E. Armstrong who is retiring after 29 years Army service to become associate chancellor and medical activities coordinator of New York University.

General Hays is a native of St. Paul, Minnesota, received his medical degree from the University of Iowa in 1928, interned at Letterman General Hospital, San Francisco, and received his regular Army commission in 1929. He was chief of medical supplies in Europe during World War II and surgeon of the Japanese Logistic Command during the Korean War.

Dr. Joseph H. Geyer, who has been in private practice in Ashley and Angola, has become superintendent of Silvercrest Sanitarium at New Albany. He succeeds Dr. J. V. Pace, who was transferred to the State Sanitarium at Rockville. Dr. Pace will be superintendent there. He succeeds Dr. Robert A. Staff who resigned.

Dr. James E. Keplinger, native of Markle and a 1953 graduate of Indiana University School of Medicine, has begun the full-time practice of medicine in Edinburg in offices formerly occupied on a part-time basis by Dr. W. W. Stogsdill of Franklin. Dr. Keplinger has been in Chicago where he has been serving his internship at the University of Chicago Clinics. He has completed his tour of duty in the armed forces. Edinburg has been without a resident physician for more than a year.

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State Meeting of Medical Technicians in South Bend

The Indiana Society of Medical Technicians and Laboratory Technicians, Inc., will meet in South Bend on May 14 and 15. Registration will be from 12:30 until 2 o'clock Saturday afternoon in the Law building on the Notre Dame campus.

Speakers for the Saturday afternoon program include Samuel Natelson, Ph.D., Rockford, Illinois; Rollo N. Harger, Ph.D., Indianapolis; Jene R. Bennett, M.D., South Bend; and Miss Marion Cooke, Ames Laboratories, Elkhart.

A banquet will be held at 7 p.m., May 14, in Morris Inn at Notre Dame. The speaker at that time will be Merlin L. Trumbull, M.D., president of the American Society of Blood Banks, director of laboratories at Baptist Memorial Hospital and assistant professor of pathology at the University of Tennessee in Memphis. His subject will be "Blood Banks and Related Subjects".

Sunday's program includes a tour from 9 until 12:30 of the South Bend Medical Foundation and a blood bank workshop in the morning and an afternoon program beginning at 2 o'clock in the Law building. A tour of the Lobund laboratory and an instrumentation workshop are on the agenda.

The registration fee for members is $1; for non-members $2.50. Doctors are informed that their laboratory technicians and assistants will find the two-day meeting highly informative.

Dr. Ralph C. Eades, who has been in practice in Valparaiso for 20 years, announces that effective May 1 he became associated with Drs. Adolph Joseph and S. R. Goldstone at 757 Broadway in Gary. He will practice both general medicine and surgery. Dr. Eades was graduated in 1935 from Stritch School of Medicine at Loyola University, Chicago, and has been in Valparaiso since. He was elected president of Porter County Medical Society this year. Dr. Eades has purchased the home of the late Dr. Albert A. Watts in Gary.

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FSA Issues Report on Indiana Hospital Program

The February report of the Division of Hospital Facilities, FSA, discloses that no new projects have been approved under the Hill-Burton program for Indiana.

Completed projects number 41 at a total cost of $35,396,349 including federal contribution of $13,680,718.

Two projects costing $8,128,125 including federal contribution of $2,617,230 are under construction.

Dr. J. Guy Hoover, who established an office in Evansville in January, has recently been certified by the American Board of Surgery. Dr. Hoover is a native of Boonville and a 1942 graduate of I. U. School of Medicine. He served as a medical officer in the infantry during World War II and on his return established a general practice in Boonville. For the last four years he has been at the University of Minnesota where he has served a residency in surgery. Dr. Hoover has offices in the Third and Main Building and the family residence is at 827 East Blackford Avenue, Evansville.

Dr. B. Trent Cooper, who is completing his internship at Indianapolis General Hospital, will open an office for the practice of general medicine in Roanoke in July. Dr. Cooper recently visited Roanoke for two days to investigate the need for an additional physician in the community. He is a native of Hendricks county and a graduate of the University of Cincinnati College of Medicine.

The eighth annual **Industrial Microbiology Institute** will be held at Purdue University June 5-11 when lecturers will instruct through laboratory lectures and demonstrations and in formal evening programs presented by several eminent microbiologists. Full details of the course may be obtained from Dr. C. L. Porter, Department of Biological Sciences, Purdue University, West Lafayette, Indiana.

The fourth annual **Symposium for General Practitioners on Tuberculosis and Other Chronic Pulmonary Diseases** will be held in Saranac Lake, New York from July 11 to 15. It is approved for 26 hours of formal credit for members of American Academy of General Practice. Many doctors in previous years have taken their families with them. Excellent housing accommodations are available in the area.

Registration fee for the symposium is $40. Complete details may be obtained by writing Dr. Richard P. Bellaire, General Chairman, Symposium for General Practitioners, P. O. Box 2, Saranac Lake, New York.

Dr. J. R. Doty, Gary Doctor For Years, Moves to Florida

After practicing in Gary for 27 years, Dr. J. Robert Doty left March 28 for Cocoa, Florida, where he will make his future home. His family will join him in May.

Dr. Doty, 10th District Councilor of the I.S.M.A. and 1955 president of Lake County Medical Society, has established an office in the Rockledge Medical center where he will practice as an obstetrician and surgeon. He has been named assistant medical director of a guided missile plant operated by Pan-American Airways at Cocoa Beach. The plant was recently completed. Chief medical director is Dr. Myron Habegger, formerly of Berne, and a long time friend of Dr. Doty.

Dr. and Mrs. Doty will live in Rockledge, a suburb of Cocoa, on the east coast of Florida.

The **American College of Chest Physicians** will hold the twenty-first annual meeting of the group June 1 through 5 in the Ambassador Hotel, Atlantic City. The scientific program will include approximately 200 speakers representing specialists in all aspects of diseases of the heart and lungs. All interested physicians are invited to attend; there is no registration fee. Copies of the program may be obtained by writing to the Executive Offices, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

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Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.: J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.: Brit. M. J. 2:755, 1953.

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Brown, H. W.: J. Pediat. 45:419, 1954.

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Indiana Section, ICS, to Meet in Indianapolis May 25

The annual Regent's Day meeting of the Indiana Section, International College of Surgeons, will be held in the Hotel Lincoln, Indianapolis, on May 25.

Three scientific papers of general interest will be presented between 3 and 5 o'clock by Drs. C. Basil Fausset and John A. Campbell, Indianapolis; and Dr. Claude J. Hunt, Kansas City, Missouri. A social hour and dinner will follow. Dr. Alfred C. Kinsey, Indiana University, will be the speaker following the dinner.

A cordial invitation to attend any part of the program is extended to all physicians and their wives. No charges will be made except for the dinner. Full program details may be had by writing Dr. Thomas C. Haller, 411 Tinsley Avenue, Crawfordsville.

Dr. James C. Katterjohn, Indianapolis, has been called into military service as a major in the U. S. Army Reserve. He and Mrs. Katterjohn and their three children left early in April for San Antonio, Texas, where Major Katterjohn has been ordered for a five week indocrination course. He will return to Indianapolis to resume his practice.

At the district meeting of the **American Academy of Obstetrics and Gynecology** held April 2 in Louisville Dr. David A. Bickel, South Bend, Indiana chairman for the Academy, Drs. Francis E. Stout, Muncie, and Charles F. Gillespie, Indianapolis, were members of a panel. Others from Indiana who attended included Drs. J. E. Kopcha, Gary, Mahlon Miller, Fort Wayne, F. W. Peyton, Lafayette, Howard Allen, Bedford, Merle C. Sharp, South Bend, H. C. Boyd, J. L. Stoelting and A. W. Cavins, Terre Haute, and C. O. McCormick, J. W. Hofmann and John F. Spahr, Indianapolis.

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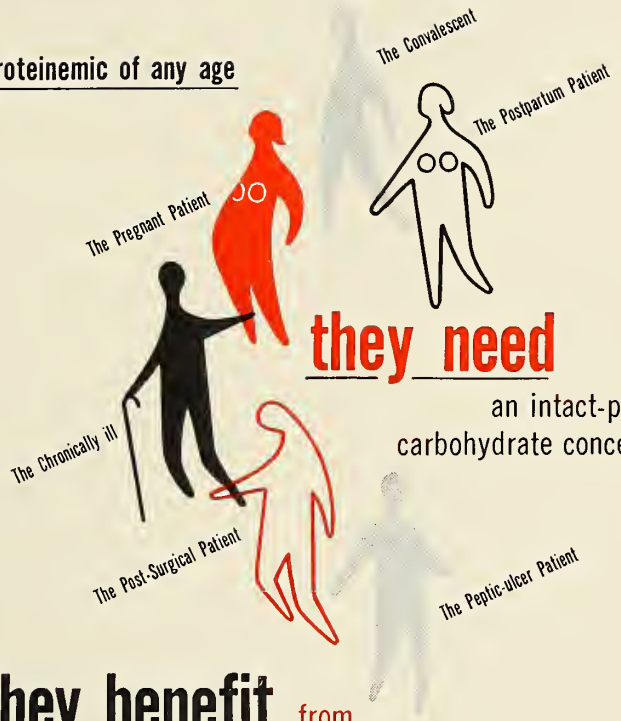
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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

March 11, 1955.

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D.; Roy V. Myers, M.D.

Robert Hollowell, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Guests: C. O. McCormick, M.D.; Carl D. Martz, M.D.; Andrew C. Offutt, M.D.; Carl P. Huber, M.D.; Wilson Dalton, M.D., secretary, Shelby County Medical Society.

Membership Report

Number of members March 11, 1955 3,525*
Number of members March 11, 1954 3,196
Gain over last year 329
Number of members December 31, 1954 3,904

* Includes
110 in military service (gratis)
91—$10.00 members (residents and interns)
242—senior members
55—members, dues remitted by Council
2—honorary members

AMA dues paid: 1953...3,629; 1954...3,639**; 1955...2,799.

** 411 members permanently exempted in 1954 included in this figure.

Legislative Matters

The secretary reported the actions taken on some of the major bills in the 89th session of the Indiana General Assembly.

Organization Matters

Remission of dues. Requests from Allen, Lake and Marion counties for the remission of state dues of one member in each of these societies were approved on motion of Drs. Portteus and Kennedy.

Polio immunization program. Dr. Dalton, secretary of the Shelby County Medical Society, informed the committee that the Shelby County Medical Society was dissatisfied with the proposed polio vaccination program as outlined by the State Board of Health and the National Foundation for Infantile Paralysis. This matter was thoroughly discussed and upon motion of Drs. Portteus and Kennedy the Executive Committee voted to suggest to the various component county medical societies that they participate in the proposed 1955 polio vaccination program in such manner as they find feasible at this time. The Committee further suggested that in the future immunization programs be treated in the same manner as other immunization programs are now handled. During the discussion of this matter Dr. Andrew Offutt, state health commissioner, informed the Committee that some of the societies had not been heard from regarding the meeting which was called for the 13th of March. In view of this the Executive Committee instructed the executive secretary to procure a list of the counties which had not replied to the request to

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attend the meeting and to send a night letter to each of these societies, urging that they be represented at the meeting and quoting the motion adopted by the Executive Committee.

Maternal mortality survey and study. Dr. C. O. McCormick, chairman of the Committee on Maternal and Child Health, presented the plan of the committee in which it was urged that a survey and study be made of maternal mortality in the state of Indiana.

Upon motion of Drs. Portteus and Kennedy, the Executive Committee recommended to the Committee on Maternal and Child Health that they, in cooperation with the Department of Obstetrics and Gynecology of the Indiana University School of Medicine, institute a study of maternal deaths on a spot basis, with the understanding that the expense of such study is to be borne by the State Board of Health.

Upon motion of Drs. Clauser and Myers the president was authorized to appoint a committee composed of four Ob-Gyn men, one internist, one cardiologist, one urologist, one anesthetist, one pathologist, and one general practitioner, or men who specialize in these fields, the terms of office to be five-year terms, with two members of the committee retiring each year.

Special Committee on Crippled Children. Dr. Carl Martz presented a suggested letter to be sent to the Governor of the State of Indiana regarding the appointment of a Special Committee on Crippled Children. Upon motion of Drs. Portteus and Clauser the Committee agreed to accept Dr. Martz' suggestion and asked that he prepare such a letter for signature of the president to be forwarded to the Governor.

New Business

The secretary read a report from Dr. Jene R. Bennett, Indiana representative of Central Blood Bank, Inc., covering the first meeting of the committee.

The Journal

Quarterly report on advertising was accepted by consent:

Total, first quarter, 1955	$8,910.28
Total, first quarter, 1954	$8,644.23
Net gain, 1955	$ 266.05

Statement of Receipts and Expenditures for February, 1955, for the Association was approved by consent.

Future Meetings

Upon motion of Drs. Portteus and Kennedy the chairman of the State Civil Defense Committee was authorized to represent the Third Annual Medical Civil Defense Conference in Atlantic City, Saturday, June 4, 1955.

By consent it was agreed that the executive secretary and the president, or the chairman of the Legislative Committee; should attend the Board of Directors meeting of the State Chamber of Commerce at French Lick on April 15, 16 and 17, 1955.

There being no further business, the committee adjourned to meet again at 6:00 p.m., April 16, 1955, in the Student Union Building, Indiana University Medical Center, Indianapolis.

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News from the County Societies

Boone County physicians heard a discussion of chiropractic and other legislation enacted by the 1955 General Assembly at a meeting of **Boone County Medical Society** April 5 in Witham Memorial hospital, Lebanon. The speaker was Kenneth W. Bush, field secretary for Indiana State Medical Association. Seventeen members attended the evening meeting.

Cass County Medical Society's regular monthly meeting was held March 21 in Memorial Hospital, Logansport. There were 29 present including members and their guests. Speaker for the evening was State Senator Frederick Landis who discussed activities of the state legislature. The society received a report on the polio vaccination plans, made arrangements for blood bank coverage, announced details of the May 18 district meeting and transacted routine business. In addition to the speaker, three trustees and their wives and the supervisor of nurses were special guests.

Dr. Bruce A. Work, Frankfort, was the speaker for the **Clinton County Medical Society** meeting March 15 in Clinton County hospital, Frankfort. He discussed "Control of Communicable Disease". Eighteen members attended the dinner meeting.

"Public Relations in Medicine" was discussed by Drs. F. B. Kantzer and R. P. Reynolds at the meeting of **DeKalb County Medical Society** in Sacred Heart Hospital, Garrett, March

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8. Twelve members attended. During the business meeting a revised fee schedule, the first revision since January 1949, was adopted, effective March 1. The May meeting was to be held May 10 in the Dr. Bonnell M. Souder hospital, Auburn.

The **Grant County Medical Society** held its regular meeting in Emley's Restaurant, Marion, March 24 with 60 present. During the business session the society voted to purchase syringes for the polio program, each physician underwriting the cost of a dozen syringes and needles.

The scientific program consisted of a panel discussion on "Diabetes". Participants in the discussion were Drs. Joseph B. Davis, Philip L. Sthair, D. Hugh MacNamee, Marion, and Frederick R. Malott, Miami county.

Fourteen **Greene County Medical Society** members held a dinner and routine business meeting in the Freeman Greene County hospital at Linton on March 17.

Hancock County Medical Society members held a regular meeting in the Hancock County hospital, Greenfield, on March 28 with 14 present.

Kenneth Bush, ISMA field secretary, reported on recent legislative activity, and Norman Jones of Blue Cross gave a breakdown of patient costs in the Hancock county hospital and the averages for the state.

Following the business session a film on "Streptoccal Infections and Penicillin Therapy" was shown by a Wyeth representative.

At the February 28 meeting of the society 15 members were present to view a film on "The Toxemias of Pregnancy".

Dr. W. U. Kennedy, New Castle, spoke on "Some Problems Facing the Medical Profession" at the March 17 meeting of the **Henry County Medical Society** in Henry County hospital, New Castle.

Twenty-eight members of **Howard County Medical Society** passed a resolution at their

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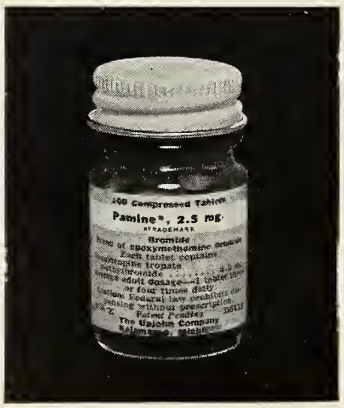
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April 5 meeting favoring the building of a new hospital with at least 150 beds at the earliest possible time. The action was unanimous.

Dr. Frederic A. Lestina, instructor in medicine at Northwestern University Medical School and a member of the staff of Wesley Memorial hospital, Chicago, was the speaker. His address was on "Indications and Contraindications in Present Day Therapy with ACTH and Cortisone." He stressed the fact that the use of the drugs was a palliative measure rather than one of cure.

Dr. William J. Martin of the department of internal medicine at the Mayo Clinic, Rochester, Minnesota, was the speaker at the March 17 meeting of **LaPorte County Medical Society** in the Rumely Hotel, LaPorte. His subject was "Antibiotic Therapy."

Furthering their efforts to establish an outstanding public relations program for their county society, 20 members of the **Lawrence County Medical Society** voted an increase in

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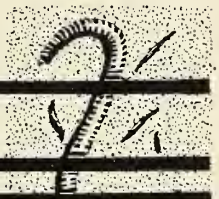
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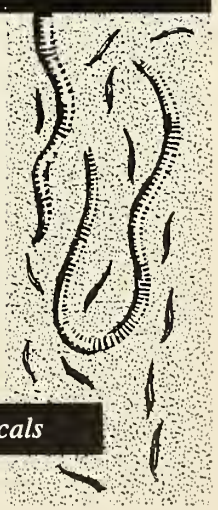
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their society dues for the purpose of establishing a full time emergency call service. The meeting, held in Dunn Memorial Hospital at noon, April 6, was devoted to expanding their public relations activities and other business matters.

The **Madison County Medical Society** met March 21 at the Anderson Country Club with 60 members present. A paper on "Brain Surgery" was given by Dr. J. Theodore Luros of Indianapolis.

"How to Manage Chronic Cystic Mastitis" was the topic of the tape recording by Dr. Murray C. Copeland heard by **Miami County Medical Society** members at their meeting March 25 in Veach's Steak House, Peru. Only eight members were able to attend because of a blizzard which was in progress.

Following the dinner a business meeting was held with members making further arrangements for the Salk vaccine program. Arrangements were also made to have Dr. Louis Spolyar of the Indiana State Board of Health address the society after he makes a survey of industrial health hazards at a Peru manufacturing plant.

Eleven members of **Morgan County Medical Society** met for dinner in the Martinsville Sanitarium March 20 and afterward heard a tape recording on "Early Diagnosis of Rheumatic Fever". The society voted to accept the polio immunization plan, to write letters of appreciation to their state senator and representatives, and heard a report of legislative action by Robert J. Amick, ISMA field secretary.

The next meeting was to be held May 22 in the home of Dr. Kenneth E. Comer, Mooresville, at 5 p.m.

Thirty-two members of the **Owen-Monroe County Medical Society** met March 31 at the Bloomington Country Club for their regular society meeting. A review of actions and matters brought up by the executive committee of the society occupied the attention of the members.

The **Perry County Medical Society** met April 5 in the office of the Perry County nurse. Seven were present, and the entire program was devoted to the business affairs of the society.

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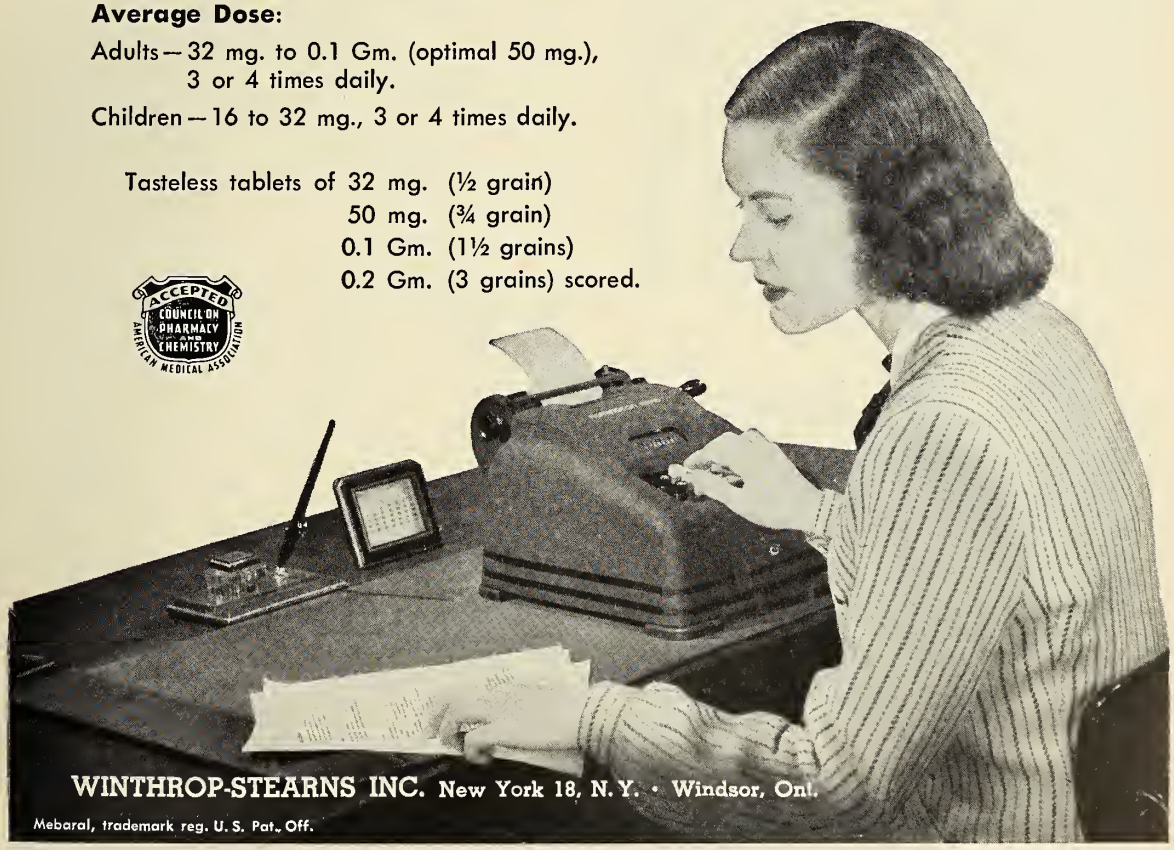
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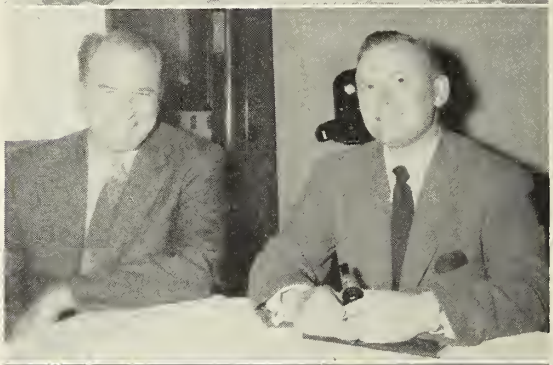
Ten members of **Putnam County Medical Society** met at Old Trails Inn April 8 for their regular society meeting. Following the business session, A. E. Reynolds, Ph.D., of DePauw University, outlined the new program for granting B.S. degrees in nursing which is being placed into operation this year by the university in cooperation with Methodist Hospital of Indianapolis.

Members of **Ripley County Medical Society** entertained their wives at a dinner in Lakeside Country club at Milan March 16. A business meeting was held following the dinner.

Dr. Wayne Carson, Indiana University Medical Center, Indianapolis, spoke on "Carcinoma of the Lung" before approximately 80 members of **St. Joseph County Medical Society** on March 23, at their regular dinner meeting in Hotel LaSalle, South Bend.

On April 12 the society held its regular month-



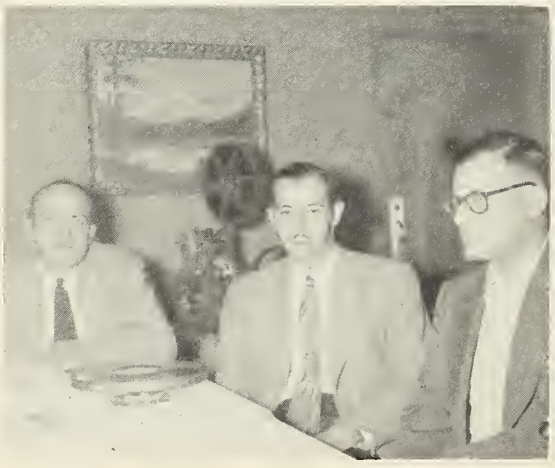






Photographs on this page were taken at a late winter meeting of the Rush County Medical Society held in Rushville.

Pictured, reading from left to right are Drs. Willard C. Worth, Milroy, and R. O. Kennedy, Rushville; Kenneth F. Corpe, Rushville, and Marvin G. Norris, Rushville; George B. McNabb, Carthage, and Harry G. McKee, Rushville; Frank Green, Rushville, and Richard C. McNabb, Carthage.



In the photograph, bottom left, are Drs. Robert B. Johnson, Melvin H. Denny, and W. H. Nutter, all of Rushville.



Dr. Charles L. Wise, Camden, above, discusses with Dr. Eva N. Kennedy, the honor accorded her when she was named "Citizen of the Year" at Camden.

ly business meeting at 8 p.m. in the Northern Indiana Children's Hospital.

Fifteen members of **Wabash County Medical Society** held a regular dinner meeting March 9 in the Wabash Cafeteria. A paper on "Chest Injuries and Their Treatment" was presented.

"Surgical Emergencies of the Newborn" was the title of a discussion presented by Drs. H. William Clatworthy and William Howard of Ohio State University College of Medicine before members of **Wayne-Union County Medical Society** at a meeting March 8 in Reid Memorial hospital, Richmond.

A special St. Patrick's Day party was given March 17 by members of Wayne-Union County Medical Society for their wives. Countess Pulaski, Chicago, presented her popular program. Dr. Howard E. Sweet, president, was master of ceremonies and arrangements were made by Dr. Charles H. Loomis and members of his program committee.

On March 29 the society held a joint dinner meeting with the dentists of Wayne and Union



Members of Carroll County Medical Society are pictured at a winter meeting held in the home of Dr. James R. McLaughlin, Flora. Left to right, top, Drs. Robert M. Seese, Charles C. Crampton, and John M. Byrne, all of Delphi. Dr. Byrne is 1955 president of the society. Center, left to right, Drs. George W. Wagoner, Delphi, and Charles L. Wise, Camden.

Bottom, Dr. Byrne and Dr. McLaughlin, the host, who was 1954 president.

counties. Thomas A. Hendricks, secretary of the Council on Medical Services of the American Medical Association, was the speaker. His subject was "All Is Not Quiet on the Potomac" and covered a review of legislative activities in Washington.

Sixty members and guests attended the event in Reid Memorial hospital, Richmond.

ANALYSIS OF MEDICAL AID (Cont.)

THE HOSPITALS:

An average of 977 days of hospital care reported

Average cost per day was $18.10.

Total paid monthly to hospitals $17,691.32

THE DENTISTS:

Average of $7,842.46 paid per month for care of teeth of dependent children (There are no records of number treated)

THE PHARMACISTS:

A total of $7,375.32 was paid for prescriptions each month for dependent children

THE NURSING HOMES:

Few children were sent to nursing homes

Average each month paid to nursing homes was $226.62

ALL OTHER COSTS:

The miscellaneous other costs of the program totaled $3,077.43 per month

AID TO THE BLIND

The last of the three summaries compiled by the Department of Public Welfare concerns the blind recipients and reveals:

Average number of recipients per month was 1,716

Some medical aid was given 417 monthly; that is 24.2%

Total cost per month was $14,957.24

Average monthly cost per recipient $8.73; per patient $35.98

DISTRIBUTION

THE PHYSICIANS:

Physicians cared for 1,638 blind patients per month

They received an average per month of $12.07 per patient for all calls and hospital treatment

Their fees totaled $3,296.02 per month

THE HOSPITALS:

An average of 231 hospital days care per month was reported

The average cost was $15.11 per day

Average total received by hospitals for care of the blind was $3,488.22 per month

THE DENTISTS:

Average monthly fees paid to dentists were $341.50

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(Number of patients treated not recorded)

THE PHARMACISTS:

Cost of prescriptions for the blind averaged $1,505.31 per month (no analysis available)

THE NURSING HOMES:

Blind recipients of state aid paid $5,882.51 per month total to nursing homes (no record of number cared for)

ALL OTHER COSTS:

Other costs, not itemized, averaged $443.68 per month

OTHER STATISTICS

The total number of old age recipients dropped approximately 1,200 in 1954. Assistance to dependent children has been on a steady upswing for 17 months; in November 1953, 18,770 children were helped but in March 1955, 22,862 children got financial aid.

The number of blind recipients varies little.

A wide variation in costs, county by county, is noted. No simple answer can be found in the summaries. In some counties physicians are paid by the township trustees; some county welfare departments do not provide hospitalization; transportation of patients to distant hospitals and specialized treatment result in increased costs; some patients, without families, must be hospitalized for routine sick care; some physicians give considerable care without charge with a resultant lowering of costs.

The summaries show that costs for old age recipients vary from 62 cents in one county to $21.56 in another. Cost per patient runs from $6.88 to $112.48 (hospitalization and nursing home care only); physicians averaged from $5.33 per patient per month in one county to $62.75 per patient (this represents one surgical patient whose bill totaled $439.25 during the six-month period); hospital costs vary from $9.11 per day to $26.07 per day. Other costs are not reported in a manner which makes comparisons possible.

NEXT MONTH

The JOURNAL will report factually in the June issue what county medical societies have said regarding costs of medical aid to welfare recipients.

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June 1955

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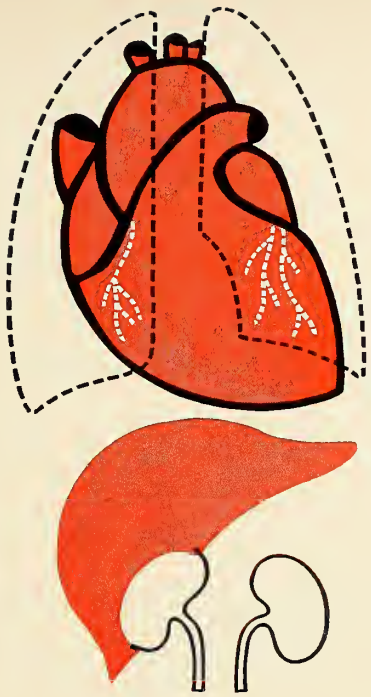
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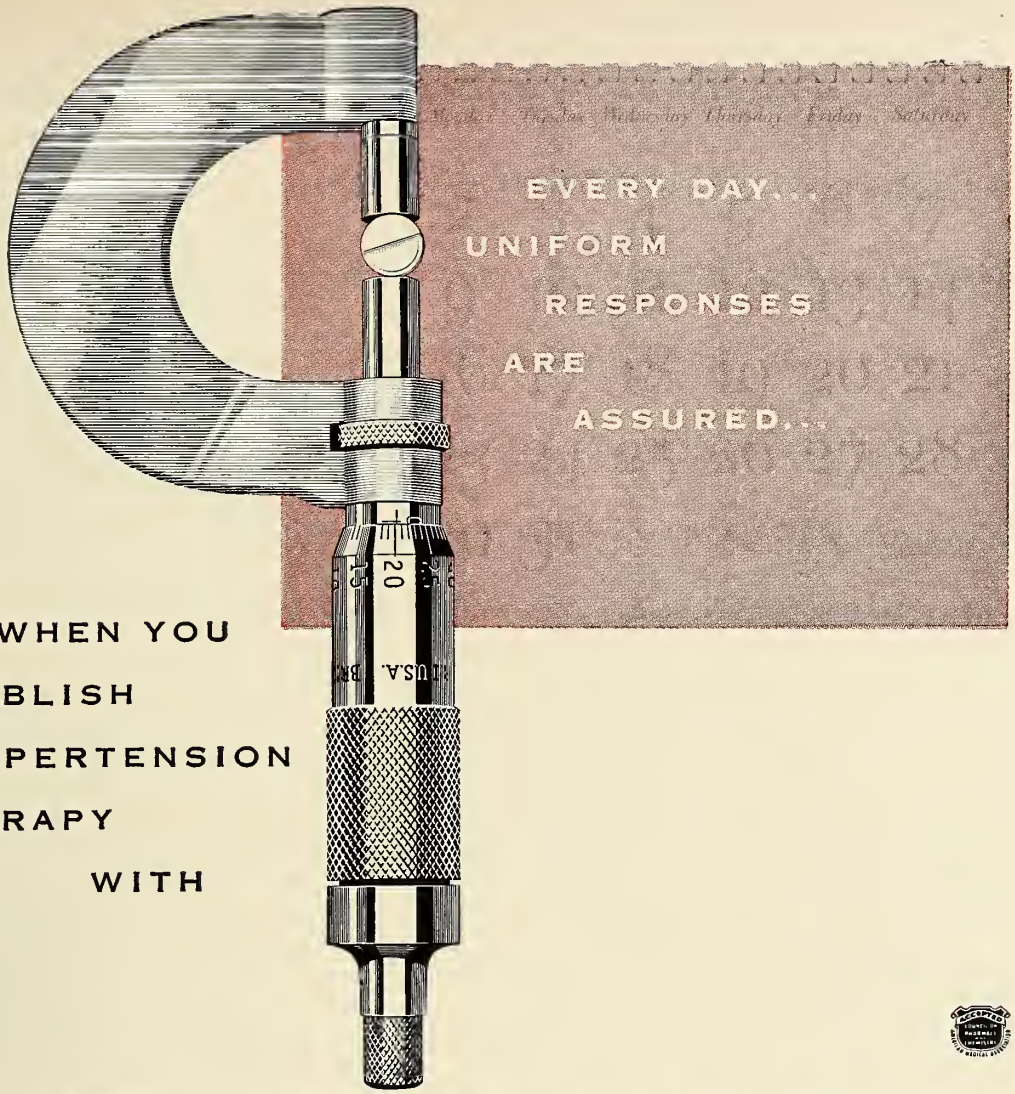
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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

ONLY DOCTORS CAN STOP FEE-SPLITTING

The American Medical Association takes a praiseworthy course in adopting a program to attack the "basic economic causes of fee-splitting." (Fee-splitting is a practice in which a surgeon gives back a portion of his fee for an operation to the physician who referred the patient to him.) But it is questionable whether the economic causes can be removed in the manner the A.M.A. suggests.

An A.M.A. committee found that there were greater financial rewards for surgery than for the practice of medicine. "The higher surgical fee," it said, "creates intense competition for surgical patients." It is therefore proposed to conduct a program which would raise the value of non-surgical work in the public's eyes.

The cure for the fee-splitting disease seems to us to lie quite elsewhere. It is not the public's attitude toward the medical profession that is at fault, but the attitude of some of its practitioners toward that profession. As long as there is even a minority of doctors and surgeons who look on medicine primarily as a means of making money, there will be physicians who will stoop to selling patients and surgeons who will stoop to buying them.

If these leeches were kicked out of the practice of medicine, as they amply deserve to be, the economic causes of fee-splitting would very quickly disappear, because the evil would be unprofitable. And the entire medical profession would profit, in enhanced self-respect and the esteem of the public.

—*St. Louis Post-Dispatch.*

DOCTORS TAKE ANOTHER LOOK AT FEE SPLITTING

A committee of the American Medical association has brought forth a report recognizing that fee splitting is an economic as well as an ethical problem.

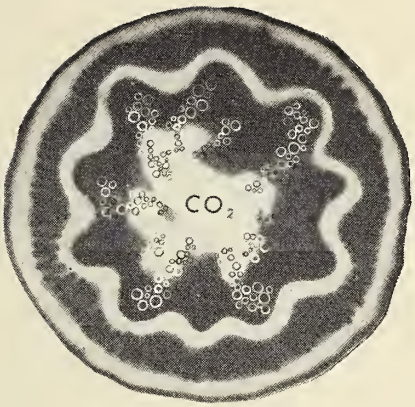
Fee splitting—forbidden by medical ethics but nevertheless practiced more or less widely—is the payment by one physician to another of a portion of the fee collected from a patient. The doctor who refers a patient to another is thus rewarded. The most common instances are in connection with surgery.

Surgeons have been in the forefront of the movement to stamp out the practice. A principle objective in the organization of the American College of Surgeons nearly half a century ago was the elimination of fee splitting. Fellows of the college take an oath not to indulge in it, a number of state legislatures have been persuaded to pass laws forbidding it, and recently the college has taken the lead in movements to compel surgeons to submit their books to audits to assure that they are not splitting fees. In a case arising in Iowa, which has an anti-fee splitting law, the internal revenue service ruled that payment of a split in fees are not deductible as a business expense by the physician who makes the payment.

The principal argument against fee splitting is simple: the referring physician is tempted to send his patient not to the most able surgeon available but to the surgeon who will pay him the biggest commission on the business. The patient thus may receive less than the best available care, a condition as intolerable to the physicians of the country as it is to the public.

Other physicians than surgeons, and particularly those engaged in general practice, do not always regard fee splitting as quite so horrible as the surgeons do. They argue that while it takes just as much experience and judgment to determine the need for surgery as to perform it, the surgeon can and does collect a high fee, while the patient may object if the diagnostician charges him more than the usual fees for a couple of office consultations.

In its report, the A.M.A. committee on medical practice "found general agreement among doctors



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that there are greater financial rewards for the practice of surgery than for the practice of medicine. This discrepancy results from a low public evaluation of medical and diagnostic services as compared to high public evaluation of surgery . . ."

The report went on to say that when fee splitting is practiced in a community, surgeons opposed to it are sometimes forced to engage in it or do without patients. At the same time general practitioners, barred by hospitals from performing surgery even tho they may have some special training in the field, become hostile to the restrictions placed on them and demand a split in surgical fees.

"If these factors are the basic economic causes of fee splitting," the report continued, "the committee can see little hope of ending the practice with plans imposing more oaths, rules, restrictions, C. P. A. audits, and inspections."

Instead, the committee recommended that a special committee work out a point scale indicating the relative value of diagnosis and surgery in different cases. It also urged a campaign of public education on the value of nonsurgical medicine.

Further recommendations were that the various boards which certify specialists (including surgeons) reappraise the restrictions placed on certificate holders. Some specialists are forbidden to practice outside their speciality. Some hospitals impose arbitrary restrictions on general practitioners.

It is a good idea to teach the public that the other branches of medicine are just as valuable as surgery. What every good physician has to sell his patient is sound judgment, based on training, experience and study, and surgeons themselves claim no monopoly of good judgment.

But if the purpose of this education is to grade the diagnostician's fees up to those of the surgeon, without lowering his, the public can't be sold in a thousand years. It is implicit in the committee report that other practitioners believe the surgeons are getting too big a slice of the medical dollar. If the surgeons agree to reduce fees substantially, in order that their colleagues may collect more, we are closer to the millenium than anyone suspects.

Chicago Tribune.

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Wanted: PHYSICIANS LOCATIONS

Eighteen physicians from 10 states made inquiry during the month of April concerning locations for practice in Indiana. The Physician Placement Service of the Indiana State Medical Association has sent a copy of the revised placement booklet to each physician.

As part of the service, each month communities which have been listed as needing physicians, are sent a copy of the list of those physicians who have asked about Indiana opportunities. No additional communities were listed in April, however, many openings still exist, particularly in the smaller towns.

Physicians making inquiry were:

John H. Schadler, M.D. (general practice), 3148 Werk Road, Apt. 3, Cincinnati 11, Ohio.

Gilbert H. White, Jr., M.D. (general practice), 759 Med. Det., APO 217, New York, N. Y.

P. Biason, M.D. (general practice), Clinton, Wisconsin.

Charles A. Yale, M.D. (general practice), 1200 S. Barker Street, El Reno, Oklahoma.

Warren L. Bergwall, M.D. (general practice), Denmark, Wisconsin.

T. Inouye, M.D. (general practice), 1109 Tippecanoe St., Lafayette, Indiana.

Frederick R. McKeehan, M.D. (general practice), 209 Collodine Avenue, Buffalo 14, New York.

Lewis M. Knight, M.D. (Ob.-Gyn.—assistant or associate), 6138 Compton, Indianapolis, Indiana.

Eva Urban, M.D. (Ophthalmology—assistant or preceptor), University Hospital, Oklahoma City, Okla.

John Lee Barrett, M.D. (general surgery), 21721 Gaukler St., St. Clair Shores, Michigan.

Richard L. Sedlacek, M.D. (general surgery), 3345th USAF Hospital, Chanute Field, Illinois.

Robert W. Reed, M.D. (general surgery—assistant or associate), 803 Rider Street, Iowa City, Iowa.

Gene Thomas Qualls, M.D. (pediatrics), Children's Hosp. of Philadelphia, 1740 Bainbridge St., Philadelphia 46, Pa.

Chester T. Podgorski, M.D. (general surgery), 3926 N. Keeler Avenue, Chicago, Illinois.

F. James Stubbart, M.D. (dermatology), 2831 Pittsfield Blvd., Ann Arbor, Michigan.

Lee F. Winkler, M.D. (general surgery—clinic or associate), 8372 Fullerton Avenue, University City 14, Missouri.

M. Bakaleinik, M.D. (general surgery), 24 Grand Blvd., Binghampton, New York.

John F. Brown, M.D. (internal medicine—small group), 103 N. Randall Avenue, Madison 5, Wisconsin.



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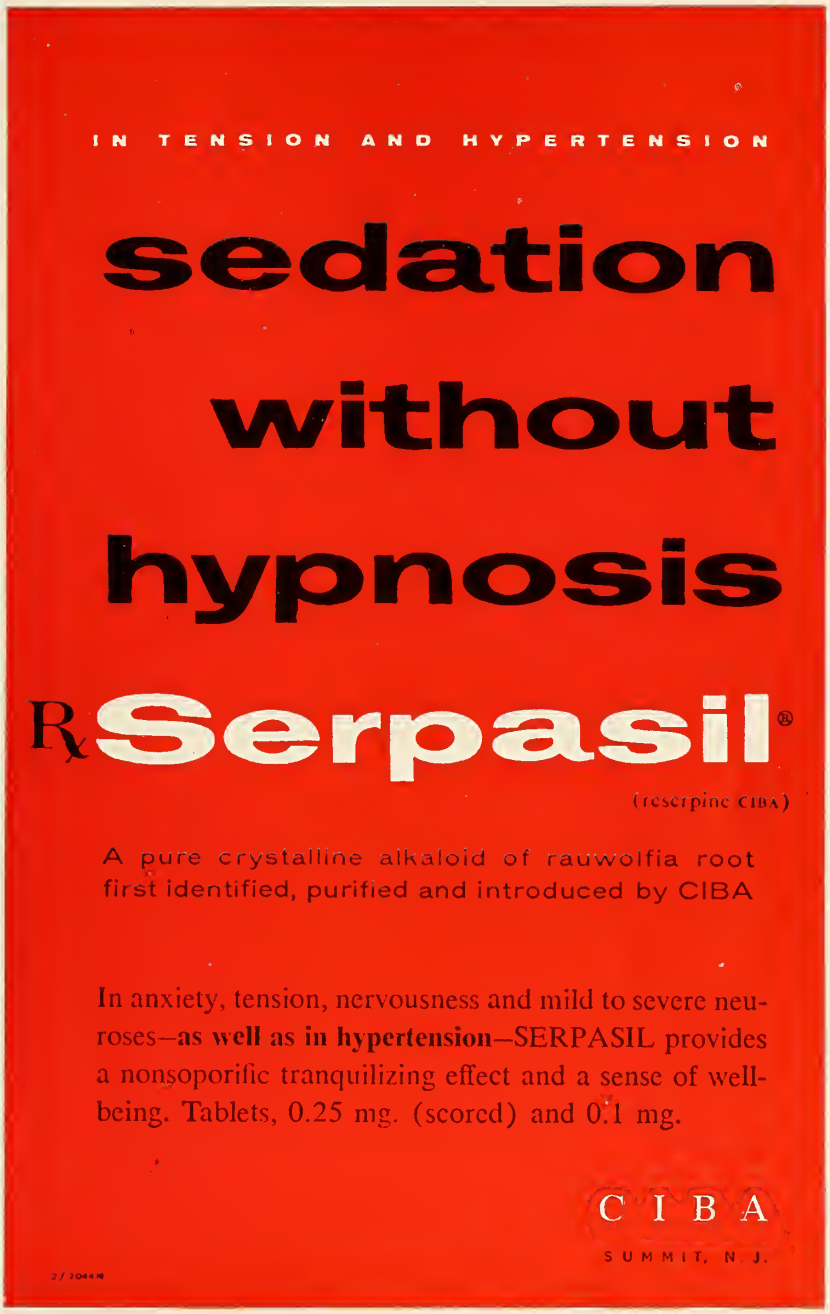
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THE MONTH IN WASHINGTON

Washington, D. C.—For the first time in many years, there is a strong possibility that Congress will enact legislation providing federal grants to medical schools. Unlike most bills of the past, which would have given the schools money for salaries and other operating costs, the bill getting most attention now would give money only for construction and equipment.

Action first came in the Health Subcommittee of the Senate Labor and Welfare Committee. Senator Lister Hill (D., Ala.), chairman of the subcommittee as well as the committee, is the principal sponsor of the bill. Senator Hill, long interested in health legislation, was a co-sponsor of the hospital construction act that has been in operation for eight years.

Under the education bill the federal government would grant a total of $250 million to medical schools at the rate of $50 million a year for five years. No school could receive more than $3 million. New schools would receive 50% of construction and equipment costs (up to $3 million limit), but existing schools would receive only one-third, unless they agreed to increase freshman enrollment by at least 5%. If they wished, schools could set aside 20% of the federal grant into a permanent endowment fund, with earnings to be used for maintaining the building and equipment.

UNOPPOSED

Nearly a score of medical school deans appeared before the Hill subcommittee to urge approval of the bill. Also supporting it were the American Medical Association and the American Dental Association, the latter on condition that dental schools also be included. There were no opposition witnesses before the Hill subcommittee.

The AMA's witnesses were Drs. F. J. L. Blasingame, a Trustee, and Walter S. Wiggins, associate secretary of the Council on Medical Education and Hospitals. Dr. Blasingame reviewed efforts of the Association since its founding to improve medical education. He cited evidence to show that medical training in this country now is the best in the world, and that the supply of physicians is increasing at a faster pace than the population.

Dr. Wiggins urged the subcommittee to make two changes. He asked that the financial inducement offered for increased enrollment be dropped, as it might cause some schools to take in more students than they could train properly, a fear that was reflected also in the testimony of some of the medical school deans. He also said the AMA recommended that the law require that six members of the Council on Medical Education be "leading medical authorities".

In the House, the Interstate and Foreign Commerce Committee, facing a heavy schedule of hearings on other bills, was slow to take up the medical education bill. But there, too, its prospects are good, particularly as the bill is sponsored by Chairman Percy Priest (D., Tenn.), whose role in medical bills compares with that of Hill in the Senate.

MAY EXTEND DOCTOR DRAFT

It appears now that Congress also is willing to go along with the Defense Department once again and extend the doctor draft act for another two years. It is scheduled to expire next June 30. The AMA opposes an extension, maintaining that a more attractive military medical career and better use of uniformed physicians would take care of the services' need for experienced specialists and administrators. The department's main argument for an extension was the need for these

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(1) Poyne, R. W.; Shetlar, M. R.; Forr, C. H.; Hellboum, A. A., and Ishmoel, W. K.: J. Lab. & Clin. Med. *45*:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chran. Dis. *1*:168, 1955. (3) Holbraok, W. P.: M. Clin. North America *39*:405, 1955.

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Fractures & Traumatic Surgery, Two Weeks, June 20, October 17

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Electrocardiography & Heart Disease, Two Weeks, July 11
Gastroscopy, One Week Advanced Course, September 12
Gastroenterology, Two Weeks, October 24
Dermatology, Two Weeks, October 17

RADIOLOGY—Clinical Diagnostic Course, Two Weeks, by appointment
Clinical Uses of Radioisotopes, Two Weeks, October 10

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Pediatric Cardiology, One Week, October 10 and 17

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This Month in Washington — (Continued)

older men. Before reporting out the bill, however, the House Armed Services Committee made one significant change. It rewrote the bill to exempt any physicians 35 years or older who had applied for a commission at any time in the past and had been turned down solely because of physical condition.

Also moving ahead on the legislative course is a bill to continue the $100 per month equalization pay for physicians and dentists in uniform. At hearings before the House Interstate and Foreign Commerce Committee the AMA supported the special pay extension, but objected to one provision. The bill originally would have withheld the $100 from men with an obligation under the regular draft unless they agreed to serve for more than the two-year draft obligation. The House Committee eliminated this section. As the bill went to the House, it provided that all commissioned medical and dental officers receive the special pay.

OTHER BILLS DORMANT

Still undecided was the fate of a Defense Department's bill for medical and dental scholarships. Scholarships would cover subsistence as well as all school expenses. A student receiving aid for a year or less would have to serve on active duty for an extra year; if the scholarship were for more than a year, he would have to spend three extra years on active duty.

At this writing Congress continues to show no particular interest in reinsurance of medical insurance plans, a bill that the administration considers important. Nor have hearings been scheduled yet on the No. 2 administration bill, that providing federal guarantee for mortgages on such health facilities as hospitals and clinics.

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Abstracts:

ANESTHESIA FOR ELECTROCONVULSIVE THERAPY

J. M. Ranald, M.D., M. B. Steven, M.D., R. M. Tovell, M.D., and Enrique Delgado, M.D. Anesthesiology 15:6, November 1954; pp. 623-636.

Electroconvulsive therapy causes unpleasant subjective prodromata and may be accompanied by physical injury. The authors present that a relaxing dose of succinylcholine chloride overcomes the latter objection, while a small dose of pentothal sodium prevents the unpleasantness of the therapy and the pain accompanying the administration of succinylcholine chloride. Single rooms for treatment insure privacy. Equipment in the treatment rooms includes oxygen supply, bag and mask, suction apparatus, laryngoscope and endotracheal tubes. The patient comes for treatment without breakfast. Occasionally premedication of atropine, hypodermically administered, and a barbiturate orally given is used if previous experience with the patient indicates its need. The anesthesiologist evaluates each patient on the basis of history, physical examination, electrocardiogram, and roentgenograms of the spine.

Method: Six to ten cubic centimeters of two and one-half percent pentothal is injected rapidly followed by succinylcholine (average dose 40 mgm.) through the same needle. The electrodes are adjusted on the head band. When fasciculation ceases the lungs are inflated several times with oxygen using the bag and mask,—absence of resistance to inflation indicates complete relaxation. A gag is placed between the teeth with care to have the lips and tongue out of danger. The stimulus is applied. The initial muscular contraction is followed usually by a modified clonic convulsion.

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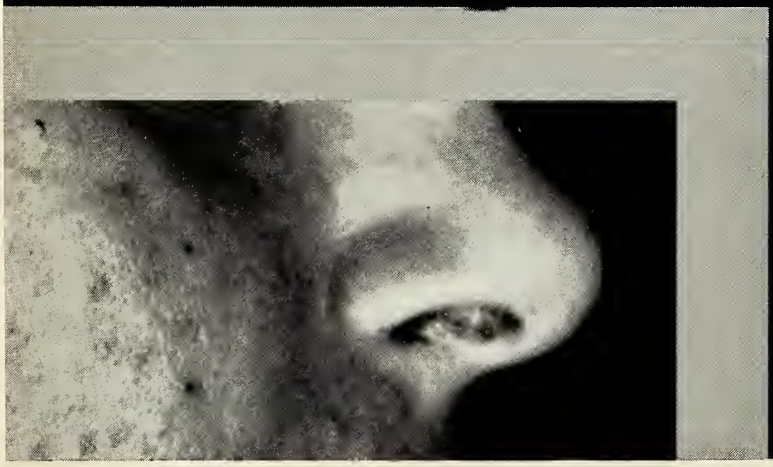
Wm. B. Adams, M.D., Muncie

(Please turn to Page 588)



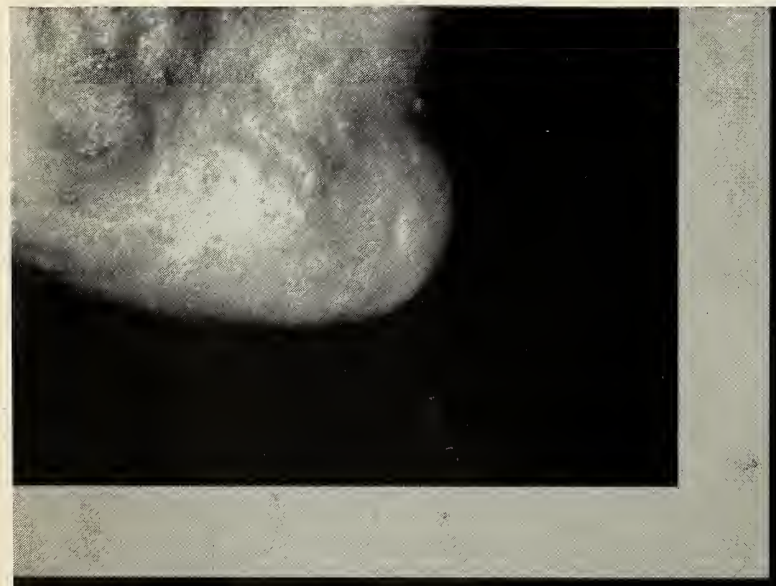
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Abstracts: — (Continued)

HEPATIC COMA

Andrews, Charles, M.D., Delp, Mahlon, M.D., and Elliott, Mary Jane, R.N.: Hepatic Coma, a Review of Twenty-Seven Cases. J. of Kansas Med. Soc. 125: 129. Vol. LVI. March, 1955.

The authors reviewed 27 established cases of hepatic coma seen in their hospital between 1947 and 1954. In 10 of these they felt they could identify a factor precipitating the coma. The administration of ammonia compounds was suspected in 6; ammonium chloride in 3, amino-acid solutions in 1, ammonium exchange ion resins in 1 and Diamox in 1. The authors feel that the liver damage present prevents synthesis of urea from ammonia with the resultant rise in the blood ammonia level, resulting in toxic effects on the nervous system. Three of their patients went into coma soon after doses of barbiturates or narcotics. One patient developed coma soon after an abdominal paracentesis. The article concludes with a summary of treatment avoiding the factors already mentioned.

Stephen L. Johnson, M.D., Evansville

RECENT ADVANCES IN RHEUMATIC DISEASES

Boland, Edward W., M.D. California Medicine, 82:65-76, February, 1955.

Up-to-date summaries of the various types of rheumatic diseases including treatment are given of these illnesses which are the commonest cause of protracted sickness in the United States.

Rheumatoid Arthritis is now generally considered as an abnormal tissue (connective) reaction to various types of injury. There is some slight hereditary influence of this systemic and not just local joint disease. A clear-cut natural history of the disease is not well-known except to state that 70 percent of cases probably show some progression. A new hemagglutination test is now in stages of development for diagnosis. Because it is a systemic disease treatment cannot be limited to the joints. Local and general medical care must not be replaced by hormonal therapy. Although adrenal cortical steroids have disadvantages in use they are indicated when properly prescribed. In various series up to 50 percent of patients have been kept in remission on oral cortisone dosage for periods up to two years. In about 20 percent of cases cortisone had to be stopped due to toxic symptoms. There seems to be general agreement that the subjective improvement has been superior to objective findings. Of interest is the finding that mild early cases seem to do as well on aspirin as on hormone therapy. The syndrome of "Pseudorheumatism of hypercortisonism" characterized by fatigability, weakness, aching in muscles and joints, and emotional instability is emphasized since the treatment indicated is to reduce rather than increase the dose or steroids. Hydrocortisone by mouth is a very recent addition and is thought to be the principal glycogenic steroid produced by the normal adrenal. In addition to its potency being one and one-half as great as cortisone, side effects of edema, psychic stimulation and abnormally increased appetite are greatly reduced. Metacortandralone and metacortandracin suggest a higher therapeutic index but are too new to suggest other than just tentative deductions. Intra-articular hydrocortisone is a good adjuvant in selected cases. Phenylbutazone although having analgesic, antipyretic and anti-inflammatory actions has produced adverse reactions in as high as 40 percent of cases. It has been shown to be more effective in the cases of spondylitis than in the peripheral form of the disease.

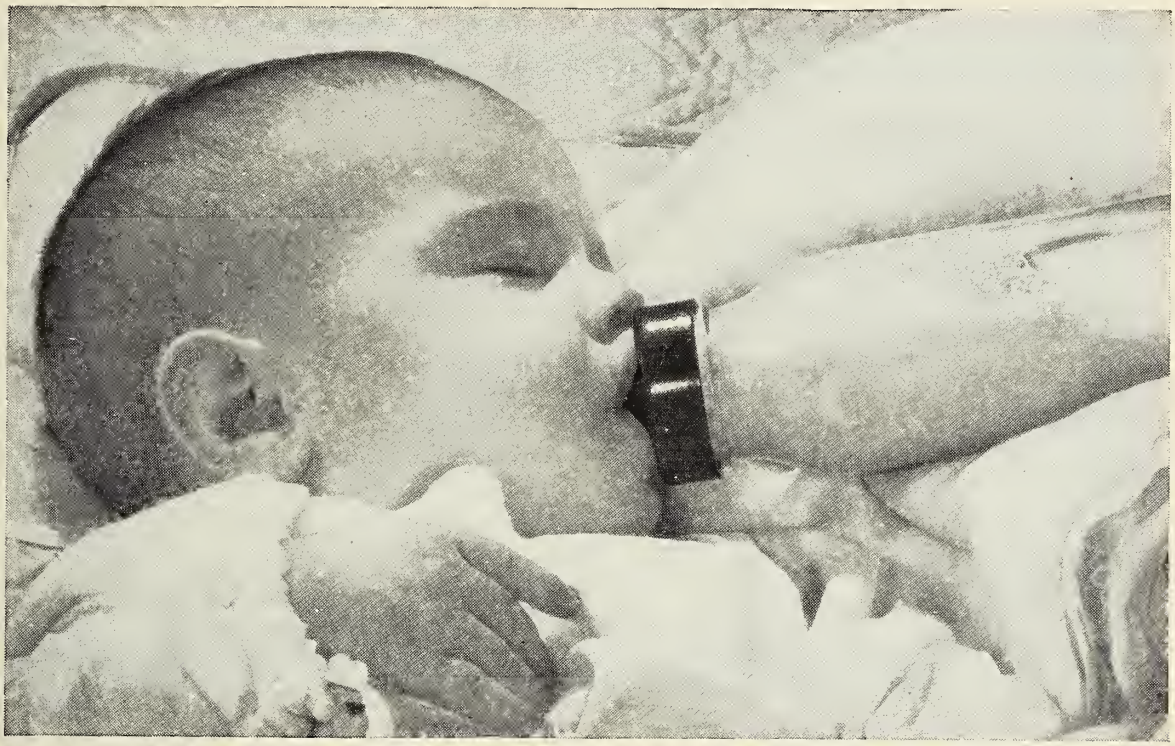
The relationship between streptococcal infections and rheumatic fever is reviewed and emphasized. The incidence of streptococcal infections seems to be less in individuals who have had their tonsils removed. In children less than four years of age streptococcal infections are common but symptoms are mild and there is a feeble antibody production. In children over the age of four the streptococcus produces a more acute disease with a greater incidence of fever, sore throat and exudative tonsillitis. The greater antibody response supports the hypothesis that the clinical reaction to hemolytic streptococcus is dependent on the type of altered tissue response immunity or hypersensitivity acquired from repeated infections. Various series of cases have shown that by the use of penicillin in streptococcal infections the incidence of rheumatic fever has been significantly reduced. Because as many as 40 percent of streptococcal infections are too mild to be noted by the patient or too trivial for them to seek medical attention continuous prophylactic drug treatment is recommended for all known rheumatic fever patients. Daily oral sulfa or penicillin or monthly dipenicillin injections are being used successfully.

The case for cortisone and related hormones in the acute phase of the disease can not be judged at this time. In order to be completely accepted it should be able to, 1) Shorten the individual attack, 2) Lessen the incidence of carditis and 3) Prevent or reduce residual heart damage. Blood hormonal studies have shown a relative adrenal insufficiency in the course of acute rheumatic fever.

In the past two years there has been very little of significance published relative to osteoarthritis. One investigator has shown that with age there is a gradual loss of an amorphous mucoid material responsible for the binding of water in cartilage. Sir Russell Brain has developed a theory of "root

(Please turn to Page 590)

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Abstracts: — (Continued)

sleeve fibrosis" as a cause of some of the cases of brachial neuritis observed in association with cervical osteoarthritis.

Modern genetic analysis has helped explain the predominately male occurrence of gout and also suggests a differing mechanism of purine metabolism in the sexes. Tracer studies have shown the bulk of urate production is from non-purine precursors. However ingested purines do abnormally raise the urate levels in gouty subjects. As in rheumatic fever a theory of relative adrenal cortical insufficiency has been developed as being present in the acute stages. The effective drugs in the acute phase of the disease are colchicine, phenylbutazone and corticotropins. Wider use of intravenous colchicine is advocated. Recurrence rates are reduced by the continuous uninterrupted administration of colchicine. Probenecid is considered the most potent uricosuric agent available and is most suitable for the chronic tophaceous type of gout.

A reference list of over 100 very recent articles forms the bibliography of this paper.

Herbert Frank, M.D., South Bend

DERMATOLOGIC CLUES TO INTERNAL DISORDERS

Fanburg, S. J., M.D.: Dermatologic Clues to Internal Disorders. Newark J. of Med., 119:124. Vol. 52. March, 1955.

Doctor Fanburg opens by saying, "There are few, if any intrinsic diseases of the skin". He says that the dermatologic symptoms of pigmentation, pruritis and purpura are frequent clues to internal disorders. Thus the degree of greenness in a jaundice is related to the amount of biliverdin in the blood which becomes elevated only in regurgitation types of jaundice. The discussion of carotinemia is interesting particularly as to its appearance in hypothyroid patients. He notes the pigmentation seen in intestinal polyposis and ulcerative colitis. Of itching he says, "scratching relieves itching by replacing it with pain. Presumably itching is simply a pain sensation of low intensity, it disappears whenever pain sensation is lost. Areas of anesthesia as a rule do not itch". He feels that itching is registered in the thalamus rather than in the cortex and that drugs depressing the cortex do not affect itching whereas drugs affecting the thalamus, such as phenobarbital do so. He lists many systemic disorders in which itching is a prominent symptom or even a very early symptom.

Purpura he considers almost always due to an internal cause and an indication for complete study of a patient.

Stephen L. Johnson, M.D., Evansville

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Chlortetracycline* and Proteus Diarrhea

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Indianapolis

PROTEUS HAS BEEN SUSPECTED to play an etiologic role in diarrhea, especially among infants[1, 2]. The rapid proliferation of resistant *Proteus* in the intestinal tract following oral administration of chlortetracycline is well known and has brought out the question as to whether or not *Proteus* could cause diarrhea following the oral use of chlortetracycline. It is of interest to recall that in a previous report Loh and Baker[3] noted a patient who developed a dysentery-like diarrhea after receiving chlortetracycline. Cultures of the stools revealed no enteric pathogens but overgrowth of *Proteus* which occurred in pure cultures. No parasites were found in the stools. The purpose of the present investigation has been to study in detail the alterations in fecal *Proteus* population and the possible ill effects following oral administration of chlortetracycline.

MATERIALS AND METHODS

Thirteen normal young adults of both sexes were selected who had not received antimicrobial agents of any kind for 3 months or longer prior to this investigation. These subjects were each given 250 mg of chlortetracycline orally 4 times daily for 5 days. Fecal specimens were studied daily for a period of 5 days before medication, during the 5 days' course of medication and following the medication until the number of *Proteus,* when present, had returned to pre-drug levels. A sample totaling one gram was taken from several portions of each fecal specimen and was blended into a homogeneous suspension in 9.0 ml of sterile distilled water. The suspension was then diluted serially in sterile distilled water according to the technique approved by the A.P.H.A. for water analysis[4]. Proteus, when present, were enumerated on Difco SS medium using 0.2 ml inoculum for surface streaking and

* The trademark of the Lederle Laboratories, Inc. for the antibiotic, chlortetracycline, is Aureomycin.

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the organisms thus obtained were specifically identified in each instance[5]. Should any diarrhea develop following the medication, search for pathogenic staphylocci, yeasts and the proven enteric pathogens in the fecal specimens would immediately follow. All plates were incubated aerobically at 37°C. for 48 hours and all counts were recorded as the organisms per gram of wet faces.

RESULTS

Proteus mirabilis was found in 9 of the 13 subjects studied. One of the 9 subjects also showed the presence of *Proteus vulgaris* on a few occasions. Eight subjects, from whom *Proteus* could not be isolated before medication, showed the presence of *P. mirabilis* on the second or third day of medication. In the remaining subject who was a *P. mirabilis* carrier, this organism disappeared on the fourth day of medication, followed by a reappearance and a marked rise in numbers to above the initial pre-drug level. In almost all cases rapid proliferation of this organism to over 10^7 organisms per gram of wet feces was noticed within 4 days following the appearance or reappearance of the organism.

It took a period of from 6 to 25 days following cessation of medication for the organism to disappear or to return to its initial pre-drug level.

Despite the rapid proliferation of *Proteus* during and following the medication, none of the 9 subjects developed diarrhea or any disseminated infections. The frequency of bowel movements was increased up to 3 times a day in most of the cases and the stools were generally bulky in quantity and loose in texture, containing no blood or mucus. One female subject, however, experienced constipation. She had no movement for 3 days toward the end of the medication.

DISCUSSION

The results of this investigation present no evidence whatsoever to suggest that a marked increase in numbers of *Proteus* might be responsible for a dysentery-like diarrhea. This could be due to the low pathogenicity of the organism, the strong defense of the host or any local environmental factor in the intestinal tract which prevents the occurrence of clinical infection. It is beyond the scope of this paper to discuss all these possible factors; however, the following three factors should deserve mentioning:

1. Lack of invasiveness of the organism.
2. The invasion of the organism was present but not to the degree to cause diarrhea.
3. The intestinal tract was actually invaded by the organism to an extensive degree and yet the subjects failed to show diarrhea due to undetermined reason.

To stress the significance of the last factor a bit further, Sieburth and Roth[6] recently reported that chicks and turkeys inoculated with *Candida albicans* and fed the diet supplemented with chlortetracycline were found to be extensively infected with the pathogenic yeast and yet failed to show any diarrhea. In contrast, the inoculated birds fed the basal diet devoid of antibiotic supplement possessed watery and gaseous ceca and had a very high mortality, although they were found to be less extensively infected with the yeast. They concluded that the addition of chlortetracycline in therapeutic levels to the basal diet of the birds appeared to prevent the development of observable physical symptoms and death due to moniliasis. Whether or not this concept applies to *Proteus* in humans remains to be studied.

It is evident from the results reported here that the ordinary therapeutic dosage of chlortetracycline fails to provoke any diarrhea due to *Proteus* even in the presence of rapid and extensive growth of the organism. This is even more remarkable in view of the fact that this organism takes a period as long as 25 days following cessation of the medication to disappear or to return to its initial pre-drug level.

SUMMARY

1. The purpose of this investigation has been to find out whether or not the rapid proliferation of *Proteus* in the intestine following oral administration of chlortetracycline could produce a dysentery-like diarrhea.

2. Thirteen normal young adults of both sexes were each given 250 mg of chlortetracycline orally 4 times daily for 5 days and, as a result, rapid and marked proliferation of *P. mirabilis* was found in 9 of the 13 subjects. None of the

9 subjects developed diarrhea throughout the whole course of study.

3. A few possible factors leading to the absence of diarrhea despite marked proliferation of the organism are discussed.

BIBLIOGRAPHY

1. Neter, E. R., and Farrar, R. H.: *Proteus vulgaris* and *Proteus morganii* in diarrheal disease of infants, Am. J. Digest. Dis. *10*:344-347, 1943.
2. Dubos, R. J.: Bacterial and Mycotic Infections of Man, 2nd Ed., J. B. Lippincott Co., p. 417, 1952.
3. Loh, W P., and Baker, E. E.: Alteration in fecal flora of man following oral aureomycin or terramycin, Boston Medical Quarterly, *4*:87-91, 1953.
4. Standard Methods for the Examination of Water and Sewage, 9th Ed., New York, A.P.H.A., 1946.
5. Proom, H., and Woiwood, A. J.: Amine production in the genus *Proteus*, J. Gen. Microbiol. *5*: 930-938, 1951.
6. Sieburth, J. McN., and Roth, F. J., Jr.: The effect of aureomycin and terramycin on *Candida albicans* in the fecal microflora of chicks and turkey poults, J. Bact. *67*:460-464, 1954.

"NEW" THEORY ON SKIN DISEASE SHOWN TO BE NOT SO NEW

The supposedly modern notion that many skin diseases result from psychological difficulties is not so new after all, a Pittsburgh physician asserts. The writers of the Bible knew about it some two thousand years ago.

The story of Job, whether believed to be a religious drama or an historical document, is typical of the mysterious cases seen by the modern physician, according to Dr. William B. Guy, writing in the March Archives of Dermatology, published by the American Medical Association.

Dr. Guy said Job's disease and recovery are as baffling as the psychosomatic cases of the modern dermatologist's office. Job, he explained, was "a pious man and very prosperous." He had a large family, immense herds of livestock, and was as good as he was great.

Permission to test Job's religion was given to Satan by God, and Job was stricken by a terrible skin disease. After losing his property, his family, and fleeing the city, he finally cursed the day he was born and begged God to explain to him why he was afflicted.

In answer to this wish God spoke "out of a whirlwind," Dr. Guy said. He told Job to look around and observe the wonder and mystery of the world, and realize the omnipotence of the Almighty. Job was satisfied, and repented.

Miraculously, his health was restored and his prosperity doubled. He died "old and full of days."

The reasons for Job's physical sufferings were never explained, Dr. Guy said. Neither was his cure—but perhaps his spiritual experience had a soothing effect which healed him.

"Regardless, this profound and sophisticated work of religious literature should serve as a reminder to all physicians of psychosomatic bent that their thoughts have been pondered before, and long, long ago," Dr. Guy said.

Some Metabolic Aspects Of Atherosclerosis

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ATHEROSCLEROSIS SEEMS TO BE AN ENTITY but its metabolic faults remain to be defined. It often complicates poorly controlled diabetes[1, 2], hypothyroidism, nephrosis and essential familial hypercholesterolemia [3, 4, 5, 6], conditions associated with abnormalities of plasma lipids. Accumulation of lipids in the intima of arteries is believed to be favored by increased concentrations of serum cholesterol[7] or macromolecular cholesterol-containing aggregates of specific size[7, 8], decreased alpha with increased beta lipoprotein levels[9, 10], chylomicrons[7, 11], hypertension[7, 12] and possibly a faulty lipemia-clearing system[13, 14, 15, 17]. Also under investigation[16, 18] is the role played by synthesis of phospholipids and cholesterol in the arterial wall itself.

Arteriosclerosis may be regarded as a complex comprised of atherosclerosis, a hyperplastic and several calcific forms, each superimposed upon degenerative changes due to aging[19]. Aging is inevitable but contrary to popular belief modification of its speed of progression may be a possibility in the future. This is indicated by the development of broad concepts concerning the clotting of fibrinogen[20], possible universality of heparin-like systems, ability to alter ground substances by vitamins and hormones and the extent of unexplored areas pertaining to tissue glycoproteins and lipoproteins. Among other effects, arterial degenerative changes due to aging contribute localizing factors.

Few facts are known about metabolism in arterial tissue. Another avascular structure, crystalline lens, seems to illustrate a coupling over surprising distances through metabolites of two contrasting types of enzymic functions. An oxygen-consuming cytochrome system is concentrated at the epithelial surface of the lens while anaerobic glycolysis goes on in the inner core[21]. Kirk[22] has found measurable rates of oxygen consumption and both aerobic and anaerobic glycolysis in excised portions of human aorta. Using rings of bovine carotid artery, Südhof[23] demonstrated anaerobic glycolysis with formation of lactic acid from added glucose or glycogen. When oxygen was supplied, aerobic conditions resulted in slowing of lactic acid production. The simultaneous addition of glucose and oxygen brought about a synthesis of glycogen. This illustrates the power of local environmental influences upon expression of intrinsic metabolic potentialities. Thus vascularization of arterial intimal thickenings might be expected to alter the character of local metabolism by increasing the availability of oxygen. Subsequent production of glycogen, carbon dioxide and water may be deleterious to the mechanical structure of arterial wall.

Cells have been described as elemental units with properties of assimilation, growth, reproduction, sensitivity to stimuli and adaptability to changing environment[24]. Significance of the approximately uniform size of animal cells is not entirely understood but in some way may be linked to the spatial arrangement of their enzymes[25] that provides for slow and utilizable release or storage of energy. The idea that various kinds of cells function through elaborations upon one or a very few closely related energy conversion systems has been presented by Schmitt[27]. This seems to imply that specializations among cells, as in nerve, muscle, liver and glands may theoretically result from phylogenetic hypertrophies of enzymic systems inherently common to all.

Comparing energy conversion systems to mechanical analogues is an attractive heuristic

device. The oxidative cytochrome system may be represented as a powerful, slowly turning cog that couples with glycolysis.[28, 29] Glycolysis provides energy for the creatine phosphate and adenosine triphosphate machinery essential to muscular action.[28, 30, 31, 32, 33, 35] During muscular activity, oxygen supply often fails to keep pace with demand but glycolysis under anaerobic conditions continues to produce lactic acid and release energy[29]. When exercise ceases, the oxygen debt is repaid by aerobic breakdown of part of the lactic acid through pyruvic acid to carbon dioxide and water. The same substances, including creatine phosphate and adenosine triphosphate are found in liver[35] and nerve[26, 36] as well. While nerves do not display the kinetic power expenditure of muscle, they require an even faster release of energy for conduction of impulses. The rapidly spinning acetylcholine cycle driven by adenosine triphosphate seems to supply this requirement.[34] Thus a primordial energy machine might be envisaged consisting of a number of wheels, some powerful and moving slowly, others with a smoothing action like flywheels that temporarily store and release energy or transfer it to energy depots while still others move rapidly as if suspended by hair springs. In human beings, heredity and diet influence size of these hypothetical wheels and preponderance of particular metabolic pathways is responsible, among other things, for bodily configuration or somatotype. Interest is beginning to center on the degree to which control of metabolic pathways is possible.

Enzymatic activities in muscle and liver may pertain to problems of atherosclerosis. Skeletal muscle, accounting for nearly half of body weight[37, 38], is largely responsible for its heat production[39]. When exposed to cold, animals paralyzed by curare fail to maintain an adequate temperature[39]. For these and other reasons, pattern of overall metabolism of the body is believed to be dominated by muscle[40]. When glucose is utilized by muscle, a large part is converted through pyruvic acid to carbon dioxide and water. However, Potter and Heidelberger[41] have pointed out the many alternative pathways open to a given metabolite. Pyruvic acid is the hub of eight possible pathways demonstrated to date. Relative to the present subject, one path leads to production of carbon dioxide and water in both muscle and liver while another leads via 2-carbon intermediary fragments to synthesis of cholesterol and fatty acids by liver[41]. Although simple explanations of biological phenomena too frequently prove naive, the possibility exists that under certain circumstances glucose not used by muscle may be shunted in the liver toward synthesis of fatty acids and cholesterol[42]. Over a span of years, increased levels of cholesterol in plasma may be pathogenic.

It is interesting that diabetic patients who are stabilized on diet and insulin while confined to bed often require less insulin when they become physically active. This surely reflects a shift in major metabolic pathways brought about by resumption of exercise. Evidence doesn't seem to be available regarding a similar economy of insulin requirement in nondiabetic persons who are physically active or whether a decrease actually occurs in amount of 2-carbon fragment for cholesterol synthesis. From a clinician's standpoint, however, White[43] has emphasized the importance of muscle metabolism to the study of arteriosclerosis and the advisability of proper use of muscles, particularly by the mesomorph who seems to be a candidate for coronary atherosclerosis[44].

Hereditary limitations of human metabolic systems and dietary and hormonal modification of their functions are large and controversial subjects. Atherosclerosis involves a hierarchy of interrelated enzymic systems with many levels of organization. Eventual control of the disease may necessitate a total approach that amounts to a search for a way of life.

BIBLIOGRAPHY

1. Moschcowitz, E.: The relation of hyperplastic arteriosclerosis to diabetes mellitus. Ann. Int. Med., 34:1137, 1951.

2. Root, H. F.: Diabetes and vascular disease in youth. Am. J. Med. Sc., 217:545, 1949.

3. Wilkinson, Jr., C. F.: Essential familial hypercholesterolemia: cutaneous, metabolic and hereditary aspects. Bull. N. Y. Acad. Med., 26:670, 1950.

4. Keys, A.: Human atherosclerosis. Circulation 5: 115, 1952.

5. Adlersberg, D., Parets, A. D. and Boas, E. P.: Genetics of atherosclerosis. J. A. M. A., 141:248, 1949.

6. Pomerantz, H. Z., Kelly, C. W. and Kowal, S. J.: Coronary artery disease in two young members of family with xanthomatosis and hypercholestero-

lemia and its relationship to problem of atherosclerosis. Connecticut M. J., 15:902, 1951.

7. Bruger, M. and Oppenheim, E.: Experimental and human atherosclerosis; possible relationship and present status. Bull. N. Y. Acad., Med., 27:539, 688, 1951.

8. Gofman, J. W., Lindgren, F. T., Jones, H. B., Lyon, T. P. and Strisower, B.: Lipoproteins and atherosclerosis, J. Gerontol., 6:105, 1951.

9. Barr, D. P., Russ, E. M. and Eder, H. A.: Protein-lipid relationships in human plasma, Part II. In atherosclerosis and related conditions. Am. J. Med., 11:480, 1951.

10. Pratt, H. M.: Serum lipoproteins in human atherosclerosis. Fed. Proc., 11:270, 1952.

11. Zinn, W. J. and Griffith, G. C.: A study of serum fat globules in atherosclerotic and non-atherosclerotic male subjects. Am. J. Med. Sc., 220:597, 1950.

12. Duff, G. L.: The pathogenesis of atherosclerosis. Canad. M. A. J., 64:387, 1951.

13. Engelberg, H.: Further studies of human circulating plasma heparin levels. Correlation with serum lipids and lipoproteins. Presented at meeting of The American Society for the Study of Arteriosclerosis, Nov. 1-2, 1953. Chicago. Abstracted in Circulation. 8:427-456, 1953.

14. Spitzer, J. J., Bond, B. D. and Grunwald, E. R.: Importance of the effects of heparin and antiheparins on lipemia. Ibid.

15. Herzstein, J., Wang, Chun-I and Adlersberg, D.: Effects of heparin on plasma lipids in normal persons, and in patients with coronary atherosclerosis, nephrosis and primary hyperlipemia. Ibid.

16. Zilversmit, D. B., Shore, M. L. and Ackerman, R. F.: The origin of aortic phospholipid in rabbit atheromatosis. Ibid.

17. Anfinsen, C. B., Boyle, E. and Brown, R. K.: The role of heparin in lipoprotein metabolism. Science, 115:583, 1952.

18. Siperstein, M. D., Chaikoff, I. L. and Chernick, S. S.: Significance of endogenous cholesterol in arteriosclerosis: synthesis in arterial tissue. Science, 113:747, 1951.

19. Kurtz, P. L.: To be published.

20. Laki, K.: The clotting of fibrinogen. Blood, 8:845, 1953.

21. Kinsey, V. E. and Frohman, C. E.: Studies on crystalline lens: distribution of cytochrome, total riboflavin, lactate, and pyruvate and their metabolic significance. Arch. Ophth., 46:536, 1951.

22. Kirk, J. E., Effersoe, P. G. and Chiang, S.: Rate of respiration and glycolysis by intact human and dog aortas. Fed. Proc., 12:231, 1953.

23. Südhof, H.: Über den Kohlenhydratstoffwechsel der Arterienwand. Arch. ges. Physiol., 252:551, 1950.

24. Cameron, G. R.: Pathology of the Cell, p. 125. Springfield, Ill., Charles C. Thomas, 1951.

25. Ball, E. G.: Oxidation and reduction in brain tissue, in: The Biology of Mental Health and Disease, p. 81, New York, Paul B. Hoeber, Inc., 1952.

26. Meyerhof, O.: Carbohydrate metabolism in brain tissue, in: Ibid. p. 84.

27. Schmitt, O. H. in: Metabolic Interrelations, Transactions of the first conference. Edited by E. Reifenstein, p. 104. New York, Josiah Macy Jr. Foundation, 1950.

28. Nachmansohn, D. in: Nerve Impulse, Transactions of the first conference. Edited by D. Nachmansohn, p. 55. New York, Josiah Macy Jr. Foundation, 1951.

29. Szent-Györgyi, A.: Chemical Physiology of Contraction in Body and Heart Muscle, p. 105. New York, Academic Press Inc., 1953.

30. Ibid. p. 40.

31. Fenn, W. O. in: Physical Chemistry of Cells and Tissues, by R. Höber, p. 478. Philadelphia, The Blakiston Co., 1945.

32. Meyerhof, O. in: Phosphorus Metabolism, A Symposium on the Role of Phosphorus in the Metabolism of Plants and Animals. Edited by W. D. McElroy and B. Glass, vol. I, p. 4. Baltimore, The Johns Hopkins Press, 1951.

33. Glass, B.: Ibid. p. 723.

34. Nachmansohn, D.: Ibid. pp. 578, 579.

35. Greenberg, D. M. in: Phosphorus Metabolism, A Symposium on the Role of Phosphorus in the Metabolism of Plants and Animals. Edited by W. D. McElroy and B. Glass, vol. II, p. 14. Baltimore, The Johns Hopkins Press, 1952.

36. Abood, L. G., Gerard, R. W. and Tschirgi, R. D.: Ibid. p. 798.

37 Brozek, J. and Keys, A.: Evaluation of leanness-fatness in man: survey of methods. Nutrition Abstr. and Rev., 20:247, 1950.

38. Wakim, K. G.: The physiologic aspects of therapeutic physical exercise. J. A. M. A., 142:100, 1950.

39. Krebs, H. in: Metabolism and Function. Edited by D. Nachmansohn, p. 265. New York, Elsevier Publishing Co., 1950.

40. Editorial, Muscular contraction. J. A. M. A., 146: 1032, 1951.

41. Potter, V. R. and Heidelberger, C.: Alternative metabolic pathways. Physiol. Rev., 30:487, 1950.

42. Perlman, R. M. and Winston, S. J.: A study in cholestrol and carbohydrate metabolism. J. Gerontol. 6, Suppl. No. 3:134, 1951.

43. White, P. D.: Studies on arteriosclerosis, a symposium. J. Gerontol. 6:153, 1951.

44. Gertler, M. M., Garn, S. M. and White, P. D.: Young candidates for coronary heart disease. J.A.M.A., 147:621, 1951.

Relief of Nasal Stuffiness by Pyronil* In Patients Receiving Sandril**

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A. D. DENNISON, JR., M.D.††
B. L. MARTZ, M.D.

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WITH THE INCREASING USE of the alkaloids of Rauwolfia, nasal congestion has been found to be a frequent and often troublesome side effect. In some patients it has been so severe that it has been impractical to continue the use of the drug. In a previous report from this laboratory[1] relief of reserpine-induced nasal stuffiness by Pyronil administration was reported; Freis[2] and others have had a similar experience.

In the course of our clinical evaluation of Sandril in a group of 64 hypertensive patients, nasal congestion of annoying severity and persistence was observed in 28 patients. This incidence is somewhat higher than that reported by Winsor.[3] It was found that the simultaneous administration of an antihistamine, Pyronil, was effective in alleviating the nasal congestion in the majority of these patients. This antihistamine was chosen because of its reported prolonged action.[4]

Further study of the effect of Pyronil on the nasal congestion of these 28 patients was carried out by giving each patient alternately Pyronil and an identical-appearing placebo. A period of at least one week intervened between changes of medication. The tablets of 7.5 mg. of Pyronil or placebo were administered with each dose of 0.25 mg. of Sandril.

In the 28 patients, placebos and Pyronil were alternated for a total of 74 periods of treatment, during which the dosage of Sandril was kept constant. The observed effect of Pyronil on the relief of reserpine-induced nasal congestion is summarized in Table 1.

Table 1

Relief of nasal congestion by Pyronil	No relief of nasal congestion by Pyronil	Relief of nasal congestion by placebos	No relief of nasal congestion by placebos	Total periods of observation in 28 patients
32	13	13	16	74

Statistical analysis of the data representing the observed differences between the effect of Pyronil and placebo (summarized in Table 1) yields a Chi square of 4.0626 (computed with Yates correction). The probability factor for this value is 0.025. This indicates that the probability of the observed difference occurring by chance alone is 2.5 percent.

Of the 28 patients, only 2 failed to report some degree of relief from nasal congestion during their initial course of treatment with Pyronil. Multiple observation periods were included to minimize the possible influence of decreasing severity of reserpine-induced nasal congestion with continuous therapy.

Five other patients either had a recurrence while on Pyronil or subsequently failed to respond to a second course of Pyronil given after nasal congestion recurred on placebo treatment.

There were 6 patients who appeared to respond equally well to Pyronil or placebo therapy. These placebo reactors are not included in Table 2, in which the degree of relief derived from the

* Pyronil (Pyrrobutamine, Lilly)
** Sandril (Reserpine, Lilly)
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use of Pyronil is related to the intensity of nasal congestion prior to its use.

Table 2

Severity of nasal congestion prior to treatment with Pyronil	Degree of Relief				
	None	Slight	Moderate	Marked	Complete
+		1	1		4
+ +	1	2	3	2	
+ + +		1	1	3	
+ + + +	1	1	1		
Total	2	5	6	5	4

Lethargy was not aggravated in patients receiving both Sandril and Pyronil, nor was any significant degree of sedation noted with the dosage of Pyronil used.

The ability of Pyronil to ameliorate the side effects of Sandril was also demonstrated in 3 patients who were given both drugs parenterally. Within 30 to 90 minutes after the intravenous administration of 60-65 micrograms of Sandril per kilogram of body weight, patients exhibited flushing, intense nasal congestion, rhinorrhea, lachrymation, conjunctival injection, throbbing parietal headache and malaise. These symptoms simulated the effect produced by injection of histamine. The parenteral administration of 15-20 mg. of Pyronil quickly reduced the intensity of these side effects. These observations are in accord with those reported by Freis and Ari.[2]

CONCLUSIONS:

1). In a significant number of patients, varying degrees of control of nasal congestion occurring as a consequence of Sandril administration, were obtained by administration of Pyronil in a dosage ratio of 7.5 mg. Pyronil to 0.25 mg. Sandril.

2). No significant increase in lethargy and drowsiness was noted in any of the patients receiving the combination therapy.

BIBLIOGRAPHY

1. Moore, R. B., Pierce, W. J., and Dennison, A.D., Jr.: The Story of Reserpine, J. Ind. State Med. Assn. *47*: 853 (August) 1954.

2. Freis, E. D., and Ari, R.: Clinical and Experimental Effects of Reserpine in Patients with Essential Hypertension, Ann. N. Y. Acad. Sci. *59*: 45 (April 30) 1954.

3. Winsor, T.: Human Pharmacology of Reserpine, Ann. N. Y. Acad. Sci. *59*: 61 (April 30) 1954.

4 Mothersill, M. H., Mills, J., Lee, H. M., Anderson, R. C., and Harris, P. N.: Chemical and Pharmacological Characteristics of the Antihistaminic Compound, Pyrrobutamine, Ann. Allergy *11*: 754 (November-December) 1953.

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Indianapolis General Hospital

PLAN PROGRAM FOR BOSTON CLINICAL MEETING

Physicians who desire to appear on the lecture program at the Boston Clinical Meeting of the A.M.A., November 29-December 2, are urged to communicate immediately with the chairman of the program committee, Dr. Theodore L. Badger, Massachusetts Medical Society, 22 The Fenway, Boston. Applications for space in the scientific exhibit are now available and will be sent on request by the A.M.A. Council on Scientific Assembly.

Evaluation of the Antibiotics*

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New Orleans, Louisiana

THE PAST DECADE has seen great advances in the isolation, purification and production of antibiotics. As a result a wide variety of infectious agents producing diseases in man and other animals now may be treated selectively by one or more of the antibiotics.

An antibiotic has been described by Waksman[1] as a chemical substance produced by microorganisms, which has the capacity to inhibit the growth and even destroy bacteria or other microorganisms, in dilute solutions.

A daily problem which confronts physicians is to select the most effective antibiotic for the treatment of a specific infection. To use the antibiotics efficiently, and with the lowest cost to the patient, requires that a specific etiologic diagnosis be made in most instances, in order to select the most effective therapeutic agent. To make a specific diagnosis in all instances is not possible due to the time factor or the lack of laboratory facilities. When possible, cultures of exudates and other body fluids should be taken for laboratory studies before therapy with antibiotics is instituted. This could be a life saving procedure by demonstrating resistance of the infecting agent to some antibiotics and sensitivity to others.

Along with these advances in the treatment of infectious diseases, new problems are being produced by these same therapeutic agents. In many instances superinfections have developed with secondary organisms which are resistant to the antibiotic being employed to treat the original infection. These new infections may even represent stimulation of bacterial growth by the specific antibiotic. With the broad spectrum antibiotics it is possible to alter the bacterial flora of the body so that resistant organisms may become predominant. If these organisms possess ability to invade the tissues or enter the body fluids a new infection may result. The broad-spectrum antibiotics may also have a disturbing influence upon the digestive tract. There may be an overgrowth of pathogenic bacteria and fungi, causing nausea, abdominal cramps and diarrhea. In many instances the diarrheas caused by these organisms are very difficult to control.

USE OF COMBINATIONS

As more antibiotics have become available, physicians have tended to administer two or more simultaneously in the hope that if one failed to eradicate the infecting organism the other might succeed. The practical problem which confronts the physician is whether to use a combination of antibiotics immediately or to use a single one. This question has stimulated investigations of combinations of antibiotics.

Early studies dealt with the effect of mixtures of penicillin and streptomycin on *Streptococcus faccalis* in subacute bacterial endocarditis. In the test tube, penicillin alone inhibits the growth of the organisms but fails to sterilize the culture[1,2,3,4]. If both penicillin and streptomycin were present the bactericidal action was increased and usually no organisms survived. It was also found that a majority of patients with enterococcal endocarditis survived if treated simultaneously with both antibiotics[5,6,7,8]. These observations led to a search for other useful antibiotic combinations as well as to studies of the nature of this phenomenon.

It was soon found that the addition of streptomycin to penicillin increased the bactericidal rate but that addition of oxytetracycline (Terramycin) or of chlortetracycline (Aureomycin) under the same conditions decreased the death rate of the exposed bacteria. Thus it has been

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demonstrated that a synergism exists with certain antibiotic combinations, while with other combinations an antagonistic effect is produced. Antibiotic antagonism *in vivo* has been demonstrated in patients with pneumococcal meninigitis and the case fatality rate has been found to be lower in the cases treated with penicillin alone than in those treated with the same amount of penicillin plus chlortetracycline. Antagonism to penicillin and to streptomycin by broad spectrum antibiotics has been demonstrated in laboratory animals as well as in man. Aside from the synergistic effect of a combination of penicillin and streptomycin, similar results have been obtained with combinations of streptomycin and oxytetracycline in *Staphylococcus* endocarditis[9] and with combinations of streptomycin and chlortetracycline in brucellosis[10, 11]. These same studies have shown that certain combinations of antibiotics may be synergistic against one organism, antagonistic against a second and completely ineffective against a third. Even strains of a given species or a variant of the strain do not behave uniformly with respect to a certain pair of antibiotics.

RESISTANCE

In a discussion of drug resistance Eagle[12] states that many organisms become resistant to certain drugs, but this has not been a major problem with the antibiotics. The development of resistance to sulfanilamide by the gonococci and streptococci and the appearance of strains of *Mycobacterium tuberculosis* to streptomycin and isoniazid threatened to place limitations on the usefulness of these drugs. The problem presented by streptomycin and isoniazid has been solved, to a certain extent, by their use in combination with each other, or with P-aminosalicylic acid. For reasons yet unexplained the development of resistance to the combinations is delayed.

The therapeutic problem presented by antibiotic resistant staphylococci is extremely important to the physician. This resistance does not seem to develop in originally sensitive strains but appears to be the selective survival of strains, naturally resistant to antibiotics, which constitute only a small portion of the normal human flora. Strains of staphylococci differ widely in their resistance to penicillin. It is now quite apparent that a number of resistant strains are regular producers of penicillinase, while the highly resistant organisms produced by selective transfer in increasing concentrations of penicillin neither produce penicillinase nor have an increased capacity to degrade the antibiotic within the cell. Eagle also points out that there has been no clear demonstration that a strain of *Staphylococcus* initially sensitive to penicillin has, under the impact of therapy in a given case, become resistant. With the exception of staphylococci, the development of increased resistance of organisms to penicillin has not been apparent. No instances of proven resistance of group A *Streptococcus, Gonococcus, Pneumococcus* or *Treponema pallidum* have been reported. Studies regarding the development of resistance of organisms to the broad spectrum antibiotics also indicates that this is not of great importance.

The question of the development of drug resistance has been prominent in the investigations of the antibiotics both in the laboratory and in the treatment of specific diseases. At the present time the clinical and laboratory evidence, except for the staphylococci, shows that there has been no apparent increase in resistance of the organisms commonly treated with antibiotics.

COMPLICATIONS

Another problem in the use of antibiotics in infectious diseases must be mentioned. The entire program of antibiotic therapy is being complicated by the wide use of adrenocorticotropic hormone and cortisone. We know that stimulative therapy with ACTH and replacement therapy with cortisone interferes with the antigen-antibody reaction and that these substances may mask disease states by alleviating symptoms while pathologic processes continue. This may produce a dangerous situation if not considered when these substances are used in acute infections. Jawetz[13] has demonstrated in experimental animals that small amounts of cortisone markedly interfered with the therapeutic effectiveness of certain antibiotics. This interference was noted not only when the animals were pretreated with cortisone but also when the administration of both cortisone and antibiotic was started several hours after infection. The author suggests that caution should be used in the clinical use of cortisone when infection is suspected or established. Cortisone may be specifically contraindicated in certain infections. If antibiotics are administered to protect against the property of

cortisone to enhance infection, it is suggested that very large doses of bactericidal drugs or drug combinations should be used. Jahn, Boling et al[14] reported on three years' experience with the administration of cortisone, hydrocortisone and corticotropin in combination with antibiotics to 83 patients with severe medical and surgical infections. They found that the disease organisms are not affected by hormonal therapy and must be eliminated by specific immune substances or antibiotics or both. They are opposed to the use of hormonal therapy in combination with antibiotics, except in non-surgical diseases where there is excellent reason to believe that the infection will not respond adequately to antibiotics alone; in surgical conditions only when surgery is scheduled for the immediate future. Hormone therapy in the presence of infection should always be administered for the shortest possible time compatible with adequate clinical response, and must always be discontinued before discontinuance of antibiotics. These authors point out, however, that there are exceptions. All patients with meningococcal meningitis should receive hormonal therapy. Administration of corticotropin and cortisone to patients with severe viral hepatitis may be life-saving and will produce a striking clinical improvement. Adequate hormonal therapy will prevent permanent damage to the testicle in mumps orchitis.

IN GASTROENTEROLOGY

The principles of antibiotic therapy in gastrointestinal infections are the same as those applied to other infectious diseases. The use of the antibiotics in gastroenterology has two main objectives. One is to control diseases primarily involving the digestive tract. Another is to prevent infection during and following abdominal surgery. The danger of using antibiotics for this purpose is that it may make the surgeon less careful in his technique. It is not possible to completely sterilize the intestinal tract with presently available antibiotics.

The beneficial effect of certain of the broad spectrum antibiotics in the treatment of intestinal amebiasis has been demonstrated. Action against the associated bacterial flora seems to be a very important factor in controlling the ameba although there is evidence of direct amebacidal effect. The evidence to date indicates that antibiotics are of little or no value in the treatment of amebic infections of the liver, although the new antimalarial compound, chloroquine, is very effective.

The physician during the next decade may look forward to new discoveries of agents which will be effective against organisms not now subject to therapy, and to more effective and less toxic agents than those available at the present time. It is also possible that combinations of several antibiotics or of antibiotics and synthetic compounds will prove more effective in the treatment of specific infections than can be obtained by the use of single substances.

BIBLIOGRAPHY

1. Waksman, Selman A., Antibiotics and Chemotherapy. 1:1, 1951.
2. Hunter, T. H., J.A.M.A., 144:524, 1952.
3. Gunnison, J. B. et al., J. Lab. & Clin. Med., 36:900, 1950.
4. Cates, J. E. et al., Brit. M. J., 1:553, 1951.
5. Spicer, S. J., J. Lab. & Clin. Med., 36:183, 1950.
6. Robbins, W. C., and Tompsett, R., Am. J. Med., 10:278, 1951.
7. Bader, M. et al., J.A.M.A., 148:1498, 1952.
8. Lepper, M. H., and Rowling, H. F., Arch. Int. Med., 88:489, 1951.
9. Jawetz, E. et al., New England J. Med., 245:966, 1951.
10. Herell, W. E., and Barber, T. E., J.A.M.A., 144:519, 1950.
11. Spink, W. W., Arch. Int. Med., 88:419, 1951.
12. Eagle, Harry, Ann. N. Y. Acad. Sci., 59:243, 1954.
13. Jawetz, E., Arch. Int. Med., 93:850, 1954.
14. Jahn, J. P., Boling, L., Meager, T. R., Peterson, H. H., Thomas, G., Fisher, B. M., Thill, A. E., Leovy, W. A., Balch, H. E., and Kinsell, L. W., J. Pediat., 44:640, 1954.

Plexonal*, a New Hypnotic-Sedative in Office Treatment of Depressive States

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A. W. HOOVER, M.D.

Michigan City

MANY OF THE DEPRESSIVE STATES in patients seen in office practice are relatively self-limited. Suitable drug therapy often shortens the course of the illness and it is our purpose here to report our experiences with a new drug combination, Plexonal*, in the treatment of such cases.

The majority of cases seen by the general practitioner fall into two categories: 1) those in which the patient's discomfort makes him seek immediate care, 2) those in which there is an acute maladjustment which, if properly and quickly treated, can prevent the development of a more serious and chronic illness of psychogenic nature.

Proper treatment of patients with such maladjustments is most gratifying to both patient and physician. The personal requirements of the physician who wishes to work with such patients must include: 1) a willingness to recognize the existence of emotional problems, 2) understanding of the anguish which they cause to both the patient and his family, 3) a respect for the neurotic's efforts to solve his own problems, and 4) the patience to listen and to try and understand the patient's sometimes incoherent and long-winded complaints. Correct therapy, whether psychologic, pharmacologic, or a combination, is that which improves the patient's adjustment to his environment. These patients must be regarded as total human beings having potentialities despite their limitations or having social and family problems because of their illness. If medical care is to be truly effective, the patient must be considered as a whole and both the psychic and somatic aspects must be treated. With increased interest in psychosomatic medicine this type of approach is becoming more and more standard in medical practice today.[2, 3]

General requirements in treating any group of depressed patients include a careful history and physical examination, coupled with a careful evaluation of the patient's problems. Usually these depressed patients have a long list of somatic complaints; insomnia, anorexia, constipation and motor tension, sometimes accompanied by restlessness and agitation. These are symptoms that might be expected to occur in an individual watchfully mobilized against what seems to him to be a hostile and threatening world.

In order to help such a patient, the doctor *must not:* 1) assume a dictatorial attitude, 2) judge the patient morally, and 3) be punitive in his relation with him. The physician *should:* 1) be reassuring, 2) be positive in his outlook, 3) try to understand the problem, 4) help the patient avoid unnecessary worry and conflict, 5) help him overcome childlike behavior, and 6) help provide adequate outlet for the patient's emotions.[4, 5] Outpatient treatment of some depressed patients is dangerous because of the ever-present risk of self-destruction. However, most of the milder depressions can be treated

* Sodium diethylbarbiturate	45 mg.
Sodium phenylethylbarbiturate	15 mg.
Sodium isobutylallylbarbiturate	25 mg.
Scopolamine hydrobromide	0.08 mg.
Dihydroergotamine methanesulfonate	0.16 mg.

* Plexonal—a product of Sandoz Pharmaceuticals
† Clinic Associates

satisfactorily in the office, either by the general practitioner or by the psychiatrist:

1. *Involutional Depression (Mild)*
Best treated by reassurance and superficial psychotherapy, coupled with replacement hormone therapy.

2. *Reactive Depression (Mild)*
Best treated by psychotherapy and supportive therapy as detailed below.

3. *Acute Situational Reactions (Reactive Depression)*
Best treated by psychotherapy and supportive therapy as detailed below.

4. *Chronic Physical Illness with Secondary Depression*
Treat both psyche and soma as indicated.

5. *Depression Due to Anxiety Neurosis, Obsessive-Compulsive States, Social Maladjustment, Psychosexually Immature, Inadequate, Dependent Personality Type.*
These cases are best treated by electric shock therapy, and need expert psychiatric care. We do not believe these should be treated by the general practitioner.[6]

Many medications have been used with varying degrees of success in the drug treatment of the depressive state. These include: cortisone, pyromen, isoniazid, amphetamine and its derivatives, alone or in combination with barbiturates of all types.[7, 8, 9] There are limitations to all of these: amphetamine may have secondary effects on the cardiovascular system; barbiturates in usual doses alone may prove unduly depressing; cortisone may throw pre-existing psychotic tendencies into full-blown psychoses; pyromen is effective only in allergic individuals with depression; and isoniazid may produce cortisone-like effects on the psyche or possibly hepatic degeneration. Our trial with Plexonal has been successful enough to warrant a preliminary report. This new combination is based on the premise that synergism enhances drug action; scopolamine and dihydroergotamine, central dampening agents, have been added in small amounts to potentiate subthreshold doses of three barbiturates and to provide an integrated effect.

MATERIAL AND METHOD:

The patients comprising this series totaled 157, of whom 122 were females and 35 males. The average age was 38 years and occupations divided as follows: Housewife—74; Factory Man—30; Office Worker—42; Miscellaneous—11.

The average length of time under treatment has been six and one-half months. Dosage has varied from one to six tablets daily, with the average dose being two to three tablets. The following indicates the dosage range employed for initial and maintenance treatment, the duration of the former being on the average of two weeks.

Beginning Dosage:		*Maintenance:*	
6 tablets daily	24	4 tablets daily	22
4 tablets daily	46	2 tablets daily	86
2-4 tablets daily	64	1 tablet daily	47
1 tablet daily	23	No tablets	2

Side effects have been minimal. One patient noted a slight rash which disappeared on discontinuance of drug therapy. No change in the blood count has been noted in any patient, all of whom received monthly complete blood counts. Almost all patients treated have been diagnosed as suffering from an anxiety state or severe depressive state, including reactive depressions, postpartum severe depressions, involutional depressive states, etc. (See Table I).

Table I

ORGANIC DIAGNOSIS:	
Gastrointestinal disease	59
Joint disease	26
Cardiovascular disease	24
Genito-urinary	11
FUNCTIONAL DIAGNOSIS:	
Severe reactive depression	55
Involutional depression	49
Pre-psychotic depression	11
Severe menopausal depression	28
Postpartum depression	5
Miscellaneous depression	9
MAJOR COMPLAINTS:	
Weakness and marked depression	118
Marked nervousness	30
Miscellaneous	9
Obesity	9
Neurologic disease	3
Endocrine disease	15
No disease	10

RESULTS:

We have been pleased at the uniform nature of the response, for the great majority of these patients noted a marked elevation of mood, and a definite reduction in their feelings of anxiety. This response has been far greater than with any

other barbiturate or barbiturate combination which we have tried.

TABLE II

Excellent*—130 Fair—20 Poor—7

*Excellent—Marked amelioration of symptoms, change in affect or mood, sustained while on medication.

Fair—Moderate improvement, but some symptoms persist, despite relatively heavy dosage.

Poor—No improvement. Patient feels subjectively unchanged, or even feels worse after medication.

Drowsiness: None—125
Slight—28
Some on heavy dosage—3
Severe until dosage cut—1

Other side effects: Some dizziness—1

In attempting to analyze our results, the only conclusion we can reach is that the difference in results can be attributed to the addition of scopolamine and dihydroergotamine to the barbiturate mixture. These drugs enhance the classic sedative effect of the barbiturates and produce a virtual euphoria in these individuals. Two typical case histories serve to reveal the usefulness of Plexonal.

1. *Acute Reactive Depression*

M. A., 33 year-old nullipara of Mediterranean extraction, suddenly widowed by an automobile accident, had always been high-strung and nervous, but she became severely depressed following her personal tragedy. When first seen, it was thought that electric shock therapy might be necessary to alleviate her symptoms.

She was placed on Plexonal, four tablets daily. After two or three days, her relatives noted a marked change in her attitude, with a more placid acceptance of her loss. Within four weeks, she was back at work as a millinery salesgirl, and within two months, had made a satisfactory clinical adjustment.

Undoubtedly this patient would have recovered on her own, but it is our opinion that this drug combination speeded up the cycle considerably, working almost as efficiently and a great deal less traumatically than electric shock therapy.

2. *Post-partum Depression*

I. D., weight 300 pounds, age 29, had a stillbirth in 1947 and had severe depressions after her second and third child, in 1948 and 1951. Her fourth pregnancy ended on January 15, 1954, with a normal delivery of an eight-pound, three-ounce boy. She had an uneventful puerperium, and seemed to be making a good adjustment. But about one week after her return home, the distraught husband called, very perturbed because his wife refused to care for the baby, the other children and herself. She wanted only to stay in bed, and was afraid to leave her room.

When seen, she seemed in good health physically, but emotionally very distressed. She was obviously suffering from a moderately severe post-partum depression. She was placed on a dosage of three Plexonal tablets daily for one week. Instead of complaining of drowsiness, as we had feared, she seemed to display signs of increased activity. Within one week after beginning dosage, she had resumed her usual routine. She continued on three tablets daily for two months.

She has remained on Plexonal maintenance dosage at one daily for the past five months, and has felt and behaved quite normally. We regard her as clinically well adjusted.

Here again we have the case of a self-limited illness, where healing was stimulated by the judicious use of Plexonal. Without it, we would have probably recommended electric shock therapy, with emotional trauma to the patient, her husband and children.

DISCUSSION

From our studies to date,[10] it is our belief that Plexonal is well-suited for office use by the practitioner who must treat these patients on an ambulatory basis. None of our patients required electric shock therapy or any of the other mechanical aids usually employed in an attempt to short-circuit the cycle of depression. In our hands, it is a tool which helps to reassure the patient, shows him our interest in him, and in addition, gives him the gentle lift he so badly needs.

This drug is certainly not recommended as a substitute for psychotherapy. However, many of these depressive states are relatively self-limited and suitable drug therapy often shortens the course of the illness. By increasing patient reassurance and by an elevation of mood, these individuals can be helped to the extent that more intensive study by a psychiatrist is not necessary. When the patient has not shown lasting improvement on Plexonal, we have referred him to our

local psychiatrist for shock therapy or other necessary measures.

SUMMARY:

One hundred and fifty-seven patients were treated with Plexonal for depressive states on an ambulatory basis. The average length of therapy was six and one-half months. Excellent results were obtained in 83% and fair in 12% of the cases. It is our impression that Plexonal is a safe and effective drug, well worth adding to our armamentarium for depressive states.

BIBLIOGRAPHY

1. Lipton, M. A.: Recognition and Management of Psychiatric Emergencies, M. Clin. North America, *38*: 143 (Jan.) 1954.
2. Whitaker, C. A. and Malone, T. P.: The Roots of Psychotherapy, Blakiston Company, New York, 1953.
3. Bauer, J.: Principles of Psychotherapy in General Practice, Ann. Int. Med., *39*: 81-91, 1953.
4. Kyser, F. A.: Therapeutics in Internal Medicine, New York, Nelson Company, 1950 (chapter on Psychotherapy by Alvarez, W. C.).
5. Gordon, G. and Bowman, K. M.: Auxiliary Treatment of Psychotic Women, California Med. *78*: 303, 1953.
6. Hoch, P. H. and Zubin, J.: Depression, Grune and Stratton, New York, 1954, p. 232.
7. Salzer, H. M. and Lurie, M. I.: Anxiety and Depressive States Treated with Isoniazid, A. M. A. Arch. Neurol. and Psychiat., *70*: 317, 1953.
8. Gottlieb, J. S., Bobbitt, F. S. and Friedinger, A. W.: Treatment of Depression with Amytal and Benzedrine, Psychosom. Med. *14*: 104, 1952.
9. Fitch, M. J. and Washburne, A. C.: Treatment of Depression with Pyromen, New England J. Med., *245*: 961, 1951.
10. Bankoff, M. L., Kohrman, B. M. and Hoover, A. W., Clinic Associates, Michigan City, Indiana: Scientific Exhibit, A.M.A. Convention, 1954.

SHINGLES PATIENTS RESPOND TO GAMMA GLOBULIN

Five of six patients treated with gamma globulin were relieved of painful symptoms of herpes zoster, also known as shingles, according to a Florida physician.

Dr. I. Irving Weintraub, Gainesville, reported on the cases in the April 30 Journal of the American Medical Association. Gamma globulin has been used previously in treatment of measles.

Dr. Weintraub said in four of the six patients, a "dramatic relief of pain occurred within the first 24 hours." Skin outbreaks were stopped by the treatment and no further infection was seen. A patient whose skin eruptions had been present for seven days before treatment was relieved of pain in 48 hours. Complete healing of the eruptions required from one to three weeks.

Only one patient, with nerve involvement, did not respond to treatment, Dr. Weintraub said. All patients, except one hospitalized for bleeding skin eruptions, continued to work in spite of "extensive involvement" in some cases.

Herpes zoster is a virus infection of the nerves of the body or face which produces severe pain and scarring skin blisters.

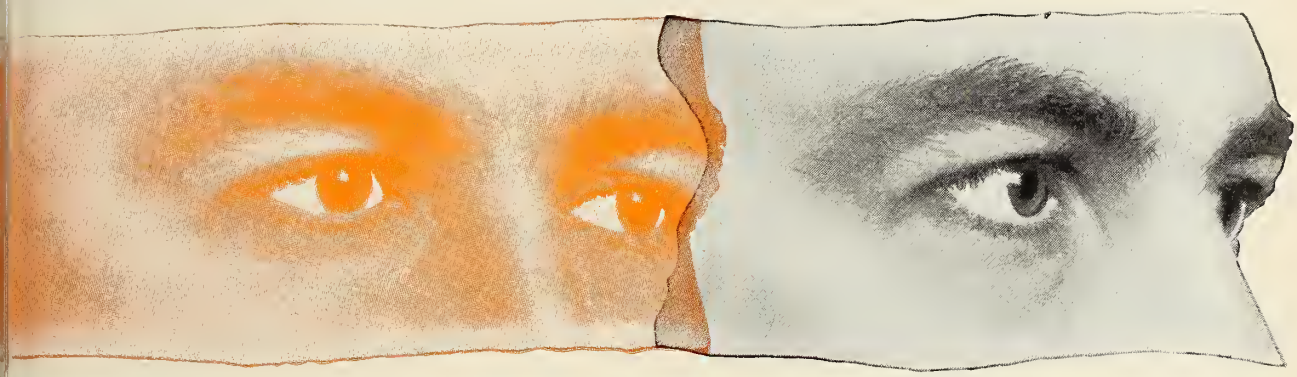
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BLUE SHIELD

BLUE SHIELD FOR INDIANA, "The Doctors' Plan", has shown signs of a vigorous but well controlled growth ever since its organization in 1946. Now that its membership has passed the one million mark, it is continuing to set new records in membership and in amounts of money paid out on behalf of its participants.

In 1954 membership increased by 70,493, and 167,957 cases were paid for a total of almost seven million dollars. The eight years of growth have naturally been on an expanding scale; each year has seen a healthy increase in membership and an increasing number of members have been indemnified for medical, surgical and obstetrical services. More than 26 million dollars have been paid since "The Doctors' Plan" was organized.

As important as members and dollars are in such an endeavor, these two items are not the only ones to consider. Insurance of this type, starting as it did practically from scratch, would be failing the people it seeks to serve, if its management did not improve the service it is designed to give.

Hoosier doctors may be proud of the progressive manner in which Indiana Blue Shield has pioneered its way into the field of new types of contracts, at the same time it has so successfully handled the basic policy with which it started. Numerous improvements in the basic coverage and in the fee schedules have been possible. One of the prime examples of expanded coverage has been the Surgical-Medical-Obstetrical plan which is now by far the most popular of all the different plans which are sold.

Concurrently with the administration of the more basic types of coverage "The Doctors' Plan" has been studying new and more inclusive plans and has and is conducting pilot studies on several of them. Pilot studies are done by covering a limited number of members with a more liberal or extensive plan. The purpose is to acquire both administrative and actuarial experi-

ence, two essentials which the young medical insurance industry does not have and needs very much.

At present a pilot study is under way on a plan to cover both house calls and office calls. The problem of writing a policy to cover some of the costs of diagnostic services is being attacked by another pilot study.

The less frequently an illness occurs and the more expensive it is, the more suitable it is for insurance coverage. An administrative study is being made on the so-called "catastrophic policy" —the coverage for long term and expensive illnesses. This is a field in which the entire insurance industry is interested. It is being approached by considering the factor of co-insurance, an arrangement by which the member bears a certain percentage of the entire bill, and the insurance carrier pays all the rest up to a rather large and liberal limit as to time and money.

This summer plans are being made for a fall enrollment period during which individuals of any age may sign up for coverage which will exclude pre-existing conditions during the first nine months of the coverage only. The present non-group certificate which may be purchased at any time has a standard provision which excludes pre-existing conditions for the entire life of the contract.

One of the measures of the administrative efficiency and general worth of a medical insurance plan is the proportion of total income which is expended for operating expense. This figure is always higher during the formative period of any plan, and usually falls with increasing experience and with lowering of organizational and enrollment expense. The Indiana Blue Shield plan has always operated with a favorable expense percentage and recently has been able to reduce this amount in accordance with expectations.

YOUNG DOCTORS AND SMALL TOWNS

OF ALL THE GENERAL OBSERVATIONS made in regard to the adequacy of supply and distribution of physicians, probably the two most often heard are that "Most doctors are elderly", and "Most of the doctors locate in large cities".

These two statements have obtained wide credence. They turn up sooner or later in almost every discussion of medical economics and doctor shortage. While, on the face of it, they would appear to be statements of fact, the chances are that they did not originate from factual record, but merely from fancy.

Whatever their origin, they have been repeated so often that they are accepted as facts and it is seldom that either statement is challenged when it is introduced into discussion.

Investigative study made by Mr. James Waggener, Executive Secretary of the I.S.M.A., has brought to light some interesting data, and depending on your definition of "elderly" and "large cities", these data may tend to disprove these two cliches in regard to the decrepitude and distribution of doctors.

Excluding retired physicians, interns, residents, and all physicians employed full time by hospitals, governmental units and industrial corporations, there are 3,681 practicing physicians in Indiana. These 3,681 doctors boast an average age of 49.4 years. As would be expected the average age for counties varies somewhat, but not much. There is one county with a high count of 64.3, and another with a young average of 39. For the most part county by county there is little variation. The more populous counties approximate the state average very closely.

In respect to the size of the town or city in which physicians locate to start practice, the two-year period 1953-1954, found 108 doctors hanging out their shingles in towns with populations less than 10,000; 188 doctors located in towns of 10,000 or larger.

Approximately 29 percent of the state's population lives in counties in which all towns are less than 10,000. Seventy-one percent of

Hoosiers live in counties which have at least one town in excess of 10,000.

Actually the smaller centers of population are more attractive, since 36.5 percent of the new practices were established in counties with but 29 percent of the total population. During the same period, 63.5 percent of the new offices were opened in counties with 71 percent of the people.

These are the facts. No attempt is made to make any deductions therefrom, but if anyone attempts to solve problems on the basis of how old doctors are or in what size towns they start to practice, they can have the facts for what they are worth.

FORT WAYNE COUNCIL COMMENDS PHILBRICK

A RESOLUTION PAYING TRIBUTE to Herbert A. Philbrick for his work as an undercover agent was passed April 27 by the Fort Wayne City Council.

The action occurred following Philbrick's appearance at a series of meetings in Fort Wayne under the auspices of the Allen County Medical Association.

The resolution noted that Philbrick, working within the Communist party, obtained valuable documents and information which led to the arrest and conviction of 11 top-ranking Communists in the United States.

City Councilmen referred to him as "a great patriot above and beyond the call of duty" and expressed appreciation of all Fort Wayne citizens for "his outstanding patriotism and devotion to his country".

The Allen County Medical Society is to be congratulated for their public-spirited undertaking. The hundreds of citizens who heard Herbert A. Philbrick will be more cognizant of the constant threat to free countries because of his authenticated story.

Those who did not have the privilege of hearing the Philbrick talks may be interested in the following list of books on Communism which he recommended: *A New Slavery* by Roger Baldwin; *Containment or Liberation* by James Burnham; *Seeds of Treason* by Ralph de Toledano and Victor Lasky; *The Web of Subversion* by James Burnham; *Spies, Dupes and Diplomats* byRalph de Toledano; and *Imperial Communism* by A. T. Bouscaren.

VD RATES UP

THE AMERICAN SOCIAL HYGIENE ASSOCIATION together with many public health officers is calling attention to a recent increase in venereal disease rates. The last six months of 1954 saw an increase over the first half of that year in 43 of the 48 states.

Twenty-four of the states had increases in both gonorrhea and syphilis. Indiana is one of the 24.

Improvement in VD rates since the war and up to the middle of 1954 has been attributed to better therapy with antibiotic drugs, better case finding, and willingness on the part of patients

to pursue treatment to a cure more often than formerly.

The recent upturn in the disease rate at a time when all these favorable factors are apparently still in effect, and when no apparent unfavorable factor has been introduced presents a problem. Whatever the cause the upswing in the rate is a serious matter and deserves the most careful attention.

"Syphilis is a disease of youth". The highest rate by age groups is in the 20 to 24 age bracket. The 15 to 19 group is next highest.

The importance of case finding is illustrated by the fact that in the 15 to 19 year old group only one-third of the new cases are diagnosed in the primary or secondary stage. This leaves two-thirds of this group in the infectious stage over a considerable period of time, and postpones their diagnosis and treatment until the early latent stage of the disease.

Recently a single teen-ager started an epidemic which involved 80 people in a period of six weeks. Migrant workers and shifts in the population contribute to the difficulty of case-finding and also spread the diseases at a faster rate.

While the situation is in part a public health problem, it is also of significance to all physicians.

Guest Editorial:

TOO MUCH HASTE

The Government's recommendation that the anti-polio vaccination program be "temporarily postponed" comes as a severe blow to a lot of hopes. It will be small comfort to the disappointed to realize that the disappointment comes now from a haste that overrode caution.

Yet it is plain that this is the case. The Surgeon General says Salk serum is a "very useful vaccine" but it is "not perfect". If that is the case, that is what it was a month ago. The trouble now is that the uses of publicity led the public to believe that it was, indeed, very nearly perfect and that, being so, there was no need to proceed with prudence.

For this state of affairs, it seems to us, the responsibility is pretty evenly distributed among the polio foundation itself, the press and the political authorities.

The polio foundation tied its report to a preconceived deadline, apparently determined more by the requirements of publicity than medical science. The public information media supplied the publicity in large quantities, sometime in advance of any information whatsoever. And politicians, from aldermen to Congressmen, rushed to capitalize on this publicity in a hysteria to make headlines.

Whether the compilation of the statistics had to be rushed to make the deadline, we do not know. But certainly the resulting ballyhoo made it difficult for other scientists and for the public health officials to give the statistics the study they ought to have had before they formed the basis of a wholesale vaccination program.

In such a mood there was not adequate time, either, to study all the other medical questions raised by the vaccine or to fully test technical procedures for the production of it in the mass quantities suddenly demanded. The few voices of caution were drowned out in the chorus for haste.

Some disillusionment was almost inevitable. But now we hope that the disappointment will not discredit what remains a truly fine achievement.

The evidence is that Dr. Salk, who seems to have been bewildered by the ballyhoo, has made a real medical discovery. The polio foundation which aided him, the people who supported it with their dimes, the children who volunteered as guinea pigs—all these have contributed to a victory that does not have to be exaggerated to be honored.

—Wall Street Journal.

The President's Page

LET'S GET TOGETHER:

UNION HEALTH CENTERS and the UMWA Welfare and Retirement Fund operations in the field of health bring forth new problems affecting the medical profession. Union Health Centers are comparatively new in this country, the first one of record being established in New York City in 1913 by the International Ladies' Garment Workers Union. During World War II unions took advantage of a War Labor Board ruling that a welfare and health plan, voluntarily arrived at by the employer and the union, would not be considered a wage increase if the cost of the plan did not exceed 5% of the pay roll. As a result, fringe benefits are now being accorded to about 16 million workers. Many of these plans participate through established insurance programs of one sort or another. The UMWA Fund is an exception in that the fund pays physicians and hospitals direct for specific service to union members and their families. The Fund, also, is in the process of fulfilling a mandate from the parent organization to construct and operate 10 hospitals in coal mining areas.

In one UMWA region edicts have gone out from the regional office limiting surgery to board members and those eligible for board membership. Medical cases are required to have consultation with similarly qualified doctors in order to have patients hospitalized. These regulations apply with the exception of emergencies or where the above is not possible. This was the result of alleged increasing medical care costs, unnecessary operations and unnecessary and prolonged hospitalization. The order places handicaps on the general practitioner in mining areas. Unfavorable experiences in a few areas and misdeeds by a few M.D.'s should not lead to action detrimental to the profession as a whole. Flagrant violations of medical ethics should be reported to state mediation committees. A median fee schedule could be established with a prior discussion necessary for variations.

Union health centers are increasing at a rapid rate and the last survey in September 1953 made by the A.M.A. gives a factual report on 12 centers out of 14 visited by the committee. The establishment of these centers, controlled by union policies, is an effort to provide care at a lower cost. Apparently doctors in these communities have not been organized in their approval or disapproval. I can envision a growing issue in this field. It seems odd that unions should indulge in a sort of dual role in view of their intense feelings about jurisdictional areas.

LET'S GET TOGETHER and talk with labor and management concerning our mutual problems. We, as physicians, are often not consulted when labor and management bargain over the services we are trained to deliver. Perhaps the day will come when a workman will receive his just wage without strings attached so he still may be free to spend his wage as he sees fit.

While we are at it, how about sitting down with the Veterans, Pharmacists, Lawyers, Farmers, Nurses, and Dentists to discuss our mutual problems? You will be surprised how different a problem sounds when you hear both the extreme pros and cons as well as some of the middle-of-the-road thinking. These things are a must, from the top down to our local county societies.

These developments, while new, show trends in the future for changing concepts of medical practice. If these things are good, we should embrace them, if not, we should show why. We must roll with the punches and still come up fighting for what we believe is the best care for our people and still be fluid enough to change with conditions as they arise.

W. L. Bortles M.D.

Program Lists Hoosiers Who Will Participate in AMA Convention

INDIANA PHYSICIANS will be officially represented at the One Hundred Fourth Annual Meeting of the American Medical Association in Atlantic City by the four elected members of the House of Delegates. They are: Drs. Alfred H. Ellison, South Bend; Wendell C. Stover, Boonville; Cleon A. Nafe, Indianapolis; and Eli S. Jones, Hammond.

Other official representatives are the two Indiana delegates from the sections. They are: Dr. Lester D. Bibler, Indianapolis, General Practice; and Dr. Lall G. Montgomery, Muncie, Pathology and Physiology.

Dr. Walter L. Portteus, Franklin, president; James A. Waggener, executive secretary; and Kenneth W. Bush, field secretary, plan to attend.

Dr. Cleon A. Nafe will serve as chairman of the reference committee on amendments to the Constitution and Bylaws; and Dr. Eli S. Jones will be a member of the reference committee on Sections and Section Work.

Indiana members of AMA standing committees include Dr. R. L. Sensenich, South Bend, who will serve on the Council on National Defense until 1958; and Dr. F. S. Crockett, Lafayette, who will serve during the same period on the Council on Rural Health.

The following Indiana physicians are listed in various capacities in the programs of the Sections:

Dr. Hugh A. Kuhn, Hammond, is listed as secretary of the Section on Laryngology, Otology and Rhinology. Dr. Kenneth L. Craft, Indianapolis, will speak on "Allergic Diseases of the Upper Respiratory Tract" at the Section meeting on June 9.

At a combined meeting of the Section on Ophthalmology with the Association for Research in Ophthalmology on June 7 Drs. J. V. Cassady, Carl S. Culbertson and James A. Bahler, South Bend, will present a panel discussion on "The Etiology of Retinochoroiditis and Uveitis".

Dr. Lall G. Montgomery, Muncie, is a member of the executive committee of the Section on Pathology and Physiology.

On the June 8 program of the Section on Preventive and Industrial Medicine and Public Health, Dr. Hedwig S. Kuhn will present a paper on "Industrial Ophthalmology as of 1955". The discussion will be opened by Dr. E. S. Jones, Hammond.

Listed in the Scientific Exhibits section are those of Dr. R. E. Shipley of the Eli Lilly and Company firm (his exhibit is on "Reduction of Hypercholesterolemia with Sitosteral"); "Oral Electrolyte Therapy" presented by Dr. W. E. Henrickson, Poplar Bluff, Missouri, and Dr. J. L. Watson, Evansville; Dr. Walter L. Bruetsch and Clifford L. Williams, Indiana University School of Medicine and Central State Hospital, Indianapolis, "Cerebral Arteriosclerosis"; Dr. L. G. Montgomery, Muncie, and Marianne Miller, Muncie, "Certification of Medical Technologists"; Drs. W. D. Snively, Jr., and R. C. Little, Evansville, "Systematic Approach to Fluid Balance"; and Dr. Hedwig S. Kuhn, Hammond, and other members of the Joint Committee on Industrial Ophthalmology, "Eyes in Industry".

When Good Fellows Get Together . . .

SEVEN PHYSICIANS, whose ages total 525 years and whose careers in the practice of the healing art add up to approximately 350 years, got together April 19 for a reunion.

It was the fiftieth anniversary of their graduation as members of the last class to receive diplomas from the old Indiana Medical College in Indianapolis. Seventy-eight eager young men stepped up that night to receive their Doctor of Medicine degrees. Twelve members of the class are still living. Distance and illness kept five of them from attending the Indianapolis reunion.

Six of the seven physicians who attended were from Indiana; the seventh came from Fort Dodge, Iowa. Six of the seven are still in active practice. The youngest was 73.

Those who attended were: Albert A. Hollingsworth, M.D., Indianapolis, who made the arrangements for the reunion; Ralph R. Coble, M.D., Indianapolis; Daniel S. Adams, M.D., Indianapolis; Faye O. Schenck, M.D., Crawfordsville (retired); Claude S. Black, M.D., Warren, former president of the Indiana State Medical Association; Harold J. Pierce, M.D., Terre Haute; and Albert E. Acher, M.D., Fort Dodge, Iowa.

It was their golden anniversary. Centerpiece for the luncheon table in the Claypool Hotel was a figure 50 made of yellow roses. Each physician wore a yellow boutonniere. The day was spent talking over experiences of the 50 years. They went back to the days when they had little to work with . . . mostly their faith and a few basic drugs. They spoke gratefully of the lives they had saved . . . those were golden memories.

Miss Rosemary Wiggs, office assistant to Doctor Hollingsworth, checks slightly accelerated pulses. Seated, left to right, are Drs. Hollingsworth, Coble, and Pierce. Standing, in the same order, are Dr. Adams, Schenck, Acher, and Black.

—Photo courtesy The Indianapolis Times



County Medical Societies Pinpoint Defects, Offer Ideas on Welfare Aid

IN AN EFFORT TO DETERMINE where weak spots may exist in the present system of furnishing medical aid to welfare recipients, a special Indiana State Medical Association Liaison Committee with the Department of Public Welfare sent a 23-point questionnaire to all county medical societies in Indiana early in 1955. Answers have been returned and summarized.

Of the 23 questions asked, only 2 required detailed answers. The others called for a "yes" or "no" in most instances.

In a summarization of the 2 questions which evoked discussion, 15 genuine criticisms were made of various parts of the welfare medical aid plan; and 24 suggestions or recommendations for improvement of the plan were offered.

The questions asked of the county medical societies (which include a majority of the practicing physicians in the state) and the answers follow:

1. Do you have a firm agreement between your society and your County Welfare Department relative to the medical care of welfare recipients?

Answer: 72 said yes; 9 said no.

2. Do you have a liaison committee from your society with the Welfare Department?

Answer: 73, yes; 8 no.

3. Does this committee meet regularly, and is it functioning?

Answer: 52, yes; 22, no; 7 meet on call.

4. Do you consider this committee beneficial to the physicians of your society? To the Welfare Department?

Answer: (a) 52, yes; 5, no. (b) 65, yes; 4, no.

5. Is your relationship to the Welfare Department in your county pleasant and satisfactory from the physicians' viewpoint?

Answer: 67, yes; 7, no; 7 said "it varies".

6. If yes, to what do you attribute this relationship?

Answer: Cooperation and understanding.

7. If no, briefly list the points of dissatisfaction.

Answer:

1—Arbitrary and dictatorial Welfare Directors.

2—Welfare Directors in some instances interpret the rules to suit themselves or for the sake of expediency.

3—Directors may influence the Doctors because the intricacies of the program baffle the Doctors.

4—Too frequent inquiry by Welfare Directors as to clinical status of patients.

5—Some Welfare Directors arbitrarily slash Doctors' bills by 25% despite an agreed fee schedule.

6—Some Welfare Directors refuse to cooperate with Doctors.

7—Some Welfare Directors write their own program as to how much care a given patient should get and at what price.

8—There are too many personality conflicts between Welfare Directors and the Doctors.

9—Some Directors expect Doctors to work "for free".

10—In some instances a joint check is rendered—so some patients cash it all and Doctor gets nothing.

11—Most Doctors work for Welfare on a reduced fee schedule—yet no one else reduces prices.

12—Doctors do not know what accounts are being paid for each month by Welfare. Checks are not identified. Doctors don't know which claims are being allowed and which turned down.

13—Welfare Directors often do not ask for help from Doctors on problem cases.

14—Fees are too low—only one house call per week is allowed. It is bad to limit a Doctor's calls on patients.

15—Too much red tape in program.

8. Do you have a MUTUALLY agreed fee scale?

Answer: 71, yes; 10, no.

9. When was it last revised?

Answer: Varies from 1946 to 1955.

10. What is your agreed upon fee for a welfare recipient office call? Home visit? Surgical fees? (If possible attach a copy of your fee schedule)

Answer: (a) $2.00; (b) $3.00; (c) less—up to Blue Cross.

11. How do these compare to the usual charges to private patients?

Answer: 25% to 50% less.

12. Has your liaison committee disallowed any medical claims in the year 1954? If yes, how many?

Answer: Yes; 13.

13. Was there any evidence of an overcharging? Padding of bills? Too many visits to the recipient? Other irregularities?

Answer: "Very few" to all four questions.

14. Does all the membership of your society participate in the medical welfare program? If not all, what percent do?

Answer: 90% or over participate.

15. Do any physicians in your county treat welfare patients free of charge?

Answer: A very few.

16. Do the druggists in your community give a reduced rate on welfare prescriptions?

Answer: 17, yes; 34, no; rest "not known".

17. Are any welfare recipients admitted to nursing homes without the authorization of the attending physician?

Answer: 2, yes; all others, no.

18. Does the Welfare Director, or any of his personnel, ever cause the admission of the patient to the nursing home without a specific recommendation of the attending physician?

Answer: 5, yes; the rest, no.

19. Do you know of any admissions of welfare recipients to any nursing home or hospital in your county in 1954, that might be open to criticism from a medical standpoint?

Answer: 3, yes; the rest, no.

20. Please make any suggestions as to how the State Liaison Welfare Committee might be helpful to the physician of your county in improving your relationship with your local welfare agency.

Answer: Recommendations follow:

1—A digest of rules and regulations of the State Welfare Act should be prepared for local County Medical Societies.

2—Both Doctors and Welfare Directors should be urged, by the Welfare Department and by the State Medical Association, to cooperate to the fullest extent.

3—State Welfare Department should make it mandatory for Welfare Directors to meet with local liaison committees.

4—Welfare Committees plans throughout the State should be standardized and a written set of instructions and interpretations should be distributed.

5—The State needs a more enlightened program.

6—State Medical Association should counteract bad and false publicity Doctors have been getting.

7—Welfare patients should be properly screened.

8—Better relations should be established between township trustees, Welfare Department and Doctors.

9—Welfare Department costs are too high. In some counties administrative salaries run higher than money actually spent for care of patients.

10—Make a mutually acceptable fee scale mandatory in each county.

11—Some patients want more care than needed and some doctors comply. Enjoin Doctors to be careful with the tax-payers' money.

12—Indianapolis Star is villainous and should be told so by State Medical Association.



Cross section of active duodenal ulcer.

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1. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, Gastroenterology *23*:252 (Feb.) 1953.

2. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: A Clinical Evaluation of a New Anticholinergic Drug, Pro-Banthine, Gastroenterology *25*:416 (Nov.) 1953.

SEARLE

13—Some counties need help and it should be made available from State Association level.

14—Revise Welfare rolls to eliminate the undeserving.

15—Some patients are hospitalized overly long merely because no other facilities are available for care.

16—Welfare Department should itemize Welfare costs to see just who is getting what and how much.

17—Doctors should be permitted to charge more when medicines are prescribed and dispensed.

18—State Association should draw up representative fee schedule for distribution to County Medical Societies.

19—Local grievances should be referred to State Association Liaison Committee.

20—Present fee schedules too low. Raise them.

21—Critically ill patients should get as much care as you would give to private patients and Doctor should be paid accordingly.

22—Doctors should be paid daily for the first fifteen days of care for hospitalized patients.

23—Surgical fees should parallel Blue Shield schedule.

24—Surgeon's assistants should be paid by Welfare.

21. Is a statewide fee scale desired?

Answer: 20, yes; 37, no; 8 undecided.

22. Do the physicians in your county submit their bills to the Welfare Department each month?

Answer: 95% said yes.

23. Does the Welfare Director submit medical bills to your liaison committee before they are paid?

Answer: Routinely, no; yes, only if questionable.

"FOR THIS RELIEF MUCH THANKS"—*Hamlet*

March 31, 1955

Dear Madam:

We have the honour to acknowledge with many thanks the receipt of Journal of the Indiana State Medical Association, Vol. 47, No. 1, No. 2, No. 3, No. 4 and No. 7.

All these numbers serve as a good reference for our Library. The teachers, the young doctors, and the students not only in our University but also in other universities in Japan shall be greatly relieved by these numbers. We shall take charge of these numbers in our Library for ever. We express again our sincere thanks for your kindness.

Very truly yours,

Prof. Dr. Takamichi Tsusaki,
Director of Medical Library,
Editor of Yokohama Medical Bulletin,
Yokohama University School of Medicine,
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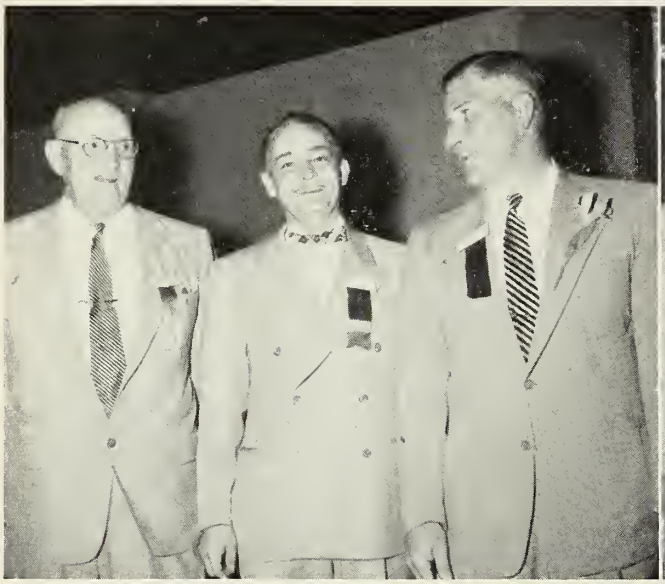
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Medics Gather for Spring Meetings





Indiana Academy of General Practice members held their annual Scientific session in Indianapolis early in April. Photographs, above, show officers and delegates. At left are Drs. O. T. Scamahorn, Pittsboro, 1954-55 president of the Indiana Academy; Frank Green, Rushville, 1955-56 president; and Norman R. Booher, president-elect. Pictured at right are Drs. Lester D. Bibler, Maurice V. Kahler and Russell J. Spivey, all of Indianapolis; and William R. Tindall, Shelbyville.





Members of the ISMA Liaison Committee with Labor are pictured at an early spring meeting in the Claypool Hotel, Indianapolis. From left to right they are: Dr. Wm. Harry Howard, Hammond; Dr. R. L. Kleindorfer, Evansville; Dr. L. E. Gaul, Evansville; Dr. Lester D. Bibler, Indianapolis; James A. Waggener, executive secretary (standing); Arthur J. Roser, chairman, Fort Wayne; and Raymond E. Nelson, South Bend.

At right above are several physicians and their wives who were guests at the annual County Officers Conference late in January. At center front is Dr. William E. Amy, Corydon; others reading clockwise are Mrs. Amy; Dr. and Mrs. L. E. Jinnings, Garrett; Dr. and Mrs. F. B. Kantzer, Garrett; Dr. N. C. Davidson, Indianapolis, and Dr. C. M. Donohue, Carmel.

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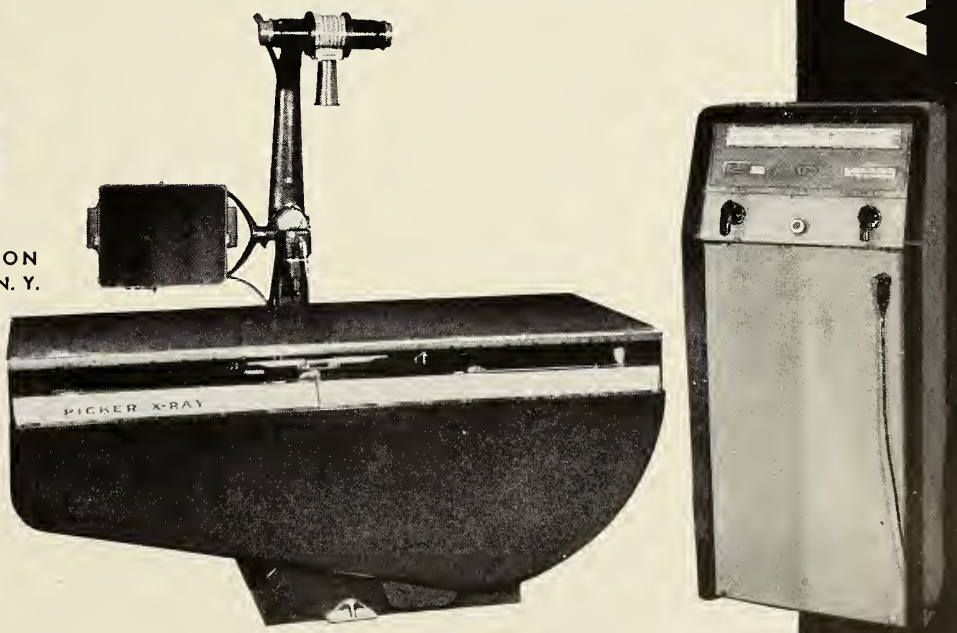
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Deaths . . .

Orville E. Spurgeon, M. D., 78, who had been a practicing physician in Muncie for more than 50 years, died April 11 in his home after a brief illness.

Doctor Spurgeon was a native of Jackson county. He moved to Muncie as a child with his parents. His father was a doctor and following the younger man's graduation from Rush Medical College in 1902 he returned to Muncie and entered practice with his father. He was a senior member of Delaware-Blackford County Medical Society, the Indiana State and American Medical Associations.

John Henry Grant, M.D., 31, staff psychiatrist at the Evansville State Hospital, died April 16 in the Deaconess Hospital emergency room after suffering a heart attack in his home.

Doctor Grant was a 1947 graduate of Indiana University School of Medicine and interned at St. Margaret's Hospital, Hammond. He established an office in Cynthiana and practiced there for a short time before going to Evansville where he was associated with the late Dr. Shirley Lang. He spent two years in the army and on his return went to the Logansport State Hospital before returning to Evansville. He was a member of Cass County Medical Society, the Indiana State and American Medical Associations.

William Wise, M.D., 65, died in his Indianapolis home April 18 after an extended illness.

Doctor Wise was a native of Blackford county and a 1916 graduate of Indiana University School of Medicine. During World War I he served as an Army Medical Corps officer. He had lived in Indianapolis for 36 years. For 25 years he served as physician for the city schools and in 1937 was appointed to the Indiana State Board of Health which he later served as president.

Doctor Wise was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations.

William Robert Wise, M.D., a son, is in practice in offices at 120 East 22nd Street, Indianapolis, where his father practiced for many years.

William F. Morris, M.D., 79, died in a Princeton nursing home on April 22. He had practiced in Princeton since 1946. Previously Doctor Morris had been in practice in Ft. Branch for 45 years. He had served as county coroner for two terms.

Doctor Morris was a 50 Year Club and senior member of Gibson County Medical Society, the Indiana State and American Medical Associations.

C. F. Holtzendorff, M. D., 86, former Plymouth physician and mayor, died April 27 in St. Petersburg, Florida, where he had moved several years ago on retirement.

Doctor Holtzendorff was a former member of Marshall County Medical Society, the Indiana State and American Medical Associations. Services were held in Plymouth.

Samuel C. Darroch, M.D., 75, Cayuga physician for 52 years, died April 24 in Union Hospital, Terre Haute, where he had been a patient for two weeks. He had been in ill health for two months.

Doctor Darroch was a native of Parke county and a 1903 graduate of Rush Medical College, Chicago. He began practice in association with his father, Dr. W. P. Darroch.

Doctor Darroch had served as secretary of Parke-Vermillion County Medical Society and as their delegate to Indiana State Medical Association. He also served on several I.S.M.A. committees. He was a 50 Year Club member of

the state associaton and American Medical Association. Other affiliations included more than 50 years membership in the Cayuga Masonic Lodge and the Aesculapian Society.

Bert O. Burress, M.D., 77, died in Daviess County Hospital May 9 two hours after suffering a cerebral hemorrhage in his office. He had been in practice for nearly 50 years. Doctor Burress was a native of Martin county, a graduate of Illinois Medical College, Chicago, in 1905, and had been in practice in Washington since 1920. He taught school for eight years before entering medical college.

Doctor Burress had a wide variety of interests. He was president of a Washington bank and a lumber firm, was an officer of an Indianapolis insurance firm, and operated Daviess and Martin county farms. He was a member of several fraternal groups, was a senior member of Daviess-Martin County Medical Society, the Indiana State and American Medical Associations.

Frank Allen Beardsley, M. D., Frankfort physician and surgeon for 36 years, died in Clinton County Hospital May 11 after an illness of five days. He was 62 years old.

Doctor Beardsley was a native of Frankfort, a 1914 graduate of Hahnemann Medical College and Hospital, Chicago, and had been in practice for 41 years. During World War I he served as a flight surgeon in the Army Air Corps. He retained his interest in flying and was a member of the Flying Farmers.

Doctor Beardsley had been active in both medical and civic organizations. He served as a delegate from his county society to the Indiana State Medical Association convention for several years, was secretary of Clinton County Medical Society four years and was president of Clinton County Tuberculosis Association. He was a deacon in his church, held a 19-year attendance record at Kiwanis club, was affiliated with several Masonic bodies and other lodge groups.

His two sons, John F. Beardsley and Frank A. Beardsley, Jr., both of Frankfort, are physicians.

Austin F. Marchand, M.D., 59, president of Gibson County Medical Society, died at Welborn Baptist Hospital, Evansville, May 11. He had been ill for one month.

Doctor Marchand was a life resident of Haubstadt. He was a veteran of World War I. He received his degree in medicine from Indiana University School of Medicine in 1924 and had practiced since with his father, the late Dr. Victor Marchand, and his brother, Dr. Edwin Marchand, in Haubstadt. He was a member of his county, state and national medical associations. He had also been active in several patriotic organizations.



Arthur F. Weyerbacher, M.D., 70, retired Indianapolis physician, died May 16 following a long illness. Doctor Weyerbacher during his active years in practice had distinguished himself not only in his profession but also in medical organization work. He served continuously as treasurer and a member of the Committee on the Budget of the Indiana State Medical Association from 1932 through 1950. He also served on several state association committees during those years.

Doctor Weyerbacher was a native of Boonville. He was a Medical Corps major during World War I. He was graduated in 1909 from Indiana University School of Medicine and did graduate work in Vienna. He served as clinical professor of genito-urinary surgery at the I. U. Medical School for a number of years. Doctor Weyerbacher had been a resident of Indianapolis since 1910. A certified urologist, he was a member of the American Urological Association and the American College of Surgeons, the Indianapolis Medical Society, Indiana State and American Medical Associations.



destroys pneumococci . . .

This sensitivity test shows a strain of *Diplococcus pneumoniae* on a blood agar plate. Note the high activity of ERYTHROCIN against this organism. This same pneumococcus is often associated with *otitis media . . . bronchitis . . . empyema . . . pericarditis . . . peritonitis . . . conjunctivitis . . . sinusitis . . .* and *pneumococcal pneumonia.*

specific against coccic infections . . .

Now, you can prescribe an antibiotic (*Filmtab* ERYTHROCIN) that provides *specific therapy* against staph-, strep- or pneumococci. Since these organisms cause most bacterial respiratory infections (*and since they are the very organisms most sensitive to* ERYTHROCIN) doesn't it make good sense to prescribe ERYTHROCIN when the infection is coccic?

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(Erythromycin Stearate, Abbott)

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spares intestinal flora . . .

This sensitivity test shows ERYTHROCIN and the same four antibiotics against a typical intestinal strain of *E. coli*. Note that ERYTHROCIN and penicillin do not affect the growth of this organism at all—although the other antibiotics show marked inhibitory action.



. . . *with little risk of serious side effects*

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NEWS NOTES—from State and Nation

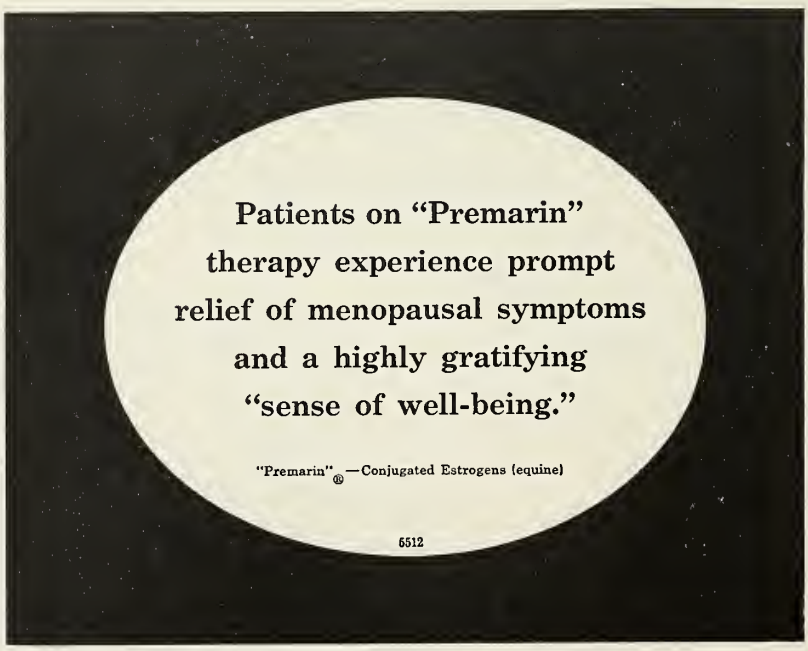
Recordings of Francis Report On Salk Vaccine Available

The Indiana State Medical Association has had recordings made of the report on the Salk vaccine for poliomyelitis which was given by Dr. Thomas Francis, noted epidemiologist and University of Michigan professor. These are available for use in county medical society meetings. Although the first phase of the inoculation program is completed, the Francis report will give every physician in Indiana the opportunity to know in detail the facts regarding the vaccine.

Dr. Philip L. Kurtz, who had been in private medical practice for nearly 18 years, closed his office at 668 East 38th Street, Indianapolis, on April 4 to become associated with the Medical Division of Eli Lilly and Company. Dr. Kurtz had limited his practice to internal medicine for eight years and had developed an increasing interest in research and writing. He is a graduate of Indiana University School of Medicine.

Dr. Sohrab Amini, Huntingburg physician and captain in the Army Medical Corps Reserves, has been recalled to military service and reported May 10 to Fort Sam Houston, Texas. Dr. Amini's family plans to join him when he is permanently assigned. He will return to Huntingburg when he has completed his service.

Muncie's Venereal Disease Clinic closed April 16. A decrease in the number of cases and lack of funds were reported to be the reasons for the action. The clinic had been





READING TIME—1 MINUTE

A FEW FACTS FOR THE BUSY DOCTOR WHO WANTS THE

Latest Information About Filter Tip Cigarettes

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Only Viceroy gives you, your patients, and all cigarette smokers 20,000 Filter Traps in every filter tip. These filter traps, doctor, are composed of a pure white non-mineral cellulose acetate. They provide the maximum filtering efficiency possible without affecting the flow of smoke or the full flavor of Viceroy's quality tobaccos.

Smokers report Viceroys taste even better than cigarettes without filters.



King-Size Filter Tip

VICEROY

World's Most Popular Filter Tip Cigarette

Only a Penny or Two More Than Cigarettes Without Filters





active since the beginning of World War II. City health officials said it would be economically unsound to operate the treatment center for the small number of cases. Indigents will be given free treatment by private physicians on authorization of the city health officer.

Dr. William J. Miller, who recently completed a three year fellowship at the Mayo Foundation, Rochester, Minnesota, is associated with Dr. John E. Culp of the Duemling Clinic, Fort Wayne. His practice will be limited to internal medicine.

Dr. Miller was graduated from the I.U. School of Medicine in 1945, served his internship at Lutheran hospital, Fort Wayne, and was in the Air Force for two years. He was in general practice in Fort Wayne before going to the Mayo Foundation. He is a member of AMA, the American Diabetes Association, Mayo Clinic Alumni Association, and an associate of the American College of Physicians. Dr. and Mrs. Miller and their two children live at 3932 South Calhoun Street, Fort Wayne.

Ames Award Announced By College of Gastroenterology

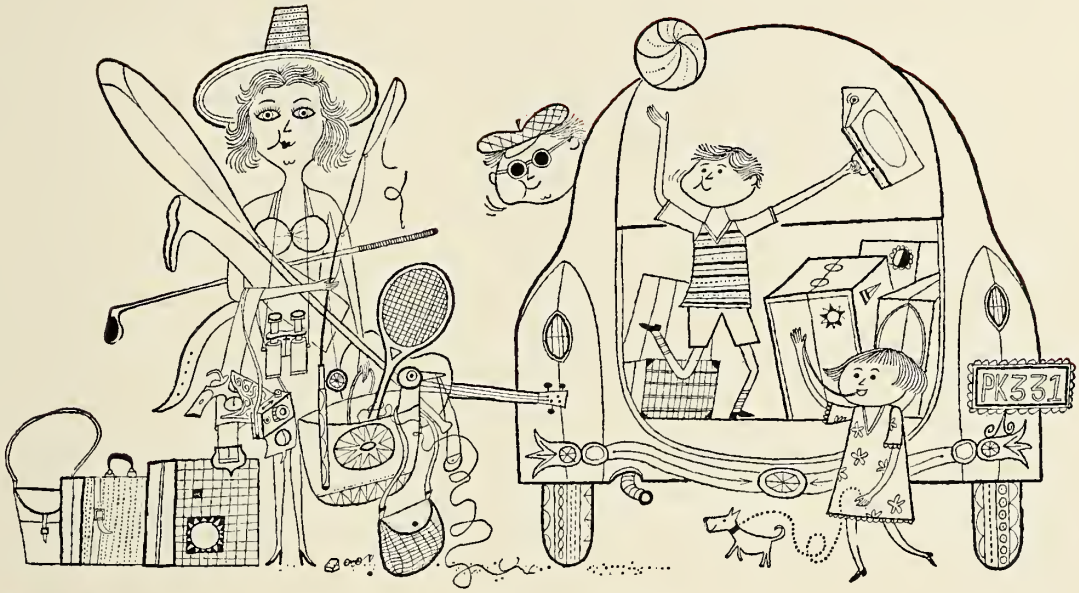
Establishment of the Ames Awards Contest has been announced by the American College of Gastroenterology which is sponsoring the event in cooperation with the Ames Company, Inc., Elkhart.

Three classes of awards include those for fellows or residents of gastroenterology, those for first or second year interns, and a third for the best paper published in the American Journal of Gastroenterology in the 12 months ending June 30, 1955 for which no prize has been previously awarded. That prize is $100.

Prizes for residents and interns will be awarded for unpublished papers on gastroenterology. First prizes in each group are $250, a certificate of merit and subscription

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BONAMINE in a single oral dose of 25 to 50 mg. has a remarkably prolonged action—9 to 24 hours. Notably free from side reactions.

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BONAMINE CHEWING TABLETS contain 25 mg. of Bonamine each and are supplied in packets of 8, individually wrapped.

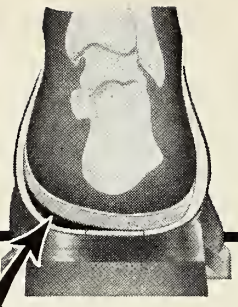
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to the American Journal of Gastroenterology. Second prize is similar except the cash award is $50.

Papers must be submitted by September 1, 1955. Full details may be obtained from the Research Committee, American College of Gastroenterology, 33 West 60th Street, New York 23, New York.

Second Annual Psychiatric Seminar Concluded

A Psychiatric Seminar for physicians in general practice was presented the four Wednesdays in April by the attending medical staff of Norways Foundation Hospital.

The Seminar was sponsored by the Committee on Medical Education and Hospitals of the Indiana State Medical Association. Sessions were held in the auditorium of the Child Guidance Clinic of Marion County.

Practical aspects of psychiatry which the general practitioner and the non-psychiatric specialist may use daily in office practice were emphasized by program speakers. Specially selected medical films were shown to the enrolled physicians.

A similar course was held last year in April.

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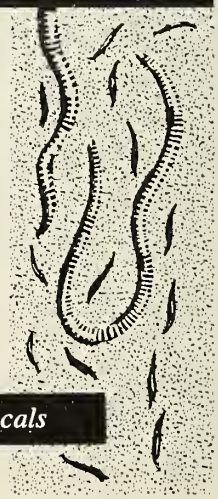
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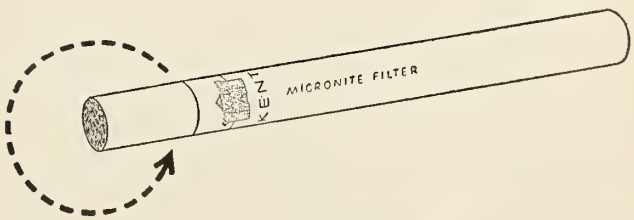
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May we suggest you evaluate KENT for yourself, doctor? We firmly believe that, with the first carton, you will reach the same conclusion. As always, there is a difference in KENT. And now more than ever before.

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

April 16, 1955

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; Kenneth L. Olson, M.D.; Roy V. Meyers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Albert Stump, attorney; Robert Hollowell, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

On motion of Drs. Olson and Portteus, Albert Stump was asked to prepare a telegram for transmittal to Dr. Jonas E. Salk, complimenting him on his achievement. The message was read and amended, and adopted on motion of Drs. Olson and Clauser. A copy of this commendation was to be released to the press.

Membership Report

Number of members April 15, 1955	3,759*
Number of members April 15, 1954	3,551
Gain over last year	208
Number of members December 31, 1954	3,904

* Includes 111 in military service (gratis)

97—$10.00 members (residents and interns)
258—senior members
59—members, dues remitted by Council
2—honorary members

Number who have paid AMA dues:
1953 3,629 1954 3,639** 1955 3,159

** 411 members permanently exempted in 1954 included in this figure.

The committee requested that in the future A. M. A. dues be reported in the same manner as state dues, that is, on a comparative basis.

Headquarters Office

Mr. Amick and Mr. Bush reported on their activities during the past month, saying that they had visited the various county medical societies, appeared at the Blue Shield medical assistants' meetings, and had been contacting the members of the state legislature in their territories.

Upon motion of Drs. Myers and Clauser a letter is to be sent to all of the members of the 1955

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in rheumatoid arthritis
more potent
than other corticosteroids
lessened incidence
of sodium retention
and potassium depletion
*T.M.
METICORTEN,* brand of prednisone.

General Assembly over the signature of the president, expressing the appreciation of the Association for the work done by the legislature and the consideration given the Association.

It was reported that during the year 1954, 197 new recordings had been added to the loan library and more than 500 requests for loans had been filled by the headquarters office.

Upon motion of Drs. Clauser and Myers the secretary was authorized to purchase insurance covering the portable recording equipment and the cameras used by the field secretaries.

Statements of Receipts and Expenditures for March, 1955, for the Association, and for February and March, 1955, for THE JOURNAL were approved.

Legislative Matters

National

A letter from the Indiana State Chamber of Commerce was read inviting the Association to participate in the Indiana Congressional Dinner at Washington, D. C., on May 3, 1955. Upon motion of Drs. Olson and Clauser it was voted to send the president and the co-chairmen of the Legislative Committee to Washington at the expense of the Association.

On further discussion of this matter Dr. Portteus suggested that the Association might consider holding a similar program in Washington, at which time the family physicians and other interested physicians might meet with the Indiana delegation in Congress to show their appreciation for work being done by the Congressmen and to advise and consult with them on legislation affecting the profession. Following further discussion Dr. Portteus moved that the committee recommend to the Council that in the future the Indiana State Medical Association participate in a trip to Washington each year at which time the family physician of the members of Congress, the president, and the co-chairmen of the Legislative Committee would meet with the Indiana Congressional leaders. Motion seconded by Dr. Olson and carried.

The secretary reported that the Board of Trustees of the American Medical Association had accepted the recommendation of the Public Relations Advisory Committee and would in the near future begin distribution of material to the component state associations in which they would give a complete run-down of all legislation in which the Association is interested, giving the position of the Association and the reasons therefor.

Local

The secretary reported on the bills passed during the 1955 General Assembly, reporting that of the 49 bills introduced in the House dealing with health, 20 became law and 29 failed, and of the 32 bills

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... pause for Coke



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introduced in the Senate pertaining to health, 13 became law and 19 failed.

Organization Matters

Upon motion of Drs. Clauser and Portteus, the dues of $75.00 for the Conference of Presidents and other Officers of State Medical Associations was ordered paid.

A letter from Mrs. Harry C. Harvey, president of the Woman's Auxiliary to the Indiana State Medical Association, requesting information as to whether or not the Auxiliary should affiliate with the National Council of Women of the United States, Inc., was read. By consent it was agreed that the Auxiliary should not affiliate with this organization.

Resolutions received from the Knox County Medical Society and the Daviess-Martin County Medical Society were read, but no action was taken inasmuch as these resolutions were to be discussed by the Council.

The secretary read a letter addressed to Governor George N. Craig and signed by Dr. Paul R. Tindall in which Dr. Tindall presented his resignation as a member of the Indiana State Board of Medical Registration and Examination after having served for a period of thirteen years.

On motion of Drs. Olson and Clauser the secretary was instructed to prepare a letter of commendation to be sent to Dr. Tindall expressing the appreciation of the Association for his excellent



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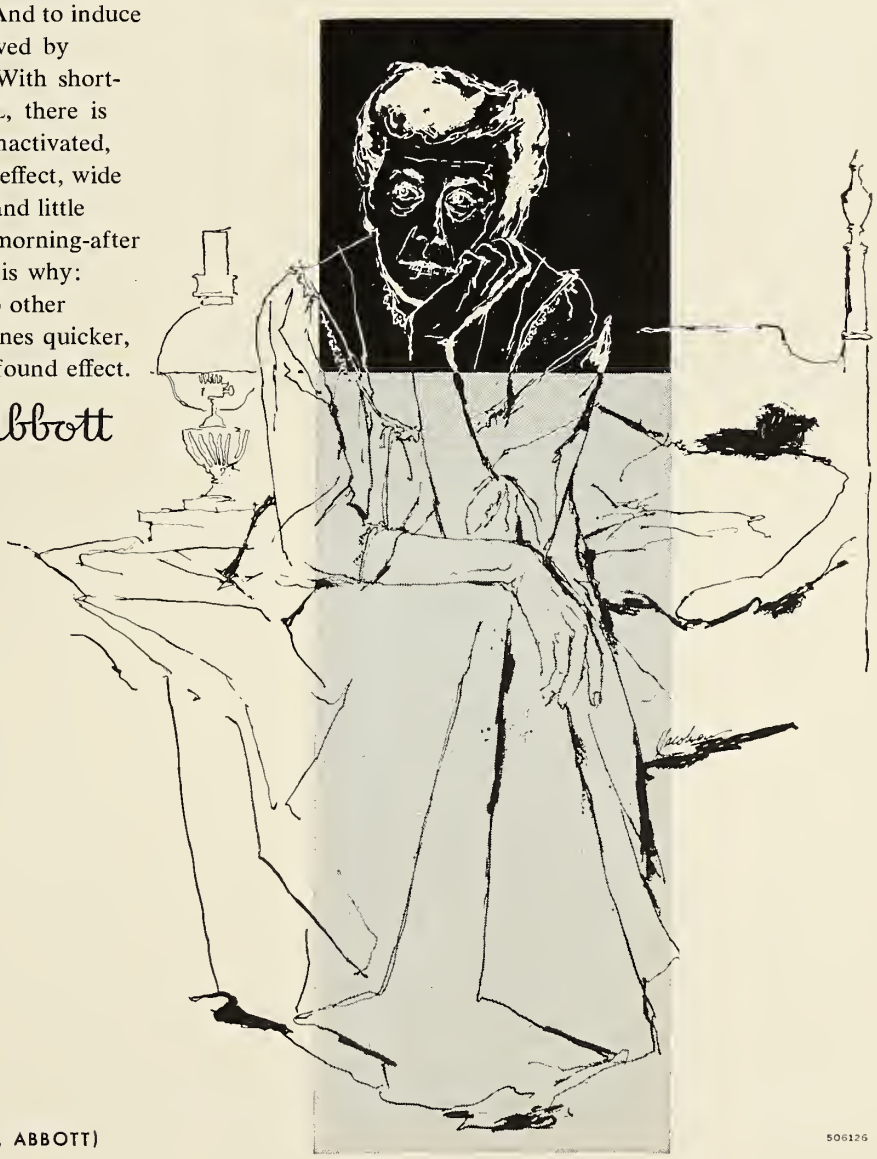
T. N. KENDE, M.D., Neuropsychiatrist, Medical Director
T. J. Smith, M.D., Associate

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work as a member of the Board. This letter is to be signed by the members of the Executive Committee.

The committee reviewed the directory information card which is being sent to all members of the Association.

The secretary read a letter from the Blue Shield Plan which gave a list of the names of the members of the directors of Blue Shield whose terms will expire in March, 1956, 1957 and 1958, quoting a letter suggesting that the Association notify the respective districts of these expirations. The secretary raised the question as to whether or not the Association should make notification of these expirations or whether it should be done by the Blue Shield Plan. By consent it was agreed the secretary should notify the districts of these expiration dates.

On motion of Drs. Clauser and Olson the president was directed to suggest to the appropriate committees that a study be undertaken of the proposed Mental Health Code and that the Mental Health Committee consult with the Mental Health Division of the Department of Health and that said committee make a progress report to the Executive Committee at the September meeting.

It was also directed that the president make a similar request of the Industrial Health Committee, that said committee should undertake a study on the matter of free choice of physician which keeps coming up in the legislature, and to make a progress report of its recommendations and advice at the September meeting of the Executive Committee.

The Journal

Report on advertising was accepted by consent:

Total advertising, April, 1954	$3,037.18
Total advertising, April, 1955	2,938.70
Loss	$ 98.48
Total advertising, May, 1954	$3,093.29
Total advertising, May, 1955	3,103.70
Gain	$ 10.41
Net gain to date, 1955 over 1954	$ 158.01

Future Meetings

The secretary called attention to the Medical Student Day, April 30, at the Marott Hotel, announcing that the members of the Executive Committee were invited to attend.

The secretary reported he had been invited to attend the meeting of the Student American Medical Association in Chicago on May 6 to 8.

By consent, it was agreed that Thomas A. Hanna, M.D., of Indianapolis, chairman of the Committee on School Health and Physical Education, be authorized to represent the Indiana State Medical Association at the Fifth National Conference on Physicians and Schools, to be held at Highland Park, Illinois, October 12 to 14, 1955.

There being no further business, the committee adjourned to meet again at 6:30 p.m., central daylight time, May 20, 1955, at the Student Union Building, Indiana University Medical Center, Indianapolis.

INDIANA STATE MEDICAL ASSOCIATION

The Council

April 17, 1955.

The Council of the Indiana State Medical Association convened for its spring meeting at 10:00 a.m., Sunday, April 17, 1955, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Kenneth L. Olson, chairman, presiding.

Roll call showed the following present:

Councilors:

First District ——— Minor Miller, Evansville
Second District ——— J. H. Crowder, Sullivan
Sam I. Rotman, Jasonville, alternate
Third District ——— William H. Garner, New Albany
Fourth District ——— J. E. Dudding, Hope
Fifth District ——— M. C. Topping, Terre Haute
V. Earle Wiseman, Greencastle, alternate
Sixth District ——— Harry P. Ross, Richmond
Seventh District ——— Lester D. Bibler, Indianapolis
Eighth District ——— Guy A. Owsley, Hartford City
Ninth District ——— Wemple Dodds, Crawfordsville
H. E. Klepinger, Lafayette, alternate
Tenth District ——— James P. Vye, Gary
Eleventh District ——— Elton R. Clarke, Kokomo
Twelfth District ——— Maurice E. Glock, Fort Wayne
Thirteenth District ——— Kenneth L. Olson, South Bend

Officers:

Walter L. Portteus, Franklin, president
Roy V. Myers, Indianapolis, treasurer
Frank B. Ramsey, Indianapolis, editor of THE JOURNAL
A. W. Cavins, Terre Haute, Associate editor of THE JOURNAL
Stephen L. Johnson, Evansville, associate editor of THE JOURNAL
David A. Bickel, South Bend, associate editor of THE JOURNAL

Executive Committee:

James W. Denny, Indianapolis, chairman
E. H. Clauser, Muncie
Albert Stump, attorney
Robert J. Amick, field secretary
Kenneth W. Bush, field secretary
J. A. Waggener, executive secretary

Guests:

J. William Wright, Sr., Indianapolis; Don E. Wood, Indianapolis } co-chairmen, Committee on Public Policy and Legislation
Ralph V. Everly, Indianapolis, chairman, Committee on Physician-Hospital Relations
David L. Adler, Columbus, chairman, Liaison Committee with State Department of Public Welfare
A. T. Ross, Indianapolis
Harry Pandolfo, Indianapolis

The minutes of the January 16, 1955, Council meeting were approved as printed in the March

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PREDNISONE
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in rheumatoid arthritis
more potent
than other corticosteroids
lessened incidence
of sodium retention
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*T.M.
METICORTEN,* brand of prednisone.

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*SYRUP OF 'ANTEPAR' Citrate brand Piperazine Citrate

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Tuckahoe, New York

1955 issue of the JOURNAL, on motion of Drs. Miller and Garner.

COUNCIL REFERENCE COMMITTEES

The chairman announced the appointment of Reference Committees of the Council for 1955 as follows:

Editorial Board	William H. Garner, chairman
Nominations:	Lester D. Bibler
	Wemple Dodds
Public Policy and	Minor Miller, chairman
Legislation:	Harry P. Ross
	Maurice E. Glock
Insurance:	Lester D. Bibler, chairman
	Guy A. Owsley
	William H. Garner
Proposed Amendments	Harry P. Ross, chairman
to Constitution	James P. Vye
and Bylaws:	M. C. Topping
Veterans' Affairs:	Maurice E. Glock, chairman
	J. E. Dudding
	Elton R. Clarke
Rural Health:	J. E. Dudding, chairman
	J. H. Crowder
	Minor Miller
Industrial Health:	James P. Vye, chairman
	William H. Garner
	Minor Miller
Hospital and	William H. Garner, chairman
Nursing Problems:	Lester D. Bibler
	Harry P. Ross
Educational Affairs:	Wemple Dodds, chairman
	M. C. Topping
	J. E. Dudding

REPORTS OF COUNCILORS

The councilors announced the dates and places of their spring district meetings and extended invitations to the officers and councilors to attend these meetings.

Dr. Vye reported that Dr. J. Robert Doty, councilor of the Tenth District, had left Indiana permanently, and that the district society had decided that he should serve as councilor for the remainder of Dr. Doty's term.

REPORTS OF OFFICERS

Dr. Walter L. Portteus, president: "I have nothing to report except that I am on the Chautauqua circuit and hope to get around to most of the district meetings, the exceptions being where one is held in the northern part of the state and one in the southern part at the same time, and also any meeting that conflicts with the A. M. A. meeting in June."

Dr. Frank B. Ramsey, editor of THE JOURNAL, asked for an expression of the Council on whether or not an article on "The New Income Tax Law and How It Affects the Doctors" would be acceptable for the July (yearbook) issue of THE JOURNAL. This would be a resumé of the A. M. A.'s booklet on this subject and would be prepared by the legal counsel of the state association.

Dr. Ramsey's suggestion was approved on motion of Drs. Bibler and Miller.

UNFINISHED BUSINESS

1. *American Medical Education Foundation Fund.* Dr. Glock, chairman of the Committee on Medical Education and Hospitals, reported that the

following sums had been collected in the state of Indiana since the program was started:

1952	$63,163.04
1953	$42,425.16
1954	$49,868.62
1955	$ 5,070.00
	$160,526.82

"At a meeting in Chicago in January, sponsored by the AMA and the AMEF, two states, Illinois and Utah, reported that they had decided to make state assessments, on the basis that that spread it throughout all of their membership. The representative from Illinois said the physicians of Illinois were a little teed off that it was mandatory for every member in their state to donate while there were other states that were quite laggard in supporting this program. The Utah people said that in their experience it had proven a good thing to have an assessment.

"They also discussed at this meeting all of the various methods of fund raising—this included the mail approach, the direct approach through committees, such as we have done here in the past, and I got the impression, when they were all through presenting these various plans, that probably Indiana had done everything that had been tried by these various societies except, of course, the assessment method, and we had done it better than any other state. I think if you will exclude Illinois, that Indiana during the last four years has contributed more as a state toward this Education Foundation Fund than any other state."

Dr. Glock complimented Mrs. Frank Gastineau, national chairman of the Auxiliary fund raising effort, who spoke at the Chicago meeting, for the fine work she is doing in stimulating the Woman's Auxiliaries over the country. . . . "In listening to her presentation, I thought it might be worthwhile to have a meeting with the members of the Auxiliary and see if possibly through the enthusiasm of some of these fine ladies they could give us a boost on this program. Accordingly, last Wednesday we had a meeting with Mrs. Gastineau representing the national Auxiliary, Mrs. Harvey, president of the State Auxiliary, Mrs. Fargher, chairman of the fund raising activities of the State Auxiliary, and Mrs. Rosenak, president of the Indianapolis Auxiliary. Some rather interesting things came out of that meeting. One of their main contentions is that there is not close enough liaison between the county Auxiliary and the county medical society; second, there is a good deal of lack of information, that is, the AMEF story is still unknown.

"The members of your committee thought that probably an educational program regarding this would be a very necessary thing in connection with trying to obtain any funds. It was suggested that we prepare a series of charts for speakers and look into the possibility of obtaining films which might help put this thing across. We are contacting the AMEF in regard to obtaining films. Dean

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Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.: J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.: Brit. M. J. 2:755, 1953.

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Brown, H. W.: J. Pediat. 45:419, 1954.

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VanNuys has promised his aid in preparing charts. We are to have another meeting with the Auxiliary in another three or four weeks to see what we can crystallize in the way of help we can obtain from the Auxiliary.

"Two things came up at this meeting that they asked me specifically to bring to you gentlemen:

"One of them was the thought that several members who have been on this committee since the inception of this fund raising activity felt that too few of the members in the state association are carrying the load. The figures roughly show that about 1,500 of the doctors in the state have actually participated in this program and that they are the ones who have given us this good showing. And some of the members feel that maybe they were right in Illinois and in Utah to put an assessment on them and let everybody participate.

"I think the doctors of Indiana are pretty much opposed to an assessment. . . .

"The committee felt that it might be well to put in a resolution and just see how this thing is accepted on a national level, as far as the matter of assessment is concerned, and it was suggested that we prepare a trial resolution to put before our House of Delegates next fall, and then in view of the fact that the AMA meeting was coming up, they suggested that I present this resolution, as voted on and passed, to the Council for any action that the Council might take in requesting our delegates to present this to the AMA:

> WHEREAS, American Medicine has accepted a challenge of providing assistance to our nation's financially embarrassed medical schools, and
>
> WHEREAS, Since the establishment of the Medical Education Foundation, and medicine's acceptance of the responsibility of raising necessary funds from members of the profession, medical men have not met their responsibility, and
>
> WHEREAS, Many states have worked hard and a portion of their members have carried the load with their contributions, and
>
> WHEREAS, Indications are there is a continuing need for this financial assistance, and
>
> WHEREAS, Only a small proportion of individuals and medical associations have contributed to this effort;
>
> BE IT RESOLVED: That the American Medical Association levy a uniform assessment upon each member or raise the dues to accomplish this purpose, in order to meet medicine's responsibility and to distribute equally the responsibility among all physicians."

Dr. Glock's motion for approval of this resolution was seconded by Dr. Topping.

Dr. Bibler moved "that an amendment be made to this motion that this resolution be presented before our House of Delegates at our state meeting in October." Motion seconded by Dr. Miller, and carried.

On voting, Dr. Glock's motion for approval of the resolution was passed.

Dr. Glock continued, "The other item that they wished to have me present to this body is as follows:

"A motion was made and passed by the committee:

> RESOLVED, That the Indiana State Medical Association set our goal for the present year for the American Medical Education Foundation Fund for $50,000 and that all members be urged to participate, and further, that a page in the state Journal be devoted to percentage of participation by component county societies, and further, that suitable recognition be given those county societies with 100% participation, and that certificates or plaques be presented in a ceremony at the next meeting of the House of Delegates."

Dr. Glock's motion that this be accepted was seconded by Dr. Dodds, and carried.

Dr. Glock said, "As this has been made a part of the national and state program, I would like to urge that the councilors as they have their district meetings give AMEF some publicity and some recognition in their meetings and urge that all members do participate in the program. I personally don't care for big contributions, but I certainly would like to point out that not more than a third of our membership contributes to this program."

2. *Resolution adopted by Section on General Practice of the Indiana State Medical Association, October 27, 1954.* This resolution was read at the mid-winter Council meeting, January 16, 1955, and deferred until the spring Council meeting. Dr. Bibler stated that this resolution was considered at the AMA interim meeting in Miami and also again at the Academy of General Practice annual meeting in Los Angeles in March of 1955. "Since that time the purpose of this resolution has been operating; that is, there is a good liaison between the Academy and the AMA, and they are working together on the evaluation and the study of General Practice. Apparently everything is under control and they are following through on the research of this project; therefore, I move that this resolution be tabled." Motion seconded by Dr. Garner, and carried.

3. *State Department of Public Welfare.* Dr. David L. Adler, chairman of the Liaison Committee with the State Department of Public Welfare, reported in detail, for the information of the Council, on the answers received to the questionnaire sent

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to each county medical society. Replies have been received from 68 counties.

"We have in mind meeting and going over the questionnaire in detail, finding out which criticisms are meritorious and which suggestions made for the benefit of the program should be adopted. After we do that, I believe that we should submit our findings to possibly the Executive Committee, because I don't know when the Council meets again, for approval. . . . We think some things the Welfare Department is going to have to do for us; for instance, I have in mind, if my committee agrees, going over some of this material with the Welfare Department. I would like the Welfare Department to prepare, if possible, digests of the welfare laws, the rules and interpretations, and take that load off the committee and the State Association office.

"Another thing I think we could do would be to have this Liaison Committee write to all of the county societies telling of its existence and its purpose, and its availability for local grievances. As you know, they are asking the state committee to do a host of things. Only three men are on the state committee, all of them as busy as I am. Whether the committee should be enlarged, I don't know. If we are going into this program wholeheartedly, it seems to me that a three-man committee couldn't possibly do the job. My suggestion would be to the incoming or the present president that the committee be enlarged to have at least one committee member for each two councilor districts, so that one committee member with a fund of information could go to local trouble spots, and work with both the welfare directors and the doctors.

"The committee takes this problem as a very serious one and we are trying our level best to do the job. We need your help. . . . So, in the future, what we are planning to do is to meet, find out what recommendations should be adopted, what criticisms are valid, see where the trouble spots are, work not only with the Council and the Executive Committee but with the Welfare Department, to straighten this out. When we first went to the Welfare Director he had all kinds of information and we had nothing. Now we have some statistics and facts. We can spotlight the counties . . . we know exactly what county is griping about what. We can put the finger on what welfare director is being obstreperous, uncooperative, or will not meet with the Liaison Committee. That's the kind of information that Mr. Schweitzer wanted and we didn't have. I think we have it for him now. So I make this only as an interim report, as a result of the questionnaire. Action will be forthcoming,

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I think, just as soon as we can get the committee together."

It was taken by consent that the president use his own judgment regarding the appointment of additional members to the Liaison Committee with the State Department of Public Welfare.

1955 ANNUAL SESSION, FRENCH LICK, OCTOBER 16-19, 1955

The executive secretary presented a preliminary outline of the scientific and entertainment programs. Instructional courses will be held each day rather than having them all on Monday. Instead of general meetings as in the past, a series of four round tables will be held concurrently on Tuesday and Wednesday mornings. The only general session will be held Tuesday afternoon, on the subject of "Traffic Accidents." Section meetings are scheduled for Wednesday afternoon.

LEGISLATIVE MATTERS

Dr. J. William Wright, Sr., co-chairman of the Committee on Public Policy and Legislation, presented the final report of his committee on legislation passed by the 1955 General Assembly. Forty-nine bills having to do with health matters were introduced in the House, twenty of which became law; thirty-two bills were introduced in the Senate, thirteen of which became law.

Dr. Wright announced that a meeting had been called for October 8 in Chicago for the legislative committees of the states in this district to discuss national legislation, and Indiana would send representatives to that meeting.

On motion of Dr. Ross, the Council gave a rising vote of thanks to Dr. Wright and Dr. Wood.

Dr. Portteus called the Council's attention "to the fact that our field men have done yeoman service in this past legislature. In the past it has been the tendency for the Association to let down between legislative sessions. Now, by way of the Legislative Committee and the Executive Committee, we are entering into a plan whereby there will be a continuing contact by our field men with the legislators throughout the year."

NEW BUSINESS

1. *Knox County resolution,* proposing full exemption for medical expenses from both gross and federal income taxes, as follows, was discussed by Drs. Crowder and Denny, and on motion of Drs. Miller and Topping, was tabled:

(1) BE IT RESOLVED That the Indiana State Medical Association endorse a bill in the Indiana State Legislature to have all medical expenses exempted from gross income tax. Medical expenses named as follows: premiums on sick and accident insurance, all medical and dental fees, all hospital fees, prescribed medicines and corrective appliances, including glasses, orthopedic braces, trusses, hearing aids and wheel chairs.

(2) BE IT RESOLVED That the Indiana State Medical Association request through channels that the AMA endorse a bill in Congress to exempt all medical expenses from Federal Income Taxes as defined in the above paragraph in this resolution.

2. *Physician-Hospital Relations.* Dr. Ralph V. Everly, chairman of the Committee on Physician-Hospital Relations, reported, for the information of the Council, on the controversy that had developed in Iowa between the hospitals and the physicians as a result of the attorney general's ruling that hospitals employing physicians on a salaried basis were illegally engaged in the practice of medicine.

"Briefly, here is the contention of the Iowa State Medical Association as far as the facts are concerned that went to the attorney general:

"They hope that the court find and declare that the plaintiffs, which primarily is the Iowa State Hospital Association, in conducting hospital laboratories and x-ray departments in such manner that they are selling to the public diagnostic, or diagnostic and treatment services for human injury and disease as laboratory and x-ray services, are engaged in unauthorized, unlicensed and illegal practice of medicine.

"On the other side, the plaintiffs declared that the ownership, operation and maintenance of laboratory facilities are an integral part of the lawful activities of the hospital and that hospitals may charge and bill for laboratory services performed in their laboratories, the same as they have done as long as hospital laboratories have existed in Iowa.

"As a result of these two complaints the attorney general rendered this opinion:

> 'There can be no doubt that in the case where a corporation hires a licensed member of the profession on a straight salaried contract and they in return receive any amount as compensation for professional services rendered, the one receiving the salary would be guilty of unprofessional conduct within the purview of the foregoing subsection. It would be equally fair that under the type of contract where a compensation is determined by a percentage of either gross or the net earnings of the department, that would likewise be guilt on the part of the licensed member of the profession of dividing fees with the corporation, if any amount was received by them as compensation for professional services rendered.'

"Now, of course the hospitals absolutely disagree with this; they claim that they are not practicing medicine. I would like to define the term, 'the practice of medicine,' as the attorney general saw it in the state of Iowa. . . . It is not confined to the administering of drugs. One who publicly professes to be a physician and induces others to seek his aid as such, is practicing medicine. Nor

is it requisite that he shall profess in terms to be a physician. It is enough under the statute if he publicly professes to assume the duties incident to the practice of medicine. What are the duties incident to the practice of medicine? Manifestly, the first duty of a physician to his patient is to diagnose his ailment; manifestly, also, the duty follows to prescribe the proper treatment therefor. If, therefore, one publicly professes to be able to diagnose human ailments and to prescribe proper treatment therefor, then he is engaged in the practice of medicine within the definition.

"On Thursday I talked with the executive secretary of the Iowa State Medical Association and nothing too much has been settled, primarily because the Hospital Association refuses to accept the attorney general's interpretation of the situation.

"Locally, upon investigation, I find there is a divergence of opinion. . . . This material is submitted as information only. Iowa thought that we should be familiarized with the situation."

Discussed by Drs. Wright, Dudding, Portteus, Denny, Bibler, and Clarke.

On motion of Drs. Bibler and Topping the Council complimented Dr. Everly on his fine report and instructed him and his committee to continue their study of this matter.

3. *Epilepsy League.* Dr. Alexander T. Ross, appeared before the Council and discussed the advisability and the desire on the part of many persons for the establishment of a lay organization which might be called the Indiana Chapter of the Epilepsy League. This would be a layman's group with a medical advisory board, much like the Indiana Chapter of the Multiple Sclerosis Society. Inasmuch as it is hoped to make this a statewide organization, Dr. Ross asked Council approval, stating that approval had been received from the Council of the Indianapolis Medical Society and the Indiana Neuropsychiatric Association.

Discussed by Drs. Portteus, Dodds, and Dudding. Dr. Dudding moved that the Council support and give its blessing to this organization. Motion seconded by Dr. Vye.

Discussed further by Drs. Clarke and Portteus, Dr. Clarke speaking of the multiplicity of health service organizations, whereupon Dr. Dudding amended his original motion as follows: "We approve the formation of this epilepsy organization and recommend that these various other services be combined under a united health service." Motion to amend seconded by Dr. Bibler, and carried.

On voting, Dr. Dudding's original motion was passed.

4. *Blue Cross-Blue Shield Special Certificate of Membership No. III-DG.* This contract, recently issued by Blue Cross-Blue Shield, in which some of the provisions of prior contracts held while a member of a group are deleted from the coverage

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of the contract when the member leaves the group, was discussed by Drs. Bibler, Portteus, Dudding, Clarke, Crowder and Dodds, the consensus of opinion being that:

(1) Policyholders should be educated to read their policies, especially those policyholders who carry this particular policy, so that they are aware of the exclusions;

(2) The medical profession should be advised of the basic changes in coverages;

(3) Office assistants should be encouraged to attend the regional meetings conducted by Blue Cross-Blue Shield, where they will be given much helpful information.

5. *Resolution by Greene County Medical Society and Staff of Freeman Greene County Hospital.* Dr. Crowder read the following resolution:

"WHEREAS we now have residing within the sphere of influence of this hospital several Osteopathic physicians, and

"WHEREAS these Osteopathic physicians are seeking admission to our staff, and

"WHEREAS, said Osteopaths have brought much pressure to bear upon this body through legal channels in the form of threatened suit to gain admission to our staff, and

"WHEREAS, we have exhausted all means at our disposal to deny admission to these Osteopaths in order not to jeopardize our chances of accreditation by the Joint Commission;

"BE IT RESOLVED that the Indiana State Medical Association take prompt and vigorous action through its various departments to advise us in these matters.

J. J. Turner, M.D., President
M. E. Tomak, M.D., Secretary."

Dr. Rotman discussed the resolution, saying they had been told to change their by-laws, and "we feel it is up to the state medical association or the Council to advise us in this matter, and also to help us out."

On motion of Drs. Miller and Topping, Mr. Stump was instructed "to take this matter up with the district and the counties that are involved and then a report of your advice to them be reported to us."

6. *Resolution adopted by Daviess-Martin County Medical Society.* The executive secretary read the following resolution:

"WHEREAS, the N. F. I. P. has used its funds to purchase Salk vaccine for the 'free' inoculation of first and second grade school children without consideration of parental ability to pay, and

"WHEREAS, This sets a precedent favorable to free medical care by a national charitable organization, and

"WHEREAS, the Shelby County Medical Society has already voiced its opposition to such a needless procedure, and

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"WHEREAS, the Daviess-Martin County Medical Society in its implementation of this program without expressed opposition, would be negligent in their observation of the essential principles of free enterprise, now

"THEREFORE BE IT RESOLVED to request the Indiana State Medical Association to demand a termination of such practices in subsequent years, and to hereinafter exhibit the proper initiative to keep such programs of medical practice under the guidance of medical associations dedicated to the better medical care afforded only by the private practice of medicine.

Unanimously adopted at special session of the Daviess-Martin County Medical Society March 21, 1955.

C. P. Fox, M.D., Secretary."

Dr. Ross moved the adoption of the resolution; motion lost for want of a second.

On motion of Drs. Glock and Topping the resolution was tabled.

7. *Health Fair.* Dr. Harry Pandolfo, vice-president of the Indianapolis Medical Society, asked that the Council consider participation of the state medical association in the Health Fair, to be held in Indianapolis on April 28, 29, 30 and May 1, 1955, and sponsored by the Indianapolis Health and Welfare Council, by taking an exhibit space and giving some financial help.

Dr. Glock moved "that the Indiana State Medical Association take exhibit space at the Health Fair and prepare a suitable exhibit to show the association's activities, and particularly those in the field of medical education and the Medical Education Foundation Fund." Motion seconded by Dr. Bibler.

Discussed further by Drs. Pandolfo, Bibler, Portteus, Denny, Crowder and Myers. Dr. Glock amended his motion to include "the expense of the exhibit space not to exceed $250.00." Amendment to the original motion seconded by Dr. Bibler, and passed.

On voting, the original motion was passed.

8. *Presentation of Fifty-Year pin and certificate of distinction to ill member.* Dr. Owsley's motion "that the Council authorize the Blackford County group to present Dr. George H. Dando's Fifty-Year Club pin and Certificate of Distinction to him when it is due next month" was passed by consent.

9. *Senior-Junior Day.* Dr. Dudding, chairman of the Committee on Rural Health, announced that on April 30 the Rural Health Committee is sponsoring a program for the junior and senior medical students similar to the one held last year for the senior students, and that all councilors are invited to attend.

10. *Matters referred to Council by Executive Committee:* Dr. Denny, chairman of Executive Committee, presented the following:

(1) It is recommended to the Council that in the future the Indiana State Medical Association participate in a trip to Washington, D. C., of the family physicians, president, co-chairmen of the Legislative Committee, each year, to meet and visit with the Indiana delegation in Congress.

Dr. Ross moved that this recommendation be accepted, and the amount of the Association's funds to be spent in sending representatives to Washington be left to the discretion of the Executive Committee since that committee makes up the budget. Motion duly seconded, and following discussion by Drs. Myers, Topping, Denny, and Bibler, Dr. Ross' motion was passed.

On motion of Drs. Glock and Bibler, the Council approved sending the president and co-chairmen of the Legislative Committee to Washington at the expense of the association.

(2) It is recommended that the Executive Committee and the Council make an effort to develop possible legislation of a practical nature for the betterment of the health of the people of Indiana, which we could support;—and that the standing and special committees likewise make such a study in their respective fields. That such proposals be considered and referred to the proper committee for study and recommendation.

On motion of Dr. Miller, duly seconded, the Council accepted this recommendation.

11. *Washington State law in regard to ethics.* Dr. Denny suggested that the executive secretary write for copies of the law that the State Association of Washington encouraged its state legislature to pass governing unethical practices by physicians, to be distributed to each member of the Council and to each elected representative, with the idea that the law "be studied in detail to see whether we should propose something of that nature in this state, or be prepared to oppose such legislation."

12. *Report of Sub-Committee on Preceptorships.* Dr. Bibler, chairman, reported that his committee held a meeting with the Executive Council of the Indiana University School of Medicine April 12, 1955, at which time Dr. Robert Davison, who is head of the Department of General Practice of the

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School of Medicine of the University of Tennessee, was the guest speaker, and he presented the picture of operating a Department of General Practice in the Medical School in Tennessee. "This report was received very favorably and in fact I think they will take more kindly to a Department of General Practice perhaps than they will to the preceptorship idea."

13. *Survey on physicians' ages and choice of location.* The executive secretary reported the following as a result of a survey made by the headquarters office:

Average age of practicing physicians in Indiana 49.8 years
(Full-time teachers, interns, residents, full-time pharmaceutical and industrial, etc., excluded)

Of 121 physicians who began practice in Indiana in 1953, 78 located in cities of 10,000 population and over, and 43 located in communities of 10,000 and under.

Of 175 physicians who began practice in Indiana in 1954, 110 located in communities of 10,000 population and over, and 65 located in communities of 10,000 and under.

14. *Nominations for Editorial Board.* The terms of Editorial Board members, Dr. Harold D. Lynch, Evansville (pediatrics), and Dr. Carl S. Culbertson, South Bend (pathology), will expire December 31, 1955. The Reference Committee on Editorial Board Nominations was instructed to report its recommendations to the Council at the July meeting, at which time the election of Editorial Board members is to be held.

15. *Resolution on Amendment to Code of Ethics of the American Medical Association.* Dr. Bibler presented the following resolution and moved its adoption, suggesting that it be "smoothed out" before presentation by the delegates to the American Medical Association:

RESOLUTION

ON AMENDMENT TO CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

WHEREAS A report was made and adopted at the A. M. A. meeting of Delegates in June, 1954, in San Francisco, concerning the ownership of drug stores and dispensing of drugs and appliances as follows:

"Sec. 8:

(1) It is unethical for a physician to participate in the ownership of a drugstore in his medical practice area unless adequate drugstore facilities are otherwise unavailable.

(2) This inadequacy must be confirmed by his component medical society.

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(3) The same principle applies to physicians who dispense drugs or appliances.

(4) In both instances, the practice is unethical if secrecy and coercion are employed or if financial interest is placed above the quality of medical care.

(5) On the other hand, sometimes it may be advisable and even necessary for physicians to provide certain appliances or remedies without profit which patients cannot procure from other sources."

WHEREAS We do not believe that the declaration of Section 8, above quoted, can reasonably withstand analysis as being a sound statement of professional ethics;

WHEREAS The right to dispense medicines has been the right of the doctor from time immemorial. In fact, it would seem to be one of the fundamental rights, a right which the code of ethics has now so arbitrarily taken from him;

WHEREAS The individual pharmacists and physicians have in the past considered themselves friends and partners in the medical care of the public, and this campaign has already begun to create an attitude of ill will between the doctors and the pharmacists; and we feel that this provision should be eliminated from the code in the interest of the public, the medical profession, and the pharmacists themselves;

THEREFORE BE IT RESOLVED, That sentences (1) and (5) of Section 8 of Chapter I of the Principles of Medical Ethics of the American Medical Association be deleted, and

BE IT FURTHER RESOLVED, That the Indiana delegates to the American Medical Association be instructed to present this resolution at the annual meeting of the House of Delegates of the American Medical Association in June, 1955, for adoption.

Dr. Bibler's motion was duly seconded, and the Council approved the resolution in principle but suggested that it be changed at the discretion of the A. M. A. delegates.

16. *Summer meeting of Council.* By consent, the next meeting of the Council will be held on Sunday, July 17, 1955, at the Indiana University Student Union Building, Indianapolis.

There being no further business, the meeting was adjourned.



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District Meeting Reports

FOURTH COUNCILOR DISTRICT

Dr. J. K. Jackson, Aurora, was named president of the Fourth District Medical Society at the Fifty-first Annual Assembly of that group on May 4 in Hillcrest Country Club, Batesville. Other officers who will serve during 1955-56 are Dr. W. C. Callaghan, Greensburg, vice-president; and Dr. George Vail, Lawrenceburg, secretary-treasurer.

Dr. G. S. Row, Osgood, was named alternate councilor for the next three years. Dr. J. C. Dudding, Hope, is councilor.

Next year's district meeting will be held at the Dearborn Country Club, possibly on a river boat, and the 1957 meeting will be in Greensburg.

Registration opened at 9 o'clock with the morning's program devoted to golf and other social activities for both Society and Auxiliary members. A buffet luncheon in the clubhouse was enjoyed by 75 guests.

The House of Delegates met in Margaret-Mary Hospital after lunch with the scientific session following.

"Fever in Children" was discussed by Dr. Keith Hammond, Paoli; "Cortisone and ACTH in General Practice" was Dr. Glenn Irwin's topic. Dr. Irwin is from Indianapolis. The final paper of the session was given by Dr. W. C. Duffy, Cincinnati, who discussed "X-Ray Findings in Acute Diseases".

Forty-five physicians attended the scientific meeting.

Dr. W. U. Kennedy, New Castle, president-elect, and Robert Amick, field secretary, represented the Indiana State Medical Association at the all-day affair.

Members of the Auxiliary toured several Batesville industries during both morning and afternoon, and held their annual business meeting at 1:30 in the Hillcrest Country Club.

SIXTH COUNCILOR DISTRICT

Thirty-five physicians and their wives attended the Sixth Councilor District meeting on April 21. The meeting, held in the Mounds Hotel, Brookville, was in charge of Dr. John E. Fisher, New Castle, district president. The district Auxiliary meeting was held in the Brookville Library with the wives joining their husbands for lunch.

The morning business session was devoted to a report of the Councilor, Harry P. Ross, with district action being taken on the Salk Vaccine program, AMEF assessment by AMA, and establishment of a district Advisory Council to Blue Shield.

Officers elected for the coming year were: president, Dr. William R. Tindall, Shelbyville; vice-president, Dr. Charles E. Sheets, Manilla; secretary-treasurer, Dr. H. N. Smith, Brookville. The invitation of the Wayne-Union Society was accepted and the 1956 meeting will be held at the Forrest Hills Country Club, April 19.

Dr. Harry P. Ross, Richmond, was elected councilor, and Dr. William R. Tindall, Shelbyville, was elected alternate councilor to fill out the unexpired term of Dr. Ross.

During the luncheon the group heard Dr. W. L. Portteus, president, and Dr. W. U. Kennedy, president-elect of the Indiana State Medical Association, discuss affairs of the Association and trends in the medical field.

Following lunch the Auxiliary was taken on a tour of Leffen Wells Orchid Greenhouse while the scientific program was in progress.

Three papers were given during the scientific program. "Obstruction of the Gastrointestinal Tract in Infants and Children" was discussed by Dr. Fred Silverman, Director of Radiology, Children's Hospital, Cincinnati; "Medical Aspects of Ulcerative Colitis" was the subject of a paper given by Dr. Stuart A. Safdi, Department of Medicine, University of Cincinnati, and Dr. James Mack, Department of Medicine of the University of Cincinnati, discussed, "Surgical Aspects of Ulcerative Colitis."

Guests attending the meeting in addition to the president and president-elect were, Dr. and Mrs. Harry C. Harvey, Fort Wayne; Mrs. Harvey was 1954-55 president of the State Auxiliary. Others were Dr. and Mrs. J. E. Dudding, Hope, Fourth District Councilor; J. A. Waggener, executive secretary, and Robert Amick, field secretary of ISMA; and L. E. Converse, professional relations director, Blue Shield.

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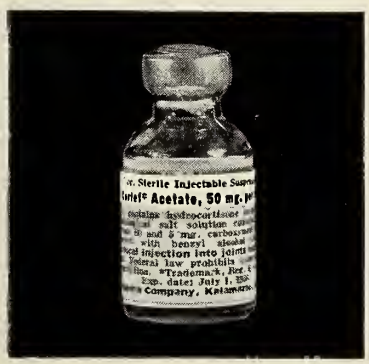
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News from the County Societies

A business meeting of **Carroll County Medical Society** was held on May 4 in Delphi. The date was changed from the regular meeting time to permit members to attend the 11th District meeting at Kokomo.

During the meeting Dr. John R. Wagoner, Delphi, announced that he was going to Houston, Texas, to take special genito-urinary postgraduate work and that his office would be taken over by Dr. T. Neal Petry on July 1. Dr. Petry is completing his internship at Indianapolis General Hospital. Eight members were present for the meeting.

Dr. Harvey White, Farmland, presented a paper on "Highlights of Pediatric Roentgenology" at the May 3 dinner meeting of **Howard County Medical Society** in the Frances Hotel, Kokomo. Thirty-three members of the society were present.

At the business meeting the society recommended a professional survey be made to determine the need for additional hospital beds in Howard county. No meetings of the group will be held during the summer. The first fall dinner meeting will be held September 6 in the Hotel Frances, Kokomo.

The **Clay County Medical Society** met April 19 in the Brazil Elks Club with 10 members present. The entire meeting was devoted to business affairs of the society.

Dr. C. A. Burroughs, Frankfort, was the speaker at the meeting of the **Clinton County Medical Society** held April 19 in Clinton County Hospital, Frankfort. A film on "Cardiac Disease" was shown. Fourteen members were present.

The **Decatur County Medical Society** met at noon April 19 in the Decatur County Memorial Hospital, Greensburg. Following a short business session, Dr. W. C. Callaghan, Greensburg, gave a talk on "Allergic Uveitis" to the nine members present.

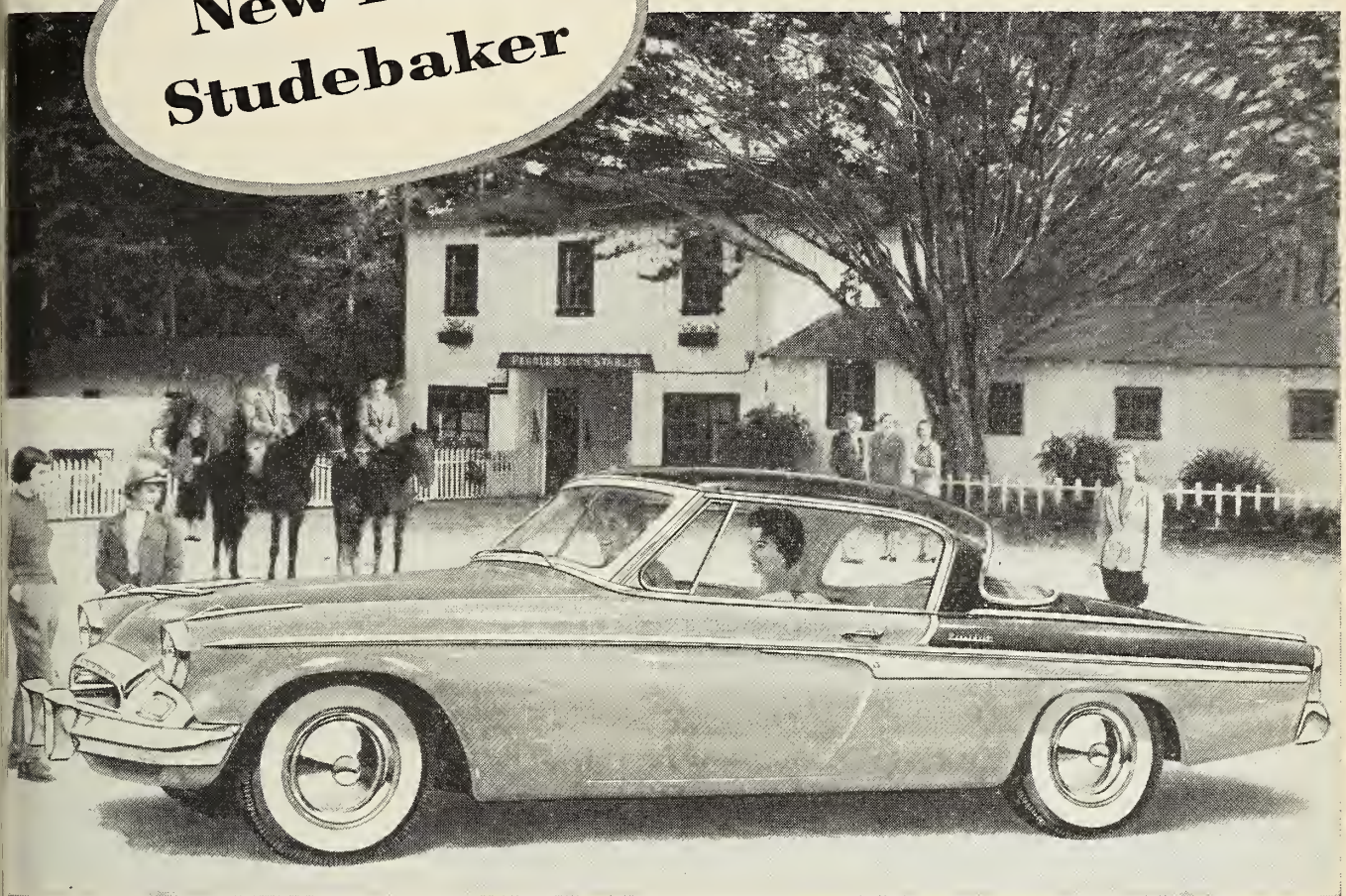
The **Dubois County Medical Society** and Auxiliary held a joint dinner meeting April 14 at the Mullis Tourist home in Ferdinand. Following the social hour, the two groups held separate meetings. Society members viewed a film on "Electrolytes" and the Auxiliary members heard Charles Caniff, Vanderburgh County Crippled Children's Society secretary, speak.

Photographs, below, were taken at an April meeting of Elkhart County Medical Society and show, from left to right: Drs. Page E. Spray, Elkhart, secretary; Douglas W. Price, Nappanee, president; and Robert J. Hilker, Chicago, speaker. Center Drs. Kenneth L. Olson, South Bend, district councilor, and Thomas A. Elliott, Elkhart, chairman of the program committee. At right, clockwise around the table are Drs. Richard G. Horswell, Bristol; Wm. A. Paff, Elkhart; R. L. Bender, Elkhart; G. R. Bloom, Elkhart; M. D. Lundt, Elkhart; and F. O. Clark, Syracuse.



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Boone County physicians are shown at an April 5 meeting in Witham Memorial Hospital, Lebanon. Top photograph, front row: Drs. Edwin E. Gregg, Thorntown, president; C. G. Kern, Lebanon, delegate to ISMA; Margaret A. Bassett, Thorntown, secretary; and H. D. Lovett, Whitestown. Back row, Drs. A. D. Schaaf, Jamestown; John D. Coons, Lebanon; L. S. Bailey, Zionsville; Robert H. Wisehart, Lebanon, and Ritchie Coons, Lebanon.

Lower photograph shows Drs. Gregg and Wisehart discussing a letter received by the Society.

"A Lawyer's View as to Medical Records" was discussed by Robb Emison, before 17 members of **Knox County Medical Society** at a dinner meeting in the Grand Hotel, Vincennes, April 19.

During the business meeting members paid tribute to a colleague, the late Dr. John Scudder of Edwardsport; and congratulated Dr. Ray C. Meyers on his work at Hillcrest Tuberculosis Hospital during the last 17 years, extending best wishes to him on his retirement. Two new members, Dr. J. Frank Stewart and Dr. Charles Hendrix, were voted into the society. The May meeting was to be held in conjunction with the 2nd District meeting on May 26.

A special election of officers for **Lake County Medical Society** was held April 20 in the Parramore Hospital, Crown Point. Dr. Harry R. Stimson, Gary, was named president to succeed Dr. J. Robert Doty, who is now residing in Florida, and Dr. H. J. Ryan, Gary, succeeded Dr. Stimson as secretary.

The members also viewed a closed circuit television program of the Francis report on Salk vaccine during which they heard Dr. Jonas Salk discuss the serum which he hopes will prevent poliomyelitis.

LaPorte and **Porter County Medical Societies** held a joint dinner meeting at Beatty Memorial hospital April 21. Dr. Paul J. Fouts, Indianapolis, was the guest speaker. His topic was "Diagnosis and Treatment of Anemia".

A kinescopic showing of the progress report on the Salk vaccine was provided by Eli Lilly and Company.

At an evening meeting of **Miami County Medical Society** in Dukes Memorial Hospital, Peru, on April 29, a tape recording of a symposium on "Problems in Obstetrics and Gynecology" was played for eight members. Several matters were on the agenda for the business meeting including discussion of the recent ISMA Council meeting; fair fees for Salk vaccine inoculations; and plans for continuing the inoculation program for first and second grade pupils.

Dr. James E. Engeler, Lafayette dermatologist, presented a paper on "Skin Diseases" to 29 members of **Montgomery County Medical Society** April 21. The meeting was held in Culver Union Hospital, Crawfordsville.

The **Parke-Vermillion County Medical Society** met April 20 for a dinner and program in Vermillion County Hospital, Clinton. The guest speaker was Dr. Joseph G. S. Weber, Terre Haute, who spoke on "Cholecystograms and Intravenous Pyelograms". Eighteen members were present.

The **Ripley County Medical Society** met April 21 in the Batesville Country Club following a dinner meeting with their office assistants. A brief business session was held. The program for the scientific session was presented by Dr. J. E. Ghorey, Cincinnati, who spoke on "Colic". Five members attended.

Dr. Harry C. Shirkey, instructor in pediatrics at the University of Cincinnati College of Medicine and associate professor of pharmacology at the University of Cincinnati, spoke to members of **Vanderburgh County Medical Society** April 12, at a dinner meeting in the Hotel McCurdy, Evansville. He illustrated his talk with colored slides.

Reports from Dr. Russell Springstun, chairman of the Civil Defense committee, indicated that the medical profession in Vanderburgh county is still leading activity in the Civil Defense setup but that other groups are organizing and the overall program progressing.

Dr. Dan Tweedall, chairman of the Blue Shield committee, said progress was being made on suggestions for improvement in that program; and Dr. James Crawford's Hospital Advisory committee reported it is studying the possibility of developing a Medical Society statement of policy in cases of cardiac arrest.

Future meetings were discussed including a showing of the Francis report on the Salk vaccine tests on May 10, the Fourth Annual Tri-State Postgraduate Medical Assembly on May 12, and the Pfizer barbecue on June 2.



Drs. Harry Pandolfo, Indianapolis, left, Elton R. Clarke, Kokomo, center, and R. J. Spivey, Indianapolis, pause at the IAGP meeting to pose for the above photograph taken by an ISMA field secretary who covered the Academy meetings, taking photographs and recording scientific talks.

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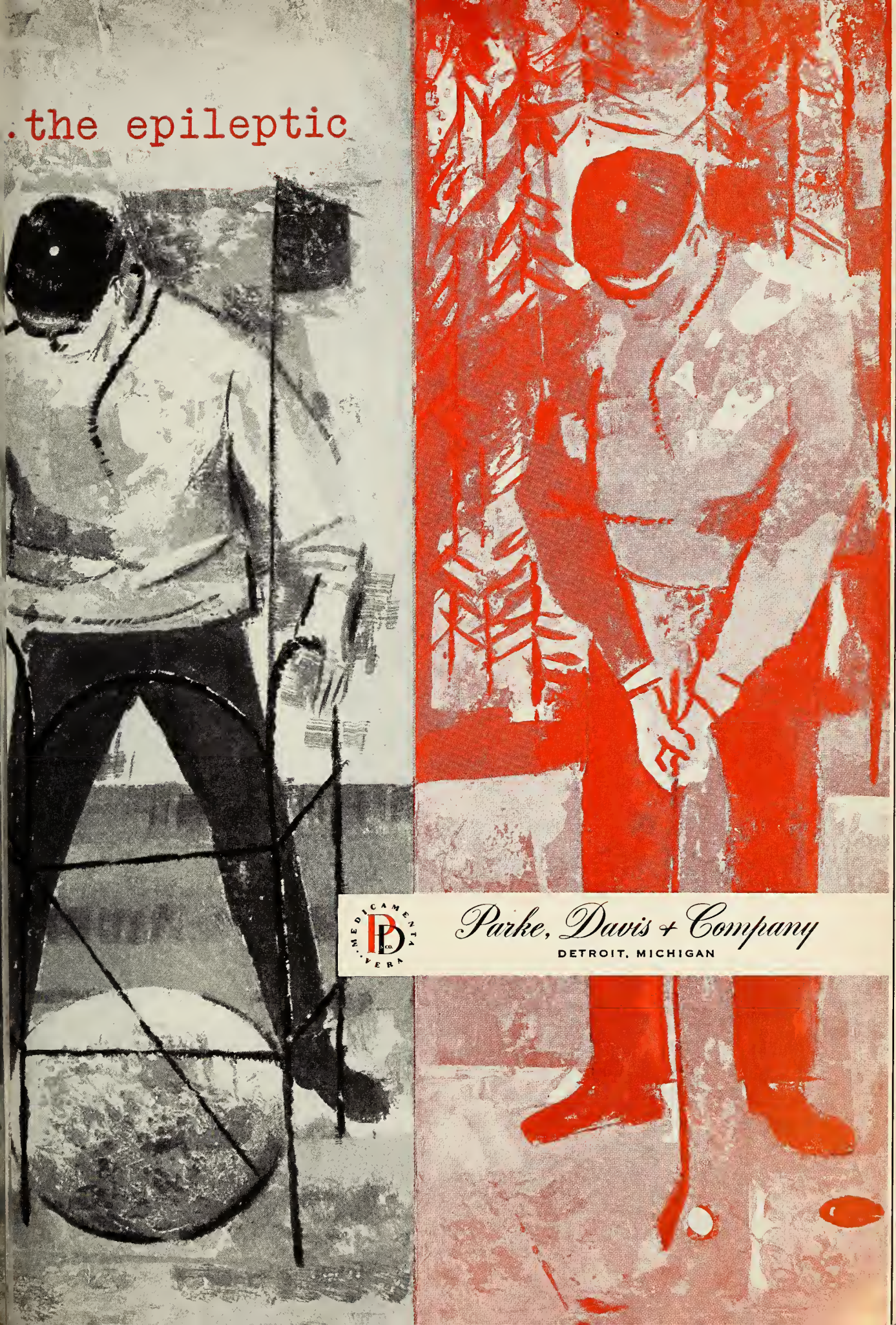
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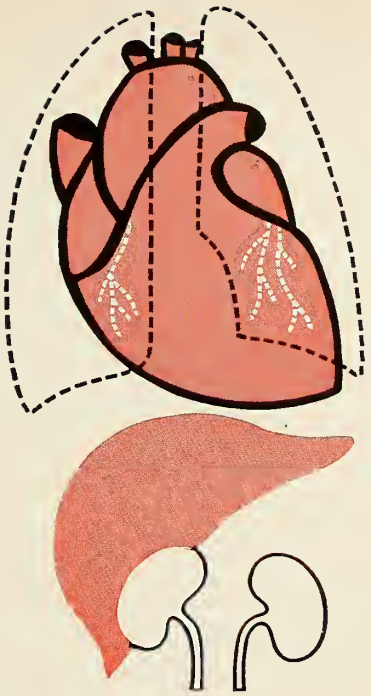
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2	J. H. Crowder, Sullivan	Dec. 31, 1957
3	William H. Garner, New Albany	Dec. 31, 1955
4	Joseph E. Dudding, Hope	Dec. 31, 1956
5	M. C. Topping, Terre Haute	Dec. 31, 1957
6	Harry P. Ross, Richmond	Dec. 31, 1958
7	Lester D. Bibler, Indianapolis	Dec. 31, 1956
8	Guy Owsley, Hartford City	Dec. 31, 1957
9	Wemple Dodds, Crawfordsville	Dec. 31, 1955
10	J. P. Vye, Gary	Dec. 31, 1956
11	Elton R. Clarke, Kokomo	Dec. 31, 1957
12	Maurice E. Glock, Fort Wayne	Dec. 31, 1958
13	Kenneth L. Olson, South Bend (Chairman)	Dec. 31, 1956

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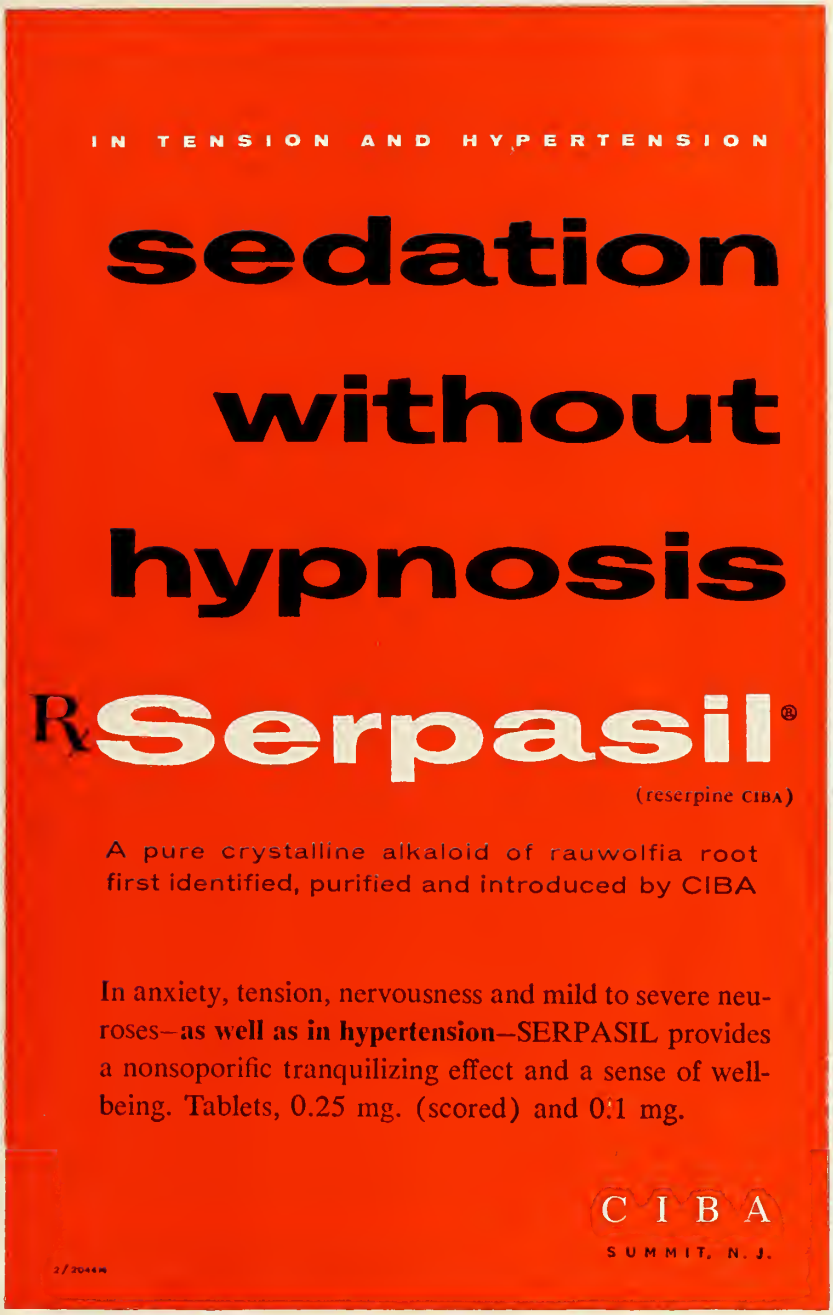
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District	President	Secretary	Place and date of meeting
1.	Joseph C. Lawrence, M.D., Evansville	James Peck, M.D., Princeton	Princeton, Sept. 15, 1955
2.	Robert H. Rang, M.D., Washington	J. S. Brown, M.D., Carlisle	Washington, 1956
3.	B. E. Sugarman, M.D., French Lick	Eli Goodman, M.D., Charlestown	
4.	J. K. Jackson, M.D., Aurora	George A. Vail, M.D., Lawrenceburg	
5.	C. M. Schauwecker, M.D., Greencastle	James B. Johnson, M.D., Greencastle	Greencastle, May, 1956
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Maurice G. Murphy, M.D., Morgantown	T. V. Petranoff, M.D., Indianapolis	Indianapolis, Oct. 5, 1955
8.	Roger R. Reed, M.D., Anderson	Warren E. Fischer, M.D., Anderson	Anderson, 1956
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Williamsport, June 1, 1955
10.	W. G. Pippenger, M.D., Brook	Hugh J. Williams, M.D., Morocco	Whiting, October 12, 1955
11.	Fred Malott, M.D., Converse	Owen Johnson, M.D., Peru	Logansport, Sept. 21, 1955
12.	Jack L. Eisaman, M.D., Bluffton	A. N. Ferguson, Fort Wayne	
13.	Hugh A. Miller, M.D., Elkhart	O. E. Wilson, M.D., Elkhart	



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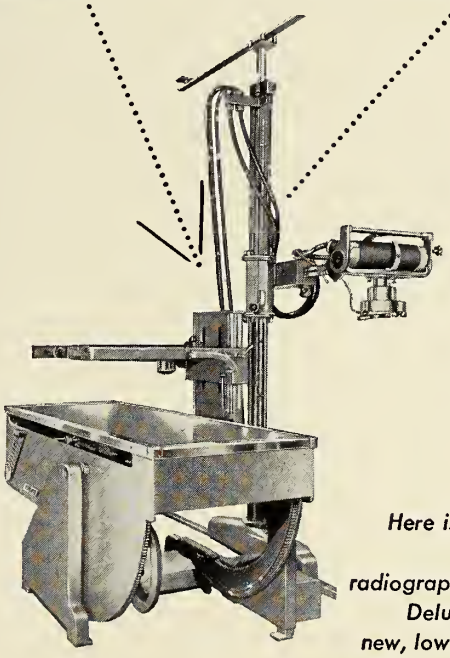
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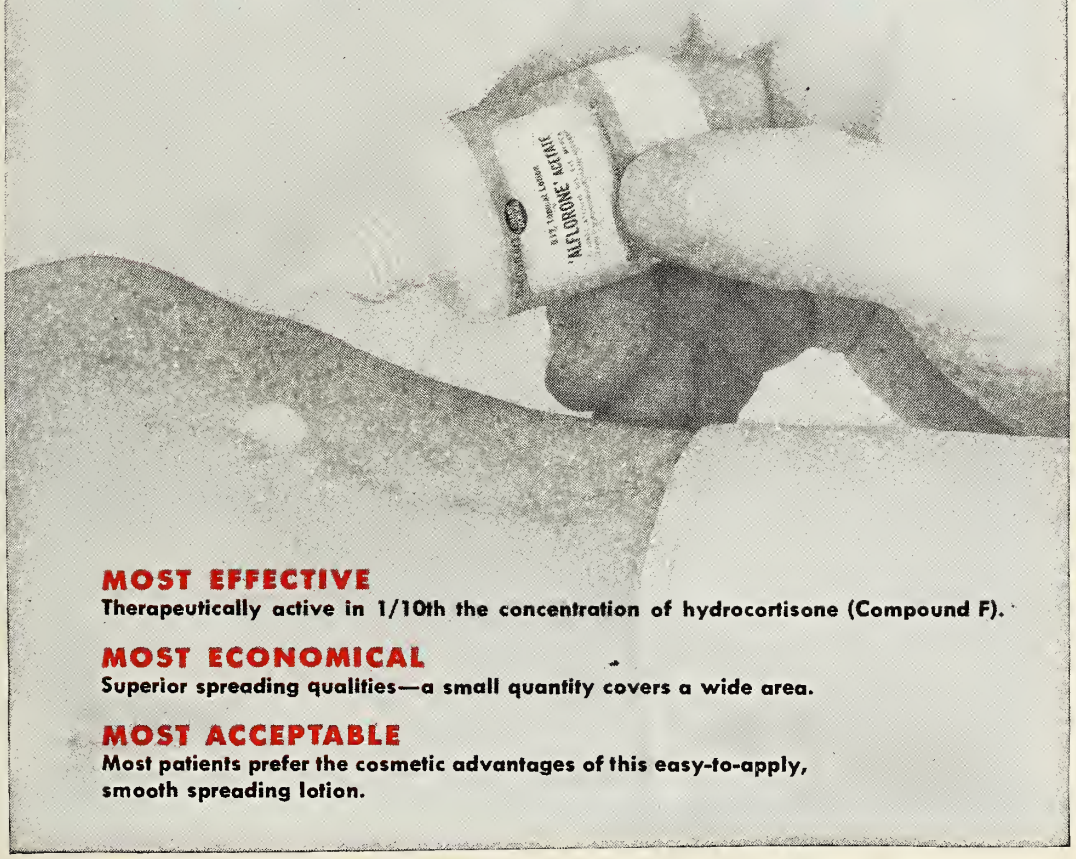
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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

GOVERNMENT MEDICINE'S WASTED BILLIONS

The Hoover commission has cast an expert eye over the medical activities of the federal government and has brought forth a report sustaining previous suspicions that the more than 4 billion dollars spent on these activities includes some hundreds of millions of waste and duplication.

Altho the veterans administration is authorized by law to give treatment for nonservice connected disabilities only if the veteran is unable to pay for private treatment, little effort is made to determine whether declarations of inability to pay are truthful.

The American Medical association objects that the remedy of closer audits proposed by the commission has already been tried and doesn't work. It regrets that the commission rejected the recommendation of its own medical task force that free care for nonservice connected ailments be cut off three years after a man is discharged from active service.

Merchant seamen, the commission notes, are among the most highly paid groups in the nation's economy, but the public health service still gives them free medical care and maintains for them the dozen hospitals (one in Chicago) that were provided when seamen shipped for a few dollars a month.

The veterans administration has too many hospitals. Many of these, it has been previously disclosed, were placed by congressional logrollers in remote communities where it is impossible to hire and retain competent medical and nursing staffs.

At the same time the army, navy, and air force continue their individual, merry ways in conducting their medical affairs, as if unification of forces had never been decreed by congress.

The commission recommends that 19 VA hospitals, nine military hospitals, and nine military infirmaries be closed or put to civilian use because they are "obviously marginal" to federal needs. The overbuilding of veterans' hospitals is a long standing evil. The failure of the presumably unified defense forces to organize a common medical system is shocking. The commission urges that the services pool their medical facilities, with the possible result that the army would handle all medical work in one area and the navy in another.

This report is going to put the good faith of congress to a severe test. Most of the wasteful evils that the commission denounces have been recognized for years. They exist primarily because of congressional pork barrel politics. Will the congressmen now have the courage to undo what they have done in order to save an estimated 300 million dollars a year or more? They certainly should not be spared the test.

—Chicago Tribune

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D.C.—This Congress appears to have established a record for the introduction of medical legislation—but unless something unusual happens and happens fast there will be no record set for laws passed.

With the summer well along, and tentative adjournment just a few weeks off, Congress had not yet revived its interest in medical bills. Most of the measures that were offered in January and February, to the accompaniment of hopeful speeches by their sponsors, have been allowed to lie undisturbed in committee files. In some cases hearings were held, where persons and organizations vitally interested could give enthusiastic testimony. Very few bills indeed got farther than that in the first six months of the session.

One reason is the close balance in Congress, and the reluctance of either party to get behind bills offered by the other, and which might have appeal to the public in the 1956 election year. Another is worry over putting the federal government still deeper into the red in a year of prosperity, if not of boom.

BILLS SIDETRACKED

Also, key committees for weeks were preoccupied with various bills on Salk vaccine, its control and its cost—weeks when the committees otherwise might have worked on, and possibly reported out, other less controversial health bills. A specific example is the Senate Labor and Welfare Committee. This committee was about ready to report out a House-passed bill for a national



survey of mental health problems when it found itself deeply mired in the Salk situation. The mental health bill still is likely to be enacted, but the long delay didn't help much.

Another bill, early in the session regarded as about certain of enactment, calls for the establishment of a voluntary, contributory system of health insurance for federal civilian employees. After a year's study of the complications involved, a special task force prepared and made public the administration's program in January. The expectation was that a bill to carry out the plan would be offered in a few weeks at the most, and would be passed in a few months.

But it didn't work out that way. The administration decided that it couldn't press for these medical benefits (U.S. would pay about one-third of insurance premiums) until the extent of a general U.S. pay raise had been fixed by Congress. So it was June before this U.S. employee health insurance bill was even sent to Congress, and then the administration was in no rush to have it passed.

Troubles also beset the Defense Department's bill to extend the doctor draft act another two years. Although the extension was strongly opposed by both the American Medical Association and the American Dental Association, the House Armed Services Committee accepted the Defense Department's arguments and voted out the bill, 24 to 0.

Ordinarily such a committee vote would have sent the bill sailing on through the House and to the Senate. But not this time. Chairman Howard Smith (D., Va.) of the House Rules Committee lectured the Armed Services Committee and the Defense Department for not making an effort to solve the doctor problem by some other means. There was consequently a delay before floor action—not fatal, but a delay.

HELD IN COMMITTEE

Some bills, once considered important, were effectively ignored by Congress. One was the Eisenhower-Hobby plan for reinsurance of health insurance groups, defeated last year. The administration tenaciously defended it, but the committees weren't enough impressed to schedule hearings during the first six months of the session.

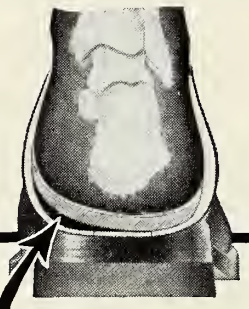
The administration bill for federal guarantee of construction loans for hospitals and clinics stirred some Capitol Hill interest but no hearings have been held. Then came all the bills on polio vaccine, and this measure also was put on the shelf.

A bi-partisan bill for U.S. grants for constructing and equipping medical research facilities travelled about the same course: hearings, a high degree of enthusiasm from medical researchers, confidence that the plan would go through—then no more action.

For a time Senator Hill (D., Ala.), the key Senator on health bills, was determined to put through his bill for federal aid for building medical schools. When hearings were held the bill did not appear to arouse opposition from any quarter, yet it was pushed farther and farther to the rear.

Because this is only the first session of the 84th Congress, none of these bills will be irretrievably lost even if not passed before adjournment. They hold whatever progress they have made, and many of them are certain to be important issues next year.

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Pitman-Moore President Heads National Association

Kenneth F. Valentine, president of Pitman-Moore Company, Indianapolis drug firm, was installed as president of the American Pharmaceutical Manufacturers Association at the 48th annual meeting of that group in White Sulphur Springs, West Virginia, in June.

Mr. Valentine is also president of Pitman-Moore Company of Canada, Ltd., and executive vice-president of Allied Laboratories, Inc., parent company of the Indianapolis firm.

He has wide acquaintance among Indiana physicians. He joined Pitman-Moore in 1932 as a medical service representative.

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Endocrine Society and I.U. Sponsor Postgraduate Assembly

The seventh annual Postgraduate Assembly of the Endocrine Society will be held September 26 through October 1 at the Indiana University Medical Center in Indianapolis and will be presented with the cooperation of the Indiana University School of Medicine.

Twenty-one eminent clinicians and investigators, from all parts of the country, will present the program under the general heading of "Endocrinology and Metabolism". Registration is limited to 100.

Application for registration and detailed information should be addressed to the Postgraduate Office, Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis 7, Indiana.

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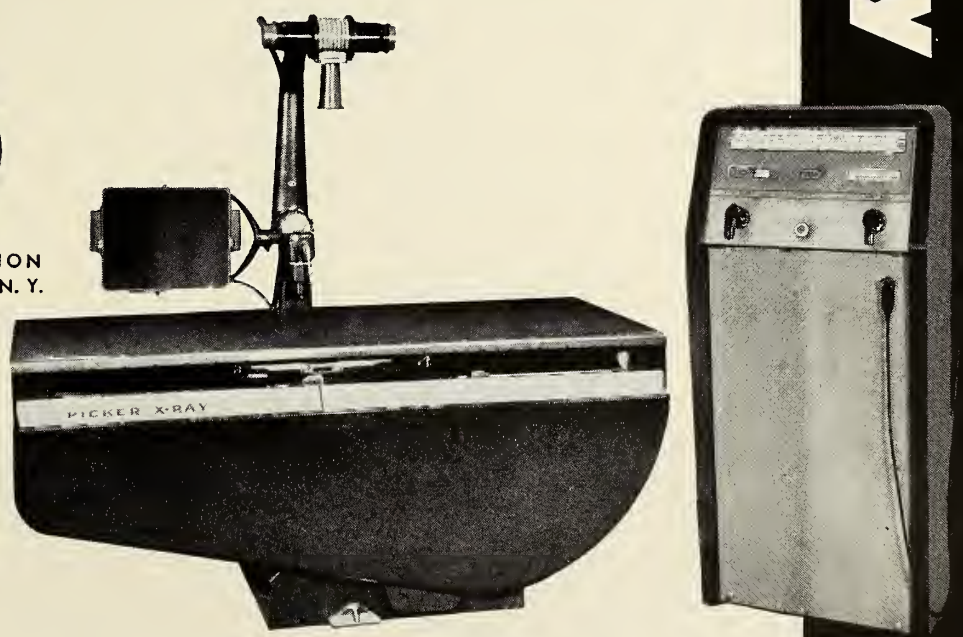
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Atlantic City's AMA Meeting Attracts 113 Indiana Physicians

REGISTERING for the 104th Annual Meeting of the American Medical Association in Atlantic City June 6-10 were the following 113 Indiana physicians:

June 6: Lester D. Bibler, Indianapolis; Billie D. Bichacoff, Fort Wayne; Walter L. Breutsch, Indianapolis; Alfred H. Ellison, South Bend; George F. Green, South Bend; C. Jules Heritier, Columbia City; Glenn W. Irwin, Indianapolis; Eli S. Jones, Hammond; W. R. Kirtley, Indianapolis; Hedwig S. Kuhn and Hugh G. Kuhn, Hammond; Cleon A. Nafe, Indianapolis; Stephen L. Phelps, South Bend; Walter L. Portteus, Franklin; Roscoe L. Sensenich, South Bend; James Lowell Watson, Evansville; Raul D. Aefaro, Indianapolis; Neal E. Baxter, Bloomington; Charles Allan Bishop, South Bend; Truman E. Caylor, Bluffton; E. H. Clauser, Muncie; Robert G. Cook, Bluffton; C. E. Frankowski, Whiting; L. Edward Gaul, Evansville; Maurice E. Glock, Fort Wayne; James B. Hammond, Indianapolis; Francis G. Henderson, Indianapolis; Kenneth G. Kohlstaedt, Indianapolis; Richard McIlroy, Richmond; Leonard W. Neal, Hammond; Seth S. Philbrook, LaPorte; R. B. Smallwood, Bedford; James H. Stygall, Indianapolis; Robert L. Armington, Anderson; Leon L. Blum, Terre Haute; Otis R. Bowen, Bremen; Joseph A. Carbone, Gary; C. H. McCaskey, Indianapolis; Gordon C. Cook, South Bend; Kenneth L. Craft, Indianapolis; Bernard J. Dolezal, South Bend; J. E. Dudding, Hope; B. M. Edlavitch, Fort Wayne; Sherman L. Egan, South Bend; Wayne R. Glock, Fort Wayne; Wm. H. Howard, Hammond; Anson Hurley, Muncie; D. M. Johnstone, Indianapolis; Paul T. Lamey, Anderson; L. Mason Lyons, Terre Haute; Samuel R. Mercer, Fort Wayne; A. C. Worley, Fort Wayne; Henry G. Nester, Indianapolis; Thomas R. Owens, Muncie; J. V. Pace, Rockville; Ruth F. Rasmussen, South Bend; Edgar E. Richards, Russellville; Jacob Rosenwasser, Mishawaka; Vincent J. Santare, Hammond; Thomas J. Senese, Gary; Heskel Shina, Charlestown; Willis W. Stogsdill, Franklin.



Indiana's four delegates to the House of Delegates of the American Medical Association are shown here at a conference table at a session during the Atlantic City meeting. Left to right are, Wendell C. Stover, M.D., Boonville; Cleon A. Nafe, M.D., Indianapolis; Alfred Ellison, M.D., South Bend; and Eli S. Jones, M.D., Hammond.

Those who registered June 7 included Earl W. Bailey, Logansport; F. A. Boyer, Indianapolis; P. A. Boyer, Jr., Indianapolis; Vernal Cassady, South Bend; Wm. C. Heilman, New Castle; Frank H. Coble, Richmond; George V. Kring, Portland; J. B. Eviston, Huntington; F. M. Fargher, Michigan City; Frank M. Gastineau, Indianapolis; John P. Gentile, New Albany; Charles M. Gruber, Jr., Indianapolis; Harry C. Harvey, Fort Wayne; Marian Hochhalter, Logansport; Robert C. Little, Evansville; C. J. Maternowski, Valparaiso; J. W. Mather, East Gary; Lall G. Montgomery, Muncie; Roy V. Myers, Indianapolis; James Nissenbaum, Fort

(Please turn to Page 699)

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Atlantic City's AMA Meeting—(Cont.)

Wayne; Raymond M. Rice, Indianapolis; V. B. Scott, Shelbyville; John C. Slaughter, Jr., Evansville; W. R. Tindall, Shelbyville; Leonard H. Wiatt, Knightstown; Thomas Horwitz, Indianapolis; Otis R. Lynch, Marengo; L. B. Miller, Evansville; Kenneth L. Olson, South Bend; Richard J. Purcell, Griffith; Dorothy D. Teal, Columbus; Kenneth Wilhelmus, Evansville.

Arriving in time for registration Wednesday were the following Indiana physicians; Lowell F. Beggs, Columbus; Robert M. Bills, Gary; Donald P. Bixler, Anderson; W. G. Hunsberger, Lafayette; A. A. Hollingsworth, Indianapolis; Henry S. Lebioda, Gary; Carl H. Bendler, Gary; Dale L. Carlberg, Jeffersonville; Euclid T. Gaddy, Indianapolis; Edward J. Ploetner, Jasper; L. R. Salmon, Wabash; Guthrie H. Wisener, Richmond.

Thursday morning, June 9, the last group of Hoosiers registering included Lee N. Foster, Indianapolis; Bernard R. Hall, Logansport; Charles O. Hamilton, South Bend; Virgil McCarty, Princeton; Willis L. Pugh, Evansville; and George W. Wagoner, Delphi.

Lay executives from Indiana who attended the meeting were James A. Waggener, executive secretary, Indiana State Medical Association, and Kenneth W. Bush, field secretary.

You won't find these words in Webster, but if you could, they would be defined something like this:

viveration (vī-vēr-ā-shŭn), n. [<Lat. *vivere*, to live + <*at* + *-io-*(*-ionis*), indicating: 1. act or process; 2. condition or state.] Thus: 1. the act of making (a person) alive or lively by use of the Viverator; 2. the healthful condition caused by the act.

Viverator (vī-vēr-ā-tôr), N. An ingenious device best described as a chair-lounge, constructed to vibrate gently throughout by electrical impulse; its purposes: to variously sooth and relax, in tension; revivify and vitalize, in fatigue.

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3. As a possible aid in digestion and elimination of waste through the stimulation of intestinal peristalsis and reduction of flatulence.

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Medical School Staff Promotions Announced

Ten full-time faculty members received promotions effective July 1 at Indiana University School of Medicine. At the same time 27 part-time faculty members, all practicing physicians in Indianapolis, received promotions, and Dr. Leonard A. Ensminger, Indianapolis, was given the title of emeritus professor of orthopedic surgery at the school. He has been on the staff at the school for many years, serving as professor of orthopedic surgery, and has headed the staff of fractures and orthopedics at Robert W. Long Hospital.

Promotions on the full-time staff included:

Professor—John A. Campbell, radiology; John D. VanNuys, medicine; and Paul A. Nicoli, physiology (Bloomington).

Associate Professor—Glenn W. Irwin, medicine; Ralph Reitan, surgery; and Frank Vellios, pathology.

Assistant Professor—Aaron L. Andrews, health education; Roy H. Behnke, medicine; William H. Bond, medicine; and Robert H. Shellhamer, anatomy (Bloomington).

The following part-time faculty promotions indicate present rank held:

Clinical Professor—Paul J. Fouts and Bernard D. Rosenak, medicine; Walter P. Morton, Ernest Rupel, and William N. Wishard, Jr., genito-urinary surgery.

Associate Professor—Donald E. Wood, medicine, and chairman of postgraduate committee; J. Neill Garber and Carl D. Martz, orthopedic surgery; Robert D. Howell, genito-urinary surgery; and Ralph J. McQuiston and Russell A. Sage, otorhinolaryngology.

Assistant Professor—James M. Leffel, surgery; Harvey Sigmond, orthopedic surgery; Richard Dyke, Charles Fisch, Bill L. Martz, and Robert J. Marvel, medicine.

Resident Instructor—Paul F. Benedict and Robert E. Lempke, surgery.

Associate—William L. Franklin, orthopedic surgery; Carolyn J. Harvey, pathology; Charles VanTassel, urology; and Richard S. Griffith, Charles M. Gruber, Jr., Bennett Kraft, John S. Schecter, and Alfred Symmes, medicine.

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 48 — July 1955 — Number 7

Native Hoosier Named President-Elect of AMA; Vital Issues Discussed

SUMMARY OF PROCEEDINGS OF 104TH MEETING

DR. DWIGHT H. MURRAY, general practitioner of Napa, California, was unanimously elected president-elect for the coming year at the 104th Annual Meeting of the American Medical Association held June 6-10 in Atlantic City. Dr. Murray is a native of Springville, Lawrence county, Indiana, and received his medical degree in 1917 from Indiana University School of Medicine. The AMA president-elect has been a member of the Board of Trustees of AMA for 10 years and for the last four years has served as its chairman. He will assume the presidency at the June, 1956 meeting in Chicago, succeeding Dr. Elmer Hess, Erie, Pennsylvania, who took office in Atlantic City.

TOPICS CONSIDERED

Osteopathy, medical ethics, medical practices, intern training, hospital accreditation and polio vaccine were among major topics discussed by the House of Delegates at the Atlantic City meeting.

MAYO SURGEON HONORED

The House of Delegates voted the 1955 Distinguished Service Award of the American Medical Association to Dr. Donald G. Balfour, surgeon, author and researcher of Rochester, Minn., for his outstanding contributions to medicine and humanity. Dr. Balfour has been with the Mayo Clinic since 1907 and he also has been associate director and then director of the Mayo Foundation for Medical Education and Research. His son, Dr. William Balfour, accepted the award for his father at the Tuesday inaugural program.

THE OSTEOPATHIC ISSUE

The Reference Committee on Medical Education and Hospitals submitted two reports after considering the recommendations of the Committee for the Study of Relations Between Osteopathy and Medicine. The minority report, which was adopted by the House of Delegates, said:

"One member of the Reference Committee was completely satisfied that an appreciable portion of current education in colleges of osteopathy definitely does constitute the teaching of 'cultist' healing, and is an index that the 'osteopathic concept' still persists in current osteopathic practice. Since he cannot with good conscience approve the recommendation that doctors of medicine teach in osteopathic colleges where 'cultism' is part of the curriculum, he respect-

fully makes the following recommendations to the House of Delegates:

"1) That the report of the Committee for the Study of Relations Between Osteopathy and Medicine be received and filed; and that the Committee be thanked for its diligent work, and be discontinued.

"2) That if and when the House of Delegates of the American Osteopathic Association, their official policy-making body, may voluntarily abandon the commonly so-called 'osteopathic concept', with proper deletion of said 'osteopathic concept' from catalogs of their colleges; and may approach the Trustees of the American Medical Association with a request for further discussion of the relations of Osteopathy and Medicine, then the said Trustees shall appoint another special committee for such discussion."

The majority report of the reference committee, which was rejected by the House, made the following recommendations:

"Your Reference Committee after a study of the report of the Committee for the Study of Relations Between Osteopathy and Medicine and the study of other evidence submitted is not completely satisfied that the current education in colleges of osteopathy is free of the teaching of 'cultist' healing.

"In view of the desire to elevate the standards of teaching in colleges of osteopathy, your Reference Committee recommends approval of the recommendation of the Committee that doctors of medicine may accept invitations to assist in osteopathic undergraduate and post-graduate medical educational programs in those states in which such participation is not contrary to the announced policy of the respective county and state medical associations. Such teaching services would be ethical.

"Your Reference Committee approves the recommendation of the Committee that the House of Delegates request state medical associations to assume the responsibility of determining the relationship of doctors of medicine to doctors of osteopathy within their respective states or request their component county societies to do so.

"Your Reference Committee recommends that a committee be appointed at the discretion of the Board of Trustees to confer with representatives of the American Osteopathic Association concerning common or inter-professional problems on the national level."

CHANGE IN MEDICAL ETHICS

The Reference Committee on Miscellaneous Business dealt with ten resolutions concerning the dispensing of drugs and appliances by physicians. The following committee report was adopted by the House:

"A great many individuals appeared before your committee in the interest of several resolutions submitted to it requesting amendment to or deletion of Chapter I, Section 8 of the Principles of Medical Ethics, and the bulk of your committee's time was spent on this very important and complex matter.

"With reference to this problem, the following resolutions were considered: Nos. 7, 12, 16, 18, 22, 35, 39, 58, 62 and 73.

"Your committee recommends that no one of these resolutions be adopted as submitted but does recommend deletion of Section 8, Chapter I of the Principles of Medical Ethics which now reads:

'OWNERSHIP OF DRUGSTORES AND DISPENSING OF DRUGS AND APPLIANCES BY PHYSICIANS

'Sec. 8.—It is unethical for a physician to participate in the ownership of a drugstore in his medical practice area unless adequate drugstore facilities are otherwise unavailable. This inadequacy must be confirmed by his component medical society. The same principle applies to physicians who dispense drugs or appliances. In both instances, the practice is unethical if secrecy and coercion are employed or if financial interest is placed above the quality of medical care. On the other hand, sometimes it may be advisable and even necessary for physicians to provide certain appliances or remedies without profit which patients can not procure from other sources.'

"Your committee recommends that the following be substituted in lieu thereof:

'DISPENSING OF DRUGS AND APPLIANCES BY PHYSICIANS

'Sec. 8.—It is not unethical for a physician to prescribe or supply drugs, remedies, or appliances as long as there is no exploitation of the patient.'"

In reporting to the House the chairman of the Reference Committee explained that in the opinion of the Committee the Code of Ethics should be stated in broad principles rather than attempt to interpret principles in detail. In recommending the change in Section 8 the Committee emphasized that this section should be interpreted in line with Chapter I, Section 6, which reads: "The ethical physician, engaged in the practice of medicine, limits the sources of his

income received from professional activities to service rendered the patient . . ."

REPORT ON MEDICAL PRACTICES

The Reference Committee on Insurance and Medical Service, which considered two Board of Trustees reports on the Report of the Committee on Medical Practices, recommended endorsement of the Board's principal conclusions and recommendations. The House of Delegates, however, adopted a substitute motion postponing action until next December. The motion also called for distribution of the entire report of the Committee on Medical Practices to all delegates, so that they can study it carefully before the 1955 Clinical Meeting in Boston.

INTERNSHIP APPROVAL PROGRAMS

The House adopted the following statement presented by the Reference Committee on Medical Education and Hospitals:

"Your Committee has reviewed the report of the Council on Medical Education and Hospitals which includes a summary of the reports previously made to the House of Delegates by the Ad Hoc Committee on Internships and are in agreement with the Council that these conclusions and recommendations are eminently sound and that they should be incorporated into the principles and policies employed by the Council in the conduct of its internship approval programs including subsequent revisions of the Essentials of an Approved Internship.

"Your Committee wishes specifically to reaffirm the following recommendations of the Ad Hoc Committee on Internships:

"1) That a continuing study be made as to what should be the content of an internship; what constitutes sound clinical experience during the internship year.

"2) That the 'one-fourth rule' be adopted: Any internship program that in two successive years does not obtain one-fourth of its stated complement be disapproved for intern training. It was pointed out to your Committee in the hearings that statistical data compiled for a period of two years indicated that enforcement of this rule would have displaced only a few interns."

HOSPITAL ACCREDITATION

The same reference committee considered six resolutions on hospital accreditation and presented the following statement which was adopted by the House:

"Your reference committee has reviewed all these resolutions which in principle are similar and apparently reflect a widespread dissatisfaction with the present functioning of the Joint Commission on the Accreditation of Hospitals, possibly from bilateral misunderstandings. Therefore, your reference committee recommends that the Speaker of the House of Delegates be requested to appoint a special committee to review the functions of the Joint Commission on the Accreditation of Hospitals to consist of seven members, none of whom shall be members of the Council on Medical Education and Hospitals or the Joint Commission on the Accreditation of Hospitals. This special committee should be instructed to make an independent study or survey and report its findings and recommendations to the House of Delegates at the next annual meeting. All physicians and hospitals are urged to pass on to this special committee any observations or suggestions concerning the functioning of the Joint Commission on the Accreditation of Hospitals."

POLIO VACCINE

The House passed three resolutions suggested by the Reference Committee on Hygiene, Public Health and Industrial Health in connection with discussion of the Salk polio vaccine and the introduction of new methods in the treatment or prevention of disease.

The first resolution reaffirmed "confidence in the established methods of announcing new and possibly beneficial methods in the treatment and prevention of disease" and also reaffirmed "the need for the presentation of reports on medical research before established scientific groups, allowing free discussion and criticism, and the publication of such reports, including methods employed and data acquired on which the results and conclusions are based, in recognized scientific publications."

The second resolution included the following policy statements:

"Resolved, That the American Medical Association go on record as disapproving the purchase and distribution of the Salk polio vaccine by any agency of the federal government except for those unable to procure it for themselves and that such necessary federal funds therefor be allocated to the various

proper state agencies for such purpose; and be it further

"Resolved, That the American Medical Association urge the Congress of the United States to allow the Salk polio vaccine to be produced, distributed and administered in accordance with past procedures on any new drug or vaccine."

The third resolution commended Dr. Salk as follows:

"Whereas, The physicians of this country recognize the great scientific achievement in isolating and perfecting a vaccine for the prevention of poliomyelitis by Dr. Jonas Salk; and

"Whereas, This vaccine is now being used to prevent poliomyelitis among many of our children; therefore be it

"Resolved, That the House of Delegates express its profound gratitude to Dr. Salk and its admiration for his monumental contribution to medical science."

MISCELLANEOUS ACTIONS

Among a large number of actions on a wide variety of subjects, the House of Delegates also:

Commended the "Medic" television program;

Reaffirmed its previous recommendation that the United States withdraw from the International Labor Organization;

Approved the Headquarters Survey Report, which included the statement that "the only public relations program of any permanent value is the private and public relations of the individual doctor";

Expressed regret that the Hoover Commission saw fit to alter or eliminate some of the recommendations of its Medical Task Force;

Reaffirmed its opposition to extension of the Doctor Draft Law;

Recommended the creation of an A.M.A. Committee on Geriatrics;

Warned against the danger embodied in state legislative proposals designed to restrict the entire field of visual care to the profession of optometry.

OPENING SESSION

Principal addresses at the Monday opening session of the House of Delegates were given by Dr. Walter B. Martin of Norfolk, Va., retiring A.M.A. president, and Dr. Elmer Hess of Erie, Pa., then president-elect. Dr. Martin declared that the basic philosophy of medicine has not changed and "our obligation is to bring the best that medicine can offer to the individual patient." Dr. Hess said that the nation's physicians must become leaders in a campaign to "overcome the ravages of mental illness" as well as in an "intensive campaign to eliminate the needless bloodshed" of traffic accidents.

INAUGURAL PROGRAM

"Medicine's Proclamation of Faith" was the theme of the Tuesday evening inaugural program, which was broadcast nationwide by the ABC Radio Network. Dr. Hess, in his inaugural address, said that "unless we are willing to give of ourselves and our faith, our science will avail us little." Dr. Norman Vincent Peale, eminent clergyman who was guest speaker on the inaugural program, pointed out that "the drawing together of medicine and religion is a step in helping man toward proper use of his God-given potentials and qualifications."

ELECTION OF OFFICERS

The following officers were elected at the closing session, in addition to Dr. Murray, the new president-elect:

Dr. Millard D. Hill, Raleigh, N. C., vice president; Dr. George F. Lull, Chicago, secretary; Dr. J. J. Moore, Chicago, treasurer; Dr. E. Vincent Askey, Los Angeles, speaker of the House of Delegates, and Dr. Louis M. Orr, Orlando, Fla., vice speaker.

Dr. Gunnar Gundersen, La Crosse, Wis., was named chairman of the Board of Trustees to succeed Dr. Murray. Dr. James R. Reuling, Bayside, N. Y., was elected to fill Dr. Murray's term on the Board. Reelected as trustees were Dr. L. W. Larson, Bismark, N. D., and Dr. T. P. Murdock, Meriden, Conn.

Dr. Louis A. Buie, Rochester, Minn., was named by Dr. Hess to succeed himself on the Judicial Council. Elected to the Council on Medical Education and Hospitals were Dr. Harlan English, Danville, Ill., and Dr. James M. Faulkner, Boston, the latter succeeding himself. Reelected to the Council on Medical Service was Dr. H. B. Mulholland, Charlottesville, Va. Elected to the same Council were Dr. A. C. Scott, Temple, Tex., and Dr. R. B. Chrisman Jr., replacing Dr. Orr.

Dr. B. E. Pickett Sr., Carrizo Springs, Tex., was reelected to the Council on Constitution and Bylaws, and Dr. Warren Furey was named to the same Council to replace Dr. James Stevenson, Tulsa, Okla.

ALONG THE BOARDWALK

At the close of the fourth convention day 11,403 physicians had registered . . . total registration at that time was 26,767.

Boston issued official invitation to all AMA members to attend 1955 Clinical meeting in that city November 29 through December 2.

Radio and television brought the Atlantic City convention to many medics who were unable to attend . . . it was really full coverage.

325 scientific exhibits presented recent advances in all phases of medicine.

350 technical exhibits were staffed by the men who bring the latest in drugs, equipment and services directly to the physician in his office.

56 physician pilots flew their own planes into Atlantic City for the meeting . . . looks like the new organization "Flying Physicians" has gotten off the ground.

Top newspapers and magazines sent 65 reporters and science writers to cover the convention.

Several hundred examples of various art media were exhibited by members of the American Physicians Art Association on Convention Hall mezzanine floor.

The Woman's Auxiliary to the American Medical Association presented a check for $80,000 to the American Medical Education Foundation.

The Auxiliary holding its 32nd annual meeting named Mrs. Robert Flanders, Manchester, New Hampshire, president-elect. Mrs. Mason G. Lawson, Little Rock, Arkansas, was installed as president.

The 11th annual meeting of the Conference of Presidents and Other Officers of State Medical Associations heard three headliners at their June 5 meeting. Ohio's Senator John W. Bricker; Herbert Philbrick, of "I Led Three Lives" fame; and Dr. James R. Fox, Minneapolis. Jim Waggener, ISMA's executive secretary, was chairman of arrangements for the meeting and was reelected secretary-treasurer of the association.

Rain and cold winds marred vacation plans of many physicians and their families . . . there was a little golfing and less swimming . . . but the hospitality rooms of various states and groups were jammed at all hours.

When final count was made . . . 11,546 physicians registered . . . total registration was 31,057.

SET DATES OF REGIONAL LEGISLATIVE CONFERENCES

Dates have been set for a series of six regional legislative conferences which the Board of Trustees authorized the A.M.A. Committee on Legislation to sponsor in the fall. Purpose of the meetings is to discuss in detail the many important medical bills pending in Congress.

The fall meetings will be held in six different cities with attendance being made up of representatives from surrounding states. The dates, meeting places, and chairmen for each follow:

September 24, San Francisco, Dr. J. Lafe Ludwig, chairman; October 8, Chicago, Dr. Harlan English, chairman; October 15, Omaha, Dr. Joseph D. McCarthy and Dr. McKinnie Phelps, co-chairmen; October 29, New York, Dr. David B. Allman, chairman; November 6, Atlanta, Dr. Reuben Chrisman and Dr. Clark Bailey, co-chairmen, and November 19, Dallas, Dr. John McDonald, chairman.

The Doctor and the Tax Collector

ALBERT STUMP
BYRON EMSWILLER

Indianapolis

TAXES IN LARGE QUANTITIES will have to be paid by us Americans for hundreds of years to come,—unless the present system of economics gives place to a new and different one even the outlines of which cannot now be conceived or anticipated. So everyone should regard the payment of taxes as an inevitable part of his conduct of life. The public debt on May 11, 1955, the date on which this article is being written, is $276,757,070,354.52. Yesterday it was $276,555,319,455.45. So today we are $201,750,899.07 deeper in debt than we were yesterday—which does not indicate that taxpaying is a temporary grievance that will soon come to an end, as a result of the next election. Thus tax law is a field in which we should "know our rights, and knowing dare maintain", although it would be poor advice to counsel the display of a pugnacious spirit when arguing with a federal internal revenue officer. The better plan is to have your tax data so convincing, clear, accurate, and completely factual that there will be nothing to argue about with him.

In practically all tax cases involving physicians, whether the case is pending before the Department of Internal Revenue or has reached the litigation stage, at some place in the proceedings either the income tax man or the district attorney will make the remark, "But this doctor is an educated man. He is not like the man on the street."

All of us familiar with physicians and the training they receive know that the amount of business training a physician obtains in premedic school, in the medical school, and in his post-graduate work is probably less than any man picked at random on the street. But the general public is not aware of this. The doctor can always point out to the income tax man, or to the district attorney, the inadequate education and training in business he received as a student of medicine, but the tax man or district attorney can always come back with the argument that elaborate records are not required under the federal net income tax law.

The Income Tax Act provides that adequate records shall be kept by the taxpayer reflecting his income and reflecting deductions taken on the return. There is no requirement that the doctor keep a double entry set of books, or any system of bookkeeping which requires the services of an auditor or an accountant.

REPORT CASH RECEIPTS

The physician should, by bank records or by a cash book, show all receipts of income received by him from services in his profession and from all other sources. He should be particularly careful to show that income received in cash payments for house and office calls is recorded as this is one of the first items the tax man checks in attempting to verify a physician's tax return. If the income is not reported it does not take the tax man long to ascertain this fact. He can very easily construct a fairly accurate record of the taxpayer's office expense, his living expenses and the amount of assets accumulated, and from this net worth basis, shortages in income reflected in the records and on the tax return will show up. Even death does not prevent the payment of income taxes, as the tax authorities check assets reflected on an inheritance or estate tax return with income returns of the decedent and discover shortages in income tax returns.

It behooves a physician not only to keep adequate records of all income received by him from all sources, but the income tax law requires that records must be kept which substantiate deductions taken on tax returns. Under the taxing act all income is subject to the tax, and then by special provisions certain exclusions and deduc-

tions are permitted. If the law does not specifically state that certain income is excluded or certain items deductible, then the income must be returned and no deduction taken.

CHECK THOSE DEDUCTIONS

The law provides that a taxpayer may deduct from his income, in arriving at tax liability, all ordinary and necessary business expenses in connection with receiving the income. Therefore, a physician may deduct from the income of his profession those expenses which are ordinary and necessary to his carrying on his profession and obtaining his fees.

In connection with deductions taken by a physician for an automobile used in his profession, he should keep records on repairs made, gasoline and oil purchased, and the amount he originally paid for the automobile. He is not entitled to deduct the cost of the automobile in the year when he purchases it but this item is considered a capital item and must be depreciated over the useful life of the automobile. Ordinarily this is four to five years. Of course if the physician has but one automobile he must allocate the expense of the car between his personal and his business use of the car in making his deduction. Only the business use can be deducted, and in this connection the expense of driving from the physician's home to his office and from the office to his home is considered personal use.

The physician, in keeping a record of certain office expenses, such as rent, supplies, towel service, if he pays by check should retain his canceled checks, otherwise he should retain the paid bills.

Any equipment purchased, the life of which will be more than one year, should be depreciated. But any item which has a life of less than one year can normally be deducted as an expense item.

If a physician attends a medical convention he should keep a record of the expenses of the trip, and at any time when he receives a statement for services received—such as a hotel bill or a transportation ticket, he should retain it to substantiate any deduction he takes for that expense.

If a doctor entertains other physicians who refer patients to him he should keep a record of these deductible expenses and if possible keep a record of the check or bill rendered, and note on the bill or statement the doctors he entertained.

KEEP CHECKS, PAID BILLS

Cancelled checks, paid bills or other evidence of disbursements made in connection with their practice, should be retained showing other expenditures of a deductible nature such as Accounting Fees, Attorney Fees, Collection Fees, Dues, Business Gifts, Business Interest and Business Taxes.

Most of the business expenses of a physician can be determined by an examination of the physician's cancelled checks or paid statements, and these records along with records of income and other disbursement items should be retained by the physician for at least five years. The Income Tax Division can collect additional tax for a period of three years from the time the return is due, and if there is a shortage in reporting income of more than 25 per cent the taxing authorities can go back five years. In event of fraud the Government can start its examination with the inception of the income tax law in 1913 and can assess fines, penalties and interest on any deficiency found.

But you may say that what you want is a simple fool-proof system that will free you from the deadening and infernal details of forever keeping records, and yet produce results that will be unassailable by a tax necessitous government. Well, there is no such system. The nearest approach that can be made to it is to base your tax returns upon unprovable estimates. But the trouble with that is that the government can out-estimate you. And the presumption will be that the government's estimates are correct. If you do not want to accept its figures you will have the burden of proving them to be erroneous. We cannot too strongly discourage reliance upon the making of tax returns based only upon estimates.



Dr. Babcock

Editor's Note: Dr. Kenneth B. Babcock, Director of the Joint Commission on Accreditation of Hospitals, presented a narrative description of what the Joint Commission represents and what it expects at the annual meeting of the Indiana Academy of General Practice. A tape recording of his remarks was made. The talk was not originally intended for publication. It is presented with only minor changes, to convey the informal interest of the original speech.

The Purpose and Philosophy of the Joint Commission on Accreditation of Hospitals in the United States

KENNETH B. BABCOCK, M.D.

Chicago

WIVES of the members of the Indiana Academy of General Practice, members of the Academy of General Practice of Indiana, and guests, it is a pleasure to be here. I received, unknown to you, great courage tonight from Doctor Scamahorn. At times I have felt my nose was very close to the grindstone due to my family responsibilities. When I saw he had two sons who "made it", I wanted to tell you that I have two sons in medicine in the University of Michigan, and a daughter—a sophomore nurse—also at the University of Michigan.

This work of speaking to doctors I feel is very important. But I must be very careful what I say. Almost every night I pray that I can answer as well as the minister in the small town parish. He was not paid very well by his parishioners. They did the best they could. The Ladies' Aid helped him with a suit of clothes, and a basket of this or that, and he received many gifts during the year. Each Sunday he thanked his church for them in the little church bulletin. However, the Men's Bible Class got a little bit sadistic. They figured they would finish all this for the minister so they gave him a quart of apricot brandy and then said to themselves, "Let's see how he acknowledges this in the Sunday bulletin." At church Sunday, this is what they read, "I want to thank the Men's Bible Class for their gift of fruit, and for the spirit in which it was given."

The history of medicine is very intriguing. Let's go back some 45 years, and this also gives heart. In 1910 Abraham Flexner made his famous report on the medical colleges of the United States. This report was not complimentary, and it took 43 years before the last Class B medical school became a Class A medical school. That gives me great encouragement because if you'll give me 43 years I'm sure we'll get all the hospitals straightened out and everything in order. It is not an easy job.

In 1919 Dr. Franklin Martin and Dr. John Bowman, later chancellor of the University of Pittsburgh, conceived the idea of minimal standards for hospitals. It was a wonderful piece of work, and very fortunate for them and for medicine, that they put the finger on Dr. Malcolm McEachern to do the work. He carried their program forward for about 35 years. Eventually, it proved too big a job for the College of Surgeons and it was slanted to sur-

gery only. The College of Surgeons, besides not being able to bear the financial burden, realized there was a great deal more to medicine than just surgery and that total quality care of the patient was important. This, then, was the conception for the Joint Commission on Accreditation of Hospitals and two years and three months ago, this prodigy, if you want to call it that, was born. It, of course, had the ground prepared for it by the American College of Surgeons, but in the two years of its existence a great deal has happened to the Joint Commission. It is something that was added to my predecessor's burden and to mine also. I would like to tell you about it to some extent.

First, as you realize, the commissioners of the Joint Commission are members of five of the great hospital and medical organizations. Of these commissioners, 16 of them are your own doctors. Four of them are lay hospital superintendents. So it is really a doctors' commission. They are not paid anything. They give that service as your officers give it. We do have about 20 doctors in the field surveying hospitals. Only physicians can truly evaluate clinical entities such as the practice of medicine. We have no lay workers in the field. To this ideal of trying to raise the quality of care in hospitals has been added, to our shirttails so to speak, an economic factor, and it has become so important that it actually has frightened me at times. I often hope that it can be done without any cry of discrimination and without any feeling on anyone's part that favoritism has been shown.

There are 84 Blue Cross Plans in the United States of which 43 have now added the dollar sign (without our say-so but maybe it is for the good of the Joint Commission) by saying, "We will not pay a full hospital bill unless this hospital is accredited." In the Chicago area it practically amounts to the full bill. The ordinary cost of hospital care in Chicago at the present time, I am told, is about $26.00 per day per patient. For a hospital that is not accredited, the Blue Cross pays only $6.50; the rest comes out of the patient's pocket. Therefore, it behooves a hospital where a Blue Cross Plan is widely used, to become accredited. That restriction tapers away differently on the other plans throughout the United States. For example, Philadelphia says that a hospital will be penalized 10 per cent of the bill if it is not an accredited hospital. Your own A.M.A. has said, "You are on probation if your hospital is not accredited as far as the matter of interns and residents is concerned." After reviewing our findings, if they feel that it is in the quality of the teaching, they will take away that internship and that residency.

The National League of Nurses has attached itself to our coattails and says, "You will only have accredited nursing schools in accredited hospitals." The National Foundation for Infantile Paralysis has said, "We will only pay hospitalization fees to accredited hospitals; we cannot throw our money down the drain." They have made exceptions in towns which have only one hospital but in a community where there is more than one hospital, and of sufficient size, they will pay only accredited hospitals.

The United Mine Workers, in the three states where they hold forth and where they pay hospitalization for their miners, have said the same thing, "We will only pay in accredited hospitals."

This has added the dollar sign to us. It has meant a terrific amount of power which frightens me, and I am glad we have the 20 commissioners, 16 of them physicians, who make sure that everything is done as it should be.

I want to speak to you about our purpose. The Joint Commission on Accreditation is an independent, voluntary, non-profit corporation organized to render a public service. Its main purpose is to improve the quality of care given to patients in hospitals, and the method of achieving this goal is to establish minimal standards of quality care and then invite all hospitals and physicians to meet and surpass these standards by improving their services and their facilities. There are a couple of key words in the previous sentence. It is voluntary. No hospital has to join. We cannot go in and visit any hospital unless we are invited. Our basic philosophy is that a better job can be done by the Commission pooling the interests of the five-member hospital and medical organizations in their common desire and goal to improve patient and hospital care than by each going it alone. Thus, notable improvement over the College of Surgeons' program already has been shown in the following manner: First, the Commission is concerned with all who are ill, not just surgical cases. Second, we have tried to conceive in the Joint Commission on Accreditation the factor that the human element is the important element. You and I know that good facilities are important. As a commanding officer

of a field hospital in Italy that was never out of tents and worked on the ground only, in the mud, I can tell you that they gave wonderful quality care. Good facilities are desirable, but the important thing is the integrity and the conscience of the men who are doing the work; that is what we are trying to stress.

Because this is largely a group of general practitioners, I am going directly onto some rather thin ice. Maybe this will stop some questions afterward.

"In a hospital, who may do surgery, in the opinion of the Joint Commission?" and this might just as well be "Who may do internal medicine?" or "Who may do specialized work?" I have to tell you there is no specific answer to that question as to who may do surgery, because it is up to you doctors in hospitals to answer it. Good surgery cannot be measured blindly by years of residency, by preceptorship or number of operations performed. Certain individuals, no matter how long or where they are training, will never become good surgeons. Formal resident training, College of Surgeons Fellowship, Board Certification, are all excellent criteria, and a physician desiring to do surgery should be encouraged to set them as his goals. Recognition of the worth of these criteria cannot be overemphasized. They should stand high in staff evaluations. The frank, brutal truth remains that they sometimes, though not often, are only pieces of paper, and that time can warp a man's judgment and poor health can slow the dexterity of a surgeon's hands until he becomes a dangerous man in an operating room. Merit alone is the only criterion for judging physicians' surgical abilities and this decision should be made by those capable of judging other qualified surgeons; by those willing to accept the responsibility of attesting to the public and community that in their judgment a particular man is capable of doing good surgery. In other words, I believe and so does the Joint Commission, that when a staff evaluates a man and says he may do surgery they have lived up to their responsibilities and put their stamp of approval on him. We cannot conceive of any other way than that the *man* will be judged and not the society to which he belongs. It is: What are this man's qualifications in the light of his own fellowmen and fellow surgeons or fellow physicians? We must live up to our responsibilities in that respect, and it is up to *you* to do it. If you get a spaghetti backbone and say, "This man is a good Joe and I don't want to hurt his feelings", then you have not lived up to your responsibilities. I have to put it just that bluntly to you. When you evaluate a man, you should say, "Would I allow this man to operate my wife, say for a gallbladder?" If the answer is, "No, he has not the right", and then you say "But he can operate somebody else's wife", that is wrong. I do not like the surgeons in a town who will vote for 10 men on a surgical staff and then when their own wives are to be operated upon take them to Mayo's or the Lahey Clinic.

You must live up to your responsibilities. I think that is medicine's greatest weakness—we have been so-called rugged individualists and have not yet learned to be team workers and stand up and be counted as a unit and as a team.

"Where does a general practitioner stand in a hospital as far as the Joint Commission is concerned?" General practitioners should be granted medical staff privileges commensurate with their individual training, experience and demonstrated ability. Here again I have to say that we do not care what organization you belong to: the idea is, is the man adequate, can he do the work? As a physician, general practitioner or specialist increases his knowledge, skill and experience he should be granted additional privileges and work on the recommendation of the credentials committee of his own hospital, of the medical staff of his hospital with their recommendations to the executive committee and ultimately to the Board of Trustees, whatever the protocol is. It is not sound to restrict major privileges to specialty society or Board members only, ignoring other physicians equally capable, by their experience. The responsibility for saying a man is competent to perform major medical duties is not one that can be taken lightly by a medical staff. When it *is* taken lightly trouble starts and hospital boards, feeling their medical staffs have not lived up to their responsibilities, over-compensate and make restrictive rulings such as, diplomates of the Boards can be the only ones on the active staff to have major privileges. In your own state here, in the northern part of the state, just six months ago that happened in one of your hospitals. There were lax medical practices there. I went in and it was one of the few hospitals I examined myself together with another one of the surveyors. We found lax prac-

tices and we non-accredited it. The good sisters felt so hurt over what we had done that they immediately over-compensated—after all, it was a private hospital and it was in their power. What was their ruling? That "nobody could be on the active staff except diplomates of the Boards". In surgery alone, that stopped 30 men from doing surgery, all good general practitioners. That's over-compensation. A great deal of this was the medical staff's fault, because they knew of these practices. In this instance they knew there was questionable surgery; a high amount of normal tissue being removed and, in two instances, a very grave implication of ghost surgery.

I'd like to explain to you that the Joint Commission on Accreditation is neither a glorified good-housekeeping seal nor a bogey-man policeman. It is a service organization to guide and assist and advise in order to raise standards. I wish you would think of us as an *assistant* rather than an *assailant*. The Joint Commission, only in a very few instances, has removed any hospital from the approved list and non-accredited it for any single factor. One of those instances is out-and-out fire hazards. We can't help, no matter how good a medical staff is, if a hospital has a bird-cage elevater and a stairway winding around it, and no horizontal egress from the hospital—you'll have the Crile Clinic fire all over again. We just cannot say we can approve you. Such instances are few and far between, but they do occur. We have non-accredited hospitals for inadequate nursing. I am ashamed to tell you publicly that there are hospitals in the United States that do not have a graduate nurse on duty on the afternoon or on the night shifts. They are leaving it up to a practical nurse or a nurse's aide to recognize a patient as an emergency, and then either call a graduate nurse who is on call some distance away, or a doctor. We cannot approve a hospital that does not have adequate nursing.

Ghost surgery has been written about very much in the papers. Truthfully, the Joint Commission has examined almost 3,200 hospitals in a little over two years and we have found only two instances of it; I think it is a rare bird. We do not accredit if there are non-medical men on the staff. That has hit the hospitals of Iowa and Missouri especially because a great many of them have osteopaths on their staffs. That question is an open one—it may be solved by the medical schools and the A.M.A.—but at the present time the doctors on the Joint Commission say that if an osteopath uses the hospital or its facilities that hospital will not be approved.

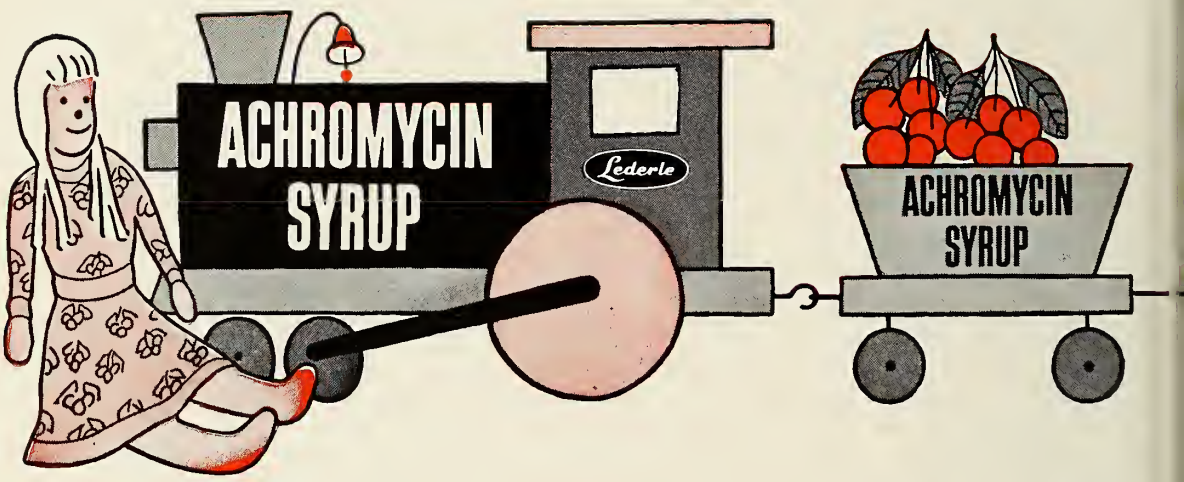
We try to make objective examinations of a hospital. In doing an objective examination of a hospital we use a so-called 1,000 point rating system, which we have established through the years. First, our inspector goes in and meets the superintendent of the hospital. If any superintendents are here, and I see two of them, I know how their egos are hurt. Out of the possible 1,000 points, administration counts, in our estimation, only 35. That should deflate any ego. We can judge a man by experience: Has he had formal training? Does the hospital look good on superficial examination? Then we look at the fire hazards, such as I spoke about. Are there extinguishers? Have they been refilled properly at least once a year as a minimum? Are there fire hoses? Does the hospital have an evacuation plan that the personnel knows about? Shortly, also under the point-rating system, we are going to ask, does the hospital have a mass casualty plan? We are all lethargic on civil defense and on mass casualties. Every hospital in towns where there have been tornadoes or mass casualties has been found unprepared. We think all hospitals should have a mass evacuation plan, and a plan to receive mass casualties, known to the personnel. Then we come to the dietary. Every hospital is striving for better meals. Many have the latest type hot-carts which carry warm food right to the patient's door. A great number of hospitals now have an electric toaster on each floor, so you can have hot toast, and a coffeemaker so you can have hot coffee. That is the greatest advance in hospital dietetics in 20 years.

What I have mentioned so far is less than a quarter of all the points which we grade. The other three-quarters of the grading is objective grading of the medical staff. One of our surveyors goes into a hospital and objectively grades that medical staff. You say how can it be done? You're upsetting public relations with his patients. You can't do it; you don't go into an operating room and criticize this surgeon's work; you don't make ward rounds with this medical man. How can you objectively grade a staff? It isn't hard. I say I can do it in most hospitals in two or three hours. We do it in this way. We go into the hospital, and after making a superficial inspection of the facilities we ask for the

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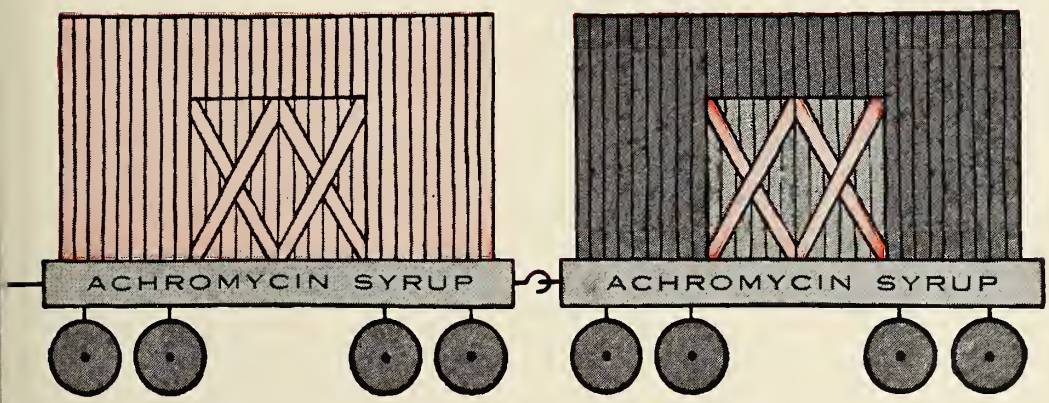
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presence of the hospital administrator, the pathologist, the chairman of the record committee, the chairman of the tissue committee, usually the Chief of Staff, and always, the medical librarian. We ask them to produce the following statistics, or the charts if they haven't the statistics, and most of them don't have. We want to know what the hospital death rate is; what the anesthetic and maternal and infant death rates are; the number of, or the percentage rate, of Cesarean sections; the number of sterilizations and infections and consultations in that hospital. Has your hospital those statistics available? Statistics mean nothing unless those statistics can be justified. That is what we are interested in.

Let me give you some examples. I'm not talking of any hospital here in Indianapolis or in Detroit, or Salt Lake City, or any particular place. I'm talking of hypothetical hospitals—let's call the first hospital, Hospital X. We ask for the anesthetic death rate. They did a thousand operations in that little hospital last year, and they had three anesthetic deaths. We know in the United States the average number of anesthetic deaths is about one to every 5,000 anesthetics given. We think we should examine those three anesthetic deaths. What do we see? The first death was a man 75 years of age who had a strangulated hernia. He had a blood pressure of 270 over 120, which is pretty high—arteriosclerotic. The doctor was in a hurry, and the anesthetist wasn't available, so the doctor gave a spinal anesthetic. The blood pressure dropped, and the man had a cerebral accident and died. That is not excusable.

The second case you and I read of in the newspapers in some town of the United States every year of our lives. A ten-year old child died during a tonsillectomy; you all read them, I have. Going into this Hospital X we read that this child had no laboratory work done on it. It was brought in and slapped on the table. There was no coagulation time, no bleeding time, no blood count. Whether they are really worthwhile or not is open to debate, but there wasn't even a competent lung and heart examination. This child was put on the table, as I said. The chart reads rather succinctly, "Suction apparatus not working." That's inexcusable on the anesthetist's part and on the hospital's part.

The third example that we read was a 50 year old woman, fat and fleshy, or as we used to be taught in medical school, fat, fair, forty and four children—a gallbladder case. The medical anesthetist was busy and the nurse anesthetist was assigned to somebody else, and the referring doctor said, "I'll pour the ether", and he poured it. The woman got cyanotic, with her full neck and her short, stubby build, and she didn't come out of that anesthetic. That hospital was negligent. Not one of those deaths was justifiable.

You often think doctors are individuals but you also must think of them and of your hospital collectively. Here is a given hospital with 100 surgeons, and each surgeon, we'll say, may do quite a few cases, appendectomies, 40 or 50 a year. Each surgeon makes a mis-diagnosis. You say, "Well, that isn't bad—I've done it myself—one case of unjustified appendix." Think what happens, however, when the newspaper gets hold of those statistics and says that Hospital X took out 100 unjustifiable appendices. In the aggregate it sounds terrible, and we see the aggregate statistics where you do not. We say that you have to look behind your statistics, and we can't allow even that one mistake if we are going to improve the quality of care.

We come next to maternal deaths. We know that here again, in the United States one-quarter of one per cent of maternal deaths is allowable. A maternal death we define as any woman who is pregnant who dies. With that one-quarter of one per cent as a background we go into Hospital Y and find two maternal deaths. You say, "Terrible." We read the charts and we say, "This is a grand hospital," because those two death reports read as follows: No. 1, a woman in an automobile accident, six months pregnant. She had broken ribs that punctured her lung, and she had a fractured pelvis. No matter what they did, she died. That's excusable. The next case was a far-advanced heart case and diabetic. She was brought into the hospital at six and one-half months and there was consultation. They looked after the electrolytic balance; they did everything they could, but even then she died. That's also perfectly excusable.

We go to a much larger hospital and there are 3 deaths out of 3,000 deliveries. You say, "Well, that isn't bad." We looked at the charts and we said it was really bad. All of those three deaths were due to one doctor. Every single chart of those three read the same. What did they say? "Woman eight months pregnant brought into

the hospital in violent convulsions." The history is that for two months prior to hospitalization she had been blacking out; she had to sit up in bed at night; her legs were swelling, she was short of breath. The doctor had said, "Don't drink so much water, don't eat so much meat." When that first case came in if that hospital staff had been on its toes they would have said, "Listen here, brother, don't ever do that again or don't come in here any more with your cases. This was pure negligence on your part that you didn't bring her in, bring down that blood pressure, get her over that cardiac failure, maybe do a Cesarean section a little bit early. Let's have consultation." But no, this one man had three deaths due to negligence and the hospital sat back and did nothing.

Thus, we are forced to make the statement that a hospital, its medical staff, its Board, and its administrator who allows things to go on like that, should be considered as a candidate for non-accreditation in the aggregate if those things pile up.

We come to the question of sterilizations. You may think that's a touchy subject. It isn't, and the Joint Commission is very broadminded, I would say. We say we want you, in a hospital, to live up to your responsibilities, and if you believe sterilizations may be done for socio-economic reasons you will so state in your rules and by-laws, that after four or five pregnancies a woman may be sterilized. We do not want this doctor to do it after one pregnancy, and this one after nine. We went into one hospital—it was a teaching hospital. The residents were approving the consultations among themselves, and the staff men were not supervising in any way. We found charts like this: "Woman 23, 3 children, does not desire any more, sterilize." We found a chart reading like this, and it was in general surgery: "Man, divorced from his wife, paying alimony for the wife and two children, is remarrying; does not feel that he can support children by his new wife, so desires sterilization." It had been approved, and was done.

A tragic case that has both pathos and humor in it, occurred in this same hospital. The report read: "Girl, 21 years of age, one child. Sterilized. Reason for sterilization,—and there was consultation,—moving to Wyoming." That's a real slam at the state of Wyoming and I never quite understood it. The staff didn't know what was going on. The boys wanted the practice. You had loose practices there.

I know the embarrassment of a certain hospital just two months ago when it was hailed into court, and the chief complaint on the chart read: "S.O.B." Now that is not a Trumanism, that means "Short of Breath." Another hospital that we went to had a chart which read: "Admitting Diagnosis, Piles; Operation, Piles; Discharge Diagnosis, Piles." There is humor to it, and yet on that chart was a laboratory report—it was a small hospital and they had sent the speciman away. The report came back, "Adeno-Carcinoma." There hadn't been a history, there hadn't been a physical worth a darn. We say to this X and this Y hospital, we can't approve where there is work of such caliber.

We have certain standards; you must live up to them or we say to you that you are not living up to these standards which your own people have set. We cannot accredit you.

Your tissue committees have to do more than just evaluate or just take statistics. They mean nothing, but when they begin to see the amount of normal tissue taken out, then they must recommend to the governing body or to the executive committee that control be instituted. You may not think it amounts to much, but when one of the medical directors of the United Mine Workers told me he figured last year my organization saved him a million and a half dollars, I didn't think he knew what he was talking about. He said, "I'll give you one hospital—In 1952 its doctors took out 200 uteri. We told them when the Joint Commission came along that they had to be accredited. They found out what the rules on accreditation were—'that you couldn't take out normal tissue and get away with it.'"

You must look behind the statistics. There are many, many correct instances of taking out normal tissue; but in 1954 this same hospital that was up in the hundreds on hysterectomies, did only 32. Now with all the hospitals involved or that take from the United Mine Workers Hospitalization Fund you may see that maybe his figure of a million and a half in savings was fair.

We say that medical staffs must be their own guides, or we ask when we go into a hospital, "Are you studying what is right?" We don't say this percentage is perfect. It isn't, because a 9

per cent Cesarean section in Hospital X is justified and a 2 per cent record in another hospital is not. It all depends on the cases. All we ask is that you justify sending a case into a hospital as we read the charts and justify the treatment while the patient was in the hospital and the things that were done. Such is the important part.

This can be done easily with the four R's. Those four R's as I see them are: First, that you will live up to your *responsibilities* collectively and with your fellow man. Second, When you live up to your responsibilities, you must have *rules*. No democracy can get along without rules so that you may know what your responsibilities are. Your hospitals have to have rules on sterilization and who may do surgery and who may not, and who may do major obstetrics and who may not. Thirdly, to make sure that the rules are carried out you must have adequate histories and physicals. I know there is a lot of work to *records*, but almost every court decision which goes against a hospital is the result of the doctor's failure to put down all facts in the record—the record is too skimpy to cover the situation. Records are a sign of an orderly mind and they mean much in the teaching of a young man. Lastly, there is *review*. What is a C.P.C., or a clinical pathological conference? It's a review. What is a staff meeting? If it's a good one, it should be a review of the work that has been done in that hospital. What is a journal club? It's a review. Why are you in this meeting for these two days, if not to review the work that has been done by someone so that you may learn. So, you have your four R's. They'll take time but don't cost any money other than the time. You must carry them out. They are basic.

This is a mixed audience. I really do not know how to close but I had thought that perhaps this would give you my feeling on the matter. I look back to the time when I was a pre-medical student. Like all good pre-medical courses, as you know, there were certain mandatory subjects and there were elective courses. These elective courses for pre-medical students are all breathers. You all look for a pipe course, so I looked for one, and while the university—I will give it credit—had some courses I could have taken (there was the one in Ancient Wind Instruments and the Appreciation of Music)—for some reason I took Shakespeare. I never worked so hard in my life. I made a big mistake, but I had a professor who taught me Shakespeare, and I learned to love it. One of the books we studied was Antony and Cleopatra. I think the last page of that classic is comparable to what is going on at the present time. Medicine has done more in the last 50 years than it had accomplished in the 500 years before, and now, with the insurgence of chemistry and all the other factors that are coming into medicine, and with all the antibiotics, the profession has gone further ahead in the last 10 years, yes, in the last 5 years, than it had in the previous 50 years.

We're standing on the threshold of the most wonderful era of medicine that ever could be. We must live up to it. Again I have to hurl this word "responsibilities" at you. I think of that tragic picture that Shakespeare portrays of Antony as he stood on the banks of the Nile. He had lost his lady love. His Roman Legions were scattered to the four winds. There was a new Council in Rome. He had squandered and dawdled away everything, and Shakespeare said in these two beautiful lines,

> "Twas not for loss of love he wept,
> But for a tryst with greatness never kept."

Oh, I think you and I as doctors have a tryst that we must keep, and that we must live up to it, and that if we do there will be no regrets.

Thank you very much.

The reason so many of us do not recognize opportunity is that it usually goes around looking like work.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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POISONS AND CHILDREN

DURING RECENT YEARS the accidental poisoning of children has become recognized as a major health problem. Several hundred tots under the age of five lose their lives each year from this cause. It is estimated that for every death there are about 100 poisonings in children severe enough to require hospital treatment. The morbidity and crippling which occurs in the non-fatal cases is considerable.

While the seriousness of the situation has been apparent for many years, the discovery in 1950 that the children of the United States suffered over four times the fatality rate of the children of England highlighted the problem and initiated a program for its correction.

The American Academy of Pediatrics with the cooperation of the A.M.A. and various departments of public health has instituted research projects, both technical and epidemiological, together with the organization of information centers for physicians and educational programs for the public.

The Indianapolis Medical Society through its Poison Control Committee has established a Poison Control Center in each of the five major Indianapolis hospitals which treat pediatric emergencies. This is one of eleven such urban centers in the United States.

Each city with such a center or centers operates them in one of several ways. Medical schools, public health departments and medical societies are variously in charge. However, all the centers are located in hospitals and are maintained on a 24-hour basis for the dispensing of technical information for the resident staff and also for outside doctors.

The advent on the market of thousands of new and powerful pesticides has added to the difficul-

ties of diagnosis and treatment of poisoning. It is in this field that the Poison Control Centers are especially valuable, since they collect and have available information as to the ingredients, toxic effects and antidotes for the thousands of poisons with mysterious trade names.

The newer substances, however, do not cause very much of the trouble. The old standbys,—drugs such as aspirin, other salicylates and barbiturates, and kerosene, account for over half of the deaths. Lead, lye and arsenic are responsible for an additional 25 percent.

It is evident that public education is necessary since awareness of the danger and the prevention of poisoning are the only true control measures. All types of public information channels are being utilized to acquaint parents with the dangers involved and to teach them what to do immediately in case poisoning does occur.

The death rate from poisoning in children varies considerably among the states. According to the latest available data, Indiana enjoys a rate which is a little below the national rate, and is better than 27 of the other states.

The Indiana State Board of Health has been actively interested and offers technical advice and assistance to any hospital or group of physicians who wish to establish a poison control center. Actually each hospital in the state and at least each county should have the latest information available in a place accessible to doctors in case of emergency. There are several excellent reference guides which are not bulky and which are revised periodically for this purpose.

NATIONAL BLOOD BANK CLEARING HOUSE PROGRAMS

FREQUENTLY A PATIENT who has required blood transfusion therapy is unable to replace the blood used because he is far away from his home, family and friends. He must either pay for the blood or replace it by actual blood shipment across the country. Either is expensive. Blood shipment may be difficult to accomplish because of administrative reluctance to accept blood drawn under circumstances unknown to them. The reluctance of his hospital to cooperate with him in this situation is understandable, as well as his own reluctance to pay in cash for this relatively expensive therapeutic agent, if it can be avoided. He may look to his doctor to speak out for him only to find that usually the doctor is silent.

Here, then, is the situation in which patient, hospital, and often the doctor, become involved in a dispute leading to hard feelings, uncomplimentary accusations and poor public relations.

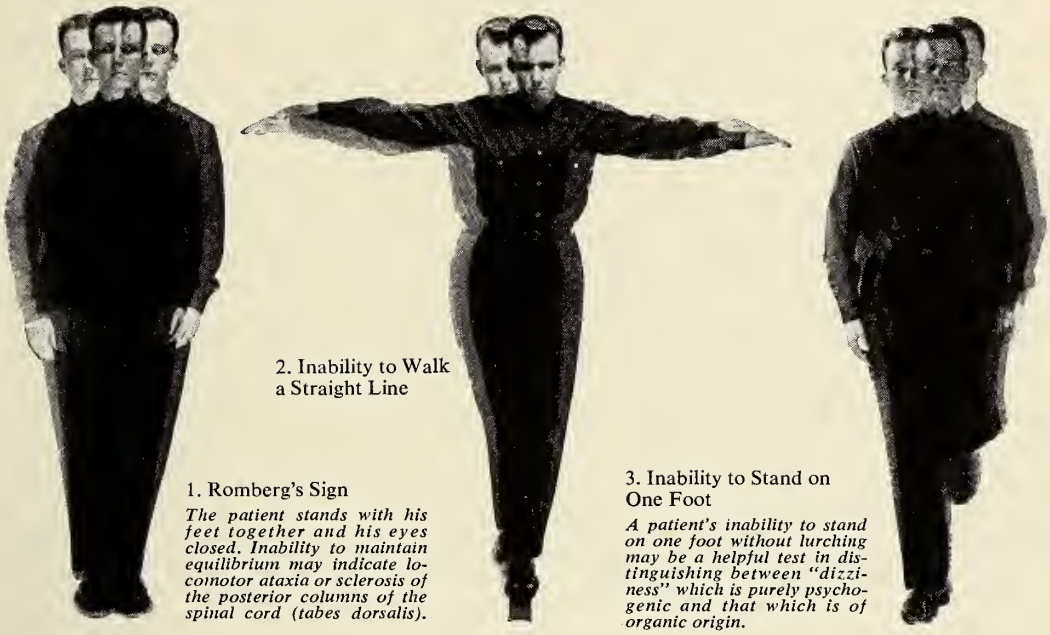
As more transfusions are being given, such problems are increasing. This increased demand for the transportation of blood from one area to another inevitably is associated with a demand for blood shipment in the opposite direction. Fortunately this suggested a solution, based on the principles of the financial clearing house: the exchange of paper credits between the involved areas instead of the actual shipment of blood itself. Successfully demonstrated in widely separated areas of this country, the exchange system is now known as a blood bank clearing house. The state of California pioneered in this field and their office in San Francisco handles the details of credit exchange between blood banks throughout the state.

The rapid growth of blood banks throughout the country and the success of the original clearing house led to the sponsorship of the National Clearing House Program by the American Association of Blood Banks. The country has been divided into five districts which cover the entire United States, the California Blood Bank System serving the Pacific District; the Texas Association of Blood Banks Clearing House serving the South Central District; the Florida Blood Banks Clearing House serving the South East District; the Blood Bank Association of New York State Clearing House serving the North East District, and the North Central District Blood Bank Clearing House serving the North Central District.

Indiana blood banks have now been offered the advantages of membership in the clearing house system. The North Centrol District Blood Bank Clearing House has its office at 185 North Wabash Avenue, Chicago, Illinois. This clearing house includes the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri,

Notes on the Diagnosis and Management of "Dizziness"

II. False Dizziness



1. Romberg's Sign

The patient stands with his feet together and his eyes closed. Inability to maintain equilibrium may indicate locomotor ataxia or sclerosis of the posterior columns of the spinal cord (tabes dorsalis).

2. Inability to Walk a Straight Line

3. Inability to Stand on One Foot

A patient's inability to stand on one foot without lurching may be a helpful test in distinguishing between "dizziness" which is purely psychogenic and that which is of organic origin.

False dizziness is a sensation of sinking or lightheadedness which is often of psychogenic origin. It should be distinguished from true "dizziness" or vertigo[1] in which there is a definite whirling, moving sensation.

Unsteadiness, lightheadedness and similar manifestations of false dizziness[2] may be psychogenic or the result of arteriosclerosis, hypoglycemia, drug sensitivity and general metabolic disturbances such as anemia and malnutrition. Hypertension is often the cause of these symptoms.

Psychogenic dizziness probably originates at the highest brain centers. It may be described as a sense of uncertainty with occasional mild lurching but not to the point of falling. In these patients there is no nausea, no disturbance of vestibular pathways and otologic and neurologic examinations are negative. The sensation is unaffected by head movement. Symptoms usually disappear[3] with complete rest.

Dramamine® has been found highly effective in many of the conditions already mentioned. Maintenance therapy with Dramamine will often keep the patient from becoming incapacitated by his condition.

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Dramamine (brand of dimenhydrinate) is supplied in tablets (50 mg.) and liquid (12.5 mg. in each 4 cc.). G. D. Searle & Co., Research in the Service of Medicine.

1. Swartout, R., III, and Gunther, K.: "Dizziness:" Vertigo and Syncope, GP *8*:35 (Nov.) 1953.

2. DeWeese, D. D.: Symposium: Medical Management of Dizziness. The Importance of Accurate Diagnosis, Tr. Am. Acad. Ophth. *58*:694 (Sept.-Oct.) 1954.

3. Kunkle, E. C.: Central Causes of Vertigo, J. South Carolina M. A. *50*:161 (June) 1954.

SEARLE

Nebraska, North Dakota, South Dakota and Wisconsin. It is a non-profit self-supporting corporation with a board of directors composed of two members from each of these eleven states a member to be appointed from the American Hospital Association, and the Area Medical Director of the Midwestern Region of the American Red Cross Blood Program. This clearing house has been sponsored by the Illinois State Medical Society through a loan of $6,000, made without interest. A fee of fifty cents for each transaction through the clearing house will be the source of support of the organization. It is hoped that, as the volume handled by the central office increases, this fee will be reduced.

The North Central District Blood Bank Clearing House has been patterned after the California Blood Bank System Clearing House. The executive secretary has personally studied the California system of forms, filing, bookkeeping and routine, so that it is hoped the organization will be operated from the first with a minimum of difficulties.

It is to be anticipated that some hospital administrators may be reluctant to obtain membership in the new clearing house. They may be, in some instances, unfamiliar with its purposes and prefer to adopt a "wait and see" attitude. However, physicians of Indiana will be serving the best interests of medicine by encouraging the blood banks in their area to participate in this new endeavor, for the system will function at greatest efficiency when it has a large membership of blood banks. There are to be no membership fees or dues. The transaction fee of fifty cents seems a small price to pay for the beneficial public relations which are certain to result from the demonstration on the part of those interested in blood banking that they are genuinely sincere in their endeavor to serve the best interests of the patient. Notification of the public at the local level through the press and radio of the cooperation of the local blood bank in this effort, should be encouraged by the local medical society, since it represents a broadening of medical service in the area. Thus it would reflect favorably upon the hospitals and medical profession as well as upon the blood bank involved.

Another possible service from the clearing house is the keeping of an inventory of the available supply of blood in its member blood banks. Through this service, in the event of a shortage in a bank, or an unusual demand for a certain type of blood, the clearing house is in a position to quickly make available the sources able to supply the bank in distress.

It seems certain that the National Clearing House Program in blood banking will gain momentum and be widely used. The physicians of Indiana should be familiar with the purpose of the system and should lead in sponsoring its adoption in our state. They should encourage their local blood bank, regardless of its size, to apply for membership through the Chicago office of the North Central District Blood Bank Clearing House.

THE 1955-56 MEDICAL YEARBOOK

THIS EDITION OF THE Medical Yearbook eclipses all previous issues of THE JOURNAL in size, in amount of advertising carried and it is hoped in accuracy and interest.

Effort has continued since early spring to present a completely revised edition of the membership roster. Directory information cards were mailed to all members. Many have been returned and checked; some are not yet in. The membership file of ISMA headquarters was checked against new cards returned for possible errors in name. A cross check between the alphabetical and the county lists has been made. Address changes were made as late as June 15 and names of deceased members removed up to that date if notice had been received in either the headquarters or JOURNAL offices. Literally hundreds of changes have been made.

Other information is as current as was possible to obtain. Data concerning state departments and boards was revised June 20.

Advertisers, who furnish the "life blood" for any publication, have helped make this MEDICAL YEARBOOK outstanding. We hope it will serve as a valuable reference volume during the coming year.

THE CONSTITUTION SPEAKS

I am the Constitution of the United States. I was conceived by faith, written in hope and clothed with dignity.

The sons of many men have found in me the charter of their freedom, the manual of their progress and the ritual of their morality.

As the generations develop, so shall I also grow in stature, increase in light, expand in influence and mount in respect.

Through the ages to come, God willing and men concurring, I shall be the master of the tyrant, the protector of the weak, the testament of justice, the ethics of accomplishment and the cement of society.

—Milford E. Shields

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The President's Page

THE 104th SESSION of the AMA House of Delegates at Atlantic City is now history.

After long deliberation the House adopted a minority report on the osteopathic question and settled, at least for the time being, an issue that has been simmering for the last several years. While much evidence was presented, both pro and con, the situation will still remain a clouded picture in many areas. Just prior to discussion of the osteopathic question the delegates voted to support a stand that it is unethical for MDs to teach in schools of optometry.

This precedent and the presence of language in osteopathic schools' catalogues which stated that the osteopaths still held to their original concept of disease seemed to carry much weight.

The AMA's investigating committee reported that in its opinion skeletal adjustments played a minor role in the osteopath's therapeutic armamentarium. It was felt that the onus of cultism would have to be removed before it would be ethical for MDs to act as instructors in schools of osteopathy. I understand, however, that teaching has been done surreptitiously by some MDs. The action of the House still leaves a state of confusion among physicians who consult with and do surgery for osteopaths. In some areas, short on MDs, the osteopath has moved in and is rendering medical service to a good segment of the population. Unlimited licensure held by some osteopaths in Indiana further complicates the picture and a practical or realistic approach to the problem will have to be made in the interest of medical care for our citizens. This may not apply everywhere inasmuch as osteopaths do not enjoy the privilege of unlimited licenses in every state.

The majority report of the committee wanted the states and component county societies to work out a practical approach to the problem with the question of ethics being removed to permit MDs to teach in schools of osteopathy. The action of the House of Delegates still leaves a question of ethics as a stumbling block in achieving a solution on the national level.

Our own State Association may be in a peculiar position resulting from variations of opinion of county societies in regard to this interpretation of ethics by the House of Delegates of the AMA. I personally agree that the expressed desire of the Deans of the osteopathic schools to permit MDs to teach in their schools would start the evolution to raise educational standards. This request should come from the schools and from the osteopathic profession as a whole after deletion from their school catalogues of the verbiage which seems to rankle in the minds of many physicians.

While we must abide by the democratic way of arriving at a conclusion, the actual vote leads one to believe that the issue is not actually a *fait accompli* and will continue to bob up until the osteopaths can show a more definite reversal of their stand regarding the tenets of their basic concepts of therapy.

The public, unaware of the principles involved, will seek care from those osteopaths willing to set up practice in areas where there is a shortage or absence of medical doctors.
I hope we can continue to work, in our state, without emotion to find a practical solution and further the objects of our association to promote the science and art of medicine and the betterment of public health.

A change in the code of ethics of the AMA to permit dispensing of drugs and appliances by physicians to their patients without exploitation seems to be a step in the right direction. The number of resolutions on this subject directed to the House was evidence of the widespread concern over this principle.

Meetings of a national group have a leavening effect upon all of us and with the spirit of give and take in the discussions we cannot help but continue the democratic processes.

As county units we must see that every physician participates in the deliberations on issues pertinent to our organization because "George cannot do it alone". To splinter in matters of policy leads to a "divide and conquer" technique.

W. L. Bortens M.D.

The Woman's Auxiliary

REPORTS TO I. S. M. A.

WE BELIEVE that every Doctor's wife is a member of the Public Relations Committee of the Woman's Auxiliary to the I.S.M.A. Consciously or not she helps set, in her community, the pattern of acceptance of trust and faith in her own particular Doctor husband. Each wife does her job a little better, a little more proudly, when she counts herself as one of our 2,517 Auxiliary members. We feel that every wife should become a member and thus enjoy the friendship of all the others. We are eager to welcome each one feeling that knowledge and better understanding will be the reward for the individual, and increased prestige and influence for the organization. Doctors, when your eyes glance over this page, remember to pass it on to your wives, whom we greet, some as old friends and some whom we should like to call new friends.

Our organization works under shared responsibility. The state is divided into four sections each having a vice-president to guide it. As with the I.S.M.A., these vice-presidential sections are divided into Districts—13—each having a councilor. In each district the counties organize under a president who distributes the work to specific committees. If, however, there is no county organization near, we welcome any wife to become one of us and join the members at large. It is a smoothly running organization. Grace Harvey's report of her year's work showed many things accomplished, from greatly increasing the number of nurse-recruits to putting reliable health information in the hands of the public by increasing the circulation of your publication, "Today's Health". In later pages we will discuss our projects and the women in charge of each. Below is the slate of State Officers, and their addresses. If any Doctor's wife wishes to write us we will be glad to answer.

President— Mrs. J. Winford Mather, 2367 Vigo St., East Gary, Indiana
President-Elect— Mrs. William Tindall, 616 S. Harrison St., Shelbyville, Indiana
1st Vice-President —Mrs. Paul W. Sparks, 601 W. Will St., Winchester, Indiana
2nd Vice-President —Mrs. Roy V. Myers, 4450 E. Kessler Blvd., Indianapolis, Indiana
3rd Vice-President —Mrs. Alvin Schaaf, Jamestown, Indiana
4th Vice-President —Mrs. A. B. Scales, Huntingburg, Indiana

Councilors:

1st District—Mrs. A. W. Ratcliff, 501 S. E. First Street, Evansville, Indiana
2nd District—Mrs. Sam Rotman, Jasonville, Ind.
3rd District—Mrs. Fielding Williams, Huntingburg, Indiana.
4th District—Mrs. Joseph E. Dudding, Hope, Indiana
5th District—Mrs. M. C. Topping, 152 Monterey Avenue, Terre Haute, Indiana
6th District—Mrs. Frank Green, 516 Morgan Street, Rushville, Indiana
7th District—Mrs. Arthur Records, Franklin, Indiana
8th District—Mrs. L. B. Chambers, 800 Columbus Street, Union City, Indiana
9th District—Mrs. William N. Sholty, R. R. 8, Lafayette, Indiana
10th District—Mrs. Ray Elledge, 6415 Forest, Hammond, Indiana
11th District—Mrs. Earl W. Bailey, 2522 North Street, Logansport, Indiana
12th District—Mrs. H. O. Williams, Kendallville, Indiana
13th District—Mrs. Daniel D. Stiver, 1329 Belmont, South Bend, Indiana

It is our plan to have a Workshop for all county and district officers in each vice-presidential section. The first, held at Brown County State Park, under the jurisdiction of Mrs. Roy Myers, May 26, was well attended. Other workshops will be held soon.

Helen W. Mather
(Mrs. J. Winford Mather)



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Dr. Amelia T. Wood Resigns Post at Ball State Teachers College

LALL G. MONTGOMERY, M.D.
Muncie

ON JUNE 30, 1955, DOCTOR AMELIA T. WOOD retired from the directorship of Ball State Teachers College Health Service after 25 years of tenure. Those who have known her and have followed her distinguished administration will see her leave this important post with sincere regret and a feeling of real loss to the medical and college community of Muncie.



Doctor Wood is a native of Nebraska. Born in David City she moved to University Place in Lincoln where she lived until she entered college and graduated in 1913 with an A.B. from the University of Nebraska and a B.S. from Nebraska Wesleyan University. She taught school for three years and then took her medical training at the University of Michigan where she received her M. D. degree in 1918 followed by an internship at the Philadelphia General Hospital. Here she saw the influenza sweep Philadelphia, and all other hospitals in Philadelphia were closed because of the epidemic.

After her internship she joined the staff of the Battle Creek Sanatorium in the department of internal medicine where she also served as an instructor in Battle Creek College and as college physician in Albion College. In 1930 she was appointed director of the Health Service of Ball State Teachers College in Muncie, under the presidency of Lemuel A. Pittenger, where she has remained ever since.

A year after joining Ball State faculty Doctor Wood was the first woman to receive an M.S. (Med.) degree in Internal Medicine from the University of Pennsylvania Graduate School of Medicine.

During the years of her directorship Doctor Wood has seen great changes, not only in the practice of medicine, but in the social and scholastic life of Ball State Teachers College. She has seen Muncie grow from a town of 46,000 to a city of 63,000, and the enrollment in the college from 1,100 to over 3,500. The dark days of the depression have come and gone, and the darker and more tempestuous days of two wars have come and gone, and through it all Doctor Wood has maintained increasingly high and increasingly timely standards of medicine which have set precedents and shown leadership in several fields of her specialty. Through her guidance thousands of the teachers of Indiana and elsewhere have been influenced in their understanding of health standards at the same time that their everyday health needs have been attended, not only by Doctor Wood, but by a long line of 13 young physicians who have worked under Doctor Wood at one time or other during the past 25 years. These associates have been, and most of them still are, practitioners in Muncie, and the result has been, not only more effective service to the college, but these physicians have carried into the community a better understanding and appreciation of the college as a part of the city and state.

During the war Doctor Wood was physician in charge of the 3531st Service Unit of A.S.T.P. as well as holding the same responsibility for the C.A.A.-W.T.S., Naval Aviation Training School, and the W. T. S. School which was stationed on the campus.

Doctor Wood is rightly proud of many of the innovations which have been developed during her tenure of office. In 1933 a tuberculin test was required of all students and Ball State Teachers College was the first college in the State, and one of the first in the country, to require chest radiograms of all positive tuberculin reactors.

A food handlers health program has been part of the responsibility of the Health Service, and an annual physical examination is required. The

Indiana State Board of Health cooperates with the college in a program of lectures for all food handlers, and it is significant to note that there has been no epidemic of food poisoning on the campus in 25 years.

HIGH STANDARDS SET

Routine health examinations on admission to college lead to a continuing program of the care of health problems, and because Ball Memorial Hospital is on the same campus with the college an arrangement has been developed by which the college students may have the advantages of hospital care when the temporary facilities of dormitory care are not sufficient. This has made it possible for college students, who largely go out as teachers, to see modern hospital medicine of a high order in action during their most formative years. This is an example of the way that Doctor Wood's administration of her department has been productive of high standards of health practices on the campus, and through these practices the influence of these standards on the students has been carried far and wide.

Another part of the program which has been developed by Doctor Wood and the college administration, has been the requirement of high health standards as a necessary pre-requisite to graduation of teachers. This reflects the confirmed belief that a teacher must set high standards of health as an example to her students. This has been part of a continuing process of education and guidance for the student which starts with the admission examination and is pointed up at the second year by a health evaluation on the basis of which remedial measures are taken to correct any health defects before the time of graduation approaches.

Doctor Wood is a Fellow of the American Medical Association, a member of the Indiana State Medical Association, the Delaware-Blackford County Medical Society and the American College Health Association. She is also a member of the Alpha Chapter of Alpha Epsilon Iota medical fraternity of the University of Michigan.

With such a distinguished career, and so many potent accomplishments to her credit, it is small wonder that the medical profession and the college administration look on Doctor Wood's retirement as a serious loss to medicine and education. It will be difficult to fill a place that has so long and so well been filled by this physician, citizen, and mentor.



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Civilian Medical Care For Army Personnel

The following is an outline of the current policy on authorization and payment for civilian medical care rendered Army personnel while on approved leave or duty status in vicinities where Federal hospital facilities are not available.

ONE OF THE MOST IMPORTANT and necessary services furnished the American soldier is adequate and timely medical care and treatment, including hospitalization. This service is provided for Army personnel in the United States generally by dispensaries, infirmaries and hospitals located at the many military installations throughout the country. There are many locations, however, where Army or other United States federal medical treatment facilities are not available when medical service is required by Army personnel. In cases of this nature, the services of civilian physicians, clinics, and hospitals are necessary and have rendered invaluable service. With the deployment of Army personnel to practically all points in the United States either on a duty, travel, or leave status, the continued cooperation of civilian physicians and agencies is of utmost importance in providing adequate medical service to the US soldier in time of need.

Certain criteria and procedures have been established in connection with the furnishing of medical service to Army personnel by civilians in accord with the current laws and regulations. These criteria define the conditions under which individuals of the Army may be authorized civilian medical care at the expense of the Army. The

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procedures include methods for reporting and receiving payment for treatment or hospitalization of Army personnel by civilian medical agencies.

Civilian medical care (*other than elective*) at the expense of the Army is authorized for commissioned officers, warrant officers, enlisted personnel, cadets of the United States Military Academy, and prisoners when these personnel are on a duty status or when they are absent from their place of duty, or other authorized non-duty status. *Payment for civilian medical expenses incurred by Army personnel who are absent without leave is not authorized.* Any obligations resulting from civilian medical care to Army personnel who are absent without leave are the responsibility of the Army individual concerned.

EMERGENCIES RECOGNIZED

Army personnel are authorized civilian medical care only when there are no military or other federal medical treatment facilities available, except that first aid or emergency treatment is authorized at any time, notwithstanding the proximity of military or other federal medical treat-

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ment facilities. In this connection, emergency medical care may be defined as that required to save life, limb, or prevent great suffering. Surgical operations should not be performed without prior approval of the surgeon of the nearest military installation or the appropriate military authority listed below, unless indicated as an emergency procedure. Elective medical treatment in civilian medical treatment facilities or by civilian physicians will not be authorized as Army funds cannot be used for payment of these services.

Medical care of dependents of military personnel from civilian sources, at Army expense, is not authorized. Dependents of military personnel may obtain available medical care at Department of Defense medical facilities only. Any obligations resulting from civilian medical care to dependents of military personnel are the responsibility of the dependents concerned or their sponsors.

As a general rule, military authorities will furnish the civilian medical agency with prior written approval for ordinary medical care to Army personnel under their jurisdiction. In such cases, prior arrangements with the civilian medical agency will be made by the individual or by a proper military authority. For emergency cases treated without prior written authorization, the commanding officer of the patient's organization and the surgeon of the Army area in which the treatment is rendered, as listed below, should be immediately notified by the civilian medical agency giving the individual's name, organization, military address, nature of illness or injury and statement of the practicability of transfer of the patient to an Army or other governmental hospital. The civilian agency or physician then will be advised with-

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Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.:
J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.:
Brit. M. J. 2:755, 1953.

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Brown, H. W.:
J. Pediat. 45:419, 1954.

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out delay by the appropriate military authorities as to procedures to be followed.

HOW TO PRESENT BILLS

Bills for medical care and treatment of Army personnel who have presented authorization or have received emergency treatment should be submitted to the commanding officer of the organization to which the patient belongs, or to the military authority who provided the authorization for the medical service.

If these addresses cannot be determined the bill should be sent, for services rendered in Indiana, to:

The Surgeon
Fifth Army
1660 East Hyde Park Blvd.
Chicago 15, Illinois

The bill should show the full name, rank and service number of the patient and his organization. The place and inclusive dates of treatment, diagnosis, and itemized charges must be entered on the statement. The lack of this information seriously impairs prompt payment by the Army. The duty status of the patient at the time of illness or injury, such as duty, leave, or pass should be included, if known. Payment will be further expedited if the following certificate is typed on the bill and signed:

"I certify that the above charges are correct and just; that payment therefor has not been received; that the services were necessary in the care and treatment of the person named above; that the services were rendered as stated; and that the charges do not exceed those customarily charged in this vicinity."

_____ _____

(Signature of Payee) (Business Title or Capacity)

Answers to specific questions or further information concerning this matter may be requested of the military surgeon at the above address or from The Surgeon General, Department of the Army, Washington 25, D. C. Any difficulties that are experienced should be called to the attention of these Army authorities in order that this program may function smoothly toward best interests of the patient as well as the claimant.

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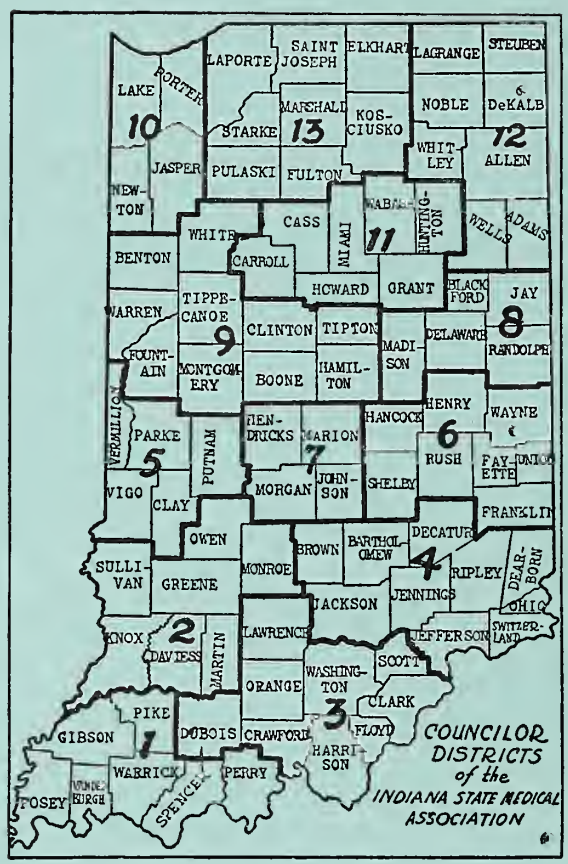
Indiana State Medical Association

Woman's Auxiliary

July 1955

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Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of members of the Indiana State Medical Association as of December 31, 1954, plus those who have become members between December 31, 1954 and June 1, 1955.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 1017 Hume Mansur Building, Indianapolis 4, Indiana. The cooperation of members is urgently requested.

ALPHABETICAL LIST OF MEMBERS

Name	City	County
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Abramson, Allan L.	Gary	Lake
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Acker, Robert B.	South Bend	St. Joseph
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Ade, Mary Keller	Lafayette	Tippecanoe
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Adkins, Onan C.	Indianapolis	Marion
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Adler, Edmund R.	Dyer	Lake
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Aiken, Milo M.	Plainfield	Hendricks
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
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Alexander, Ezra D.	Indianapolis	Marion
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Alford, James A.	Hamilton	Steuben
Allegretti, Michael L.	Hammond	Lake
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Allen, Hubert E.	Richmond	Wayne-Union
Allen, L. Howard	Bedford	Lawrence
Allen, Orris T. (S)	Terre Haute	Vigo
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
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Altier, William H.	Fowler	Benton
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Ambrose, Jesse C.	Noblesville	Hamilton
Ambrose, Kenneth E.	Rockport	Spencer
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Amini, Sohrab	Huntingburg	Dubois
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Armington, John C. (S)	Anderson	Madison
Armington, Robert L.	Anderson	Madison
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Asher, Ernest O.	New Augusta	Marion
Asher, James W.	New Augusta	Marion
Ashmore, Herbert C.	Chesterton	Porter

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Ault, Roy, Jr.	Terre Haute	Vigo
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Ayres, Wendell W.	Marion	Grant

B

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Baxter, Samuel M.	New Albany	Floyd
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Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C.	Indianapolis	Marion
Beetem, Luther F.	Madison	Jefferson-Switzerland
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Behn, Walter M., Jr.	Gary	Lake
Behn, Walter M.	Gary	Lake
Behnke, Roy H.	Indianapolis	Marion
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Bender, Cecil K.	Goshen	Elkhart
Bender, Robert L.	Elkhart	Elkhart
Bendler, Carl H.	Gary	Lake

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Benninghoff, Daniel R.	Fort Wayne	Allen
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Bibler, Lester D.	Indianapolis	Marion
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Bickel, John E. (S)	Fort Wayne	Allen
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Bigler, Frederick W.	Goshen	Elkhart
Billings, Elmer R.	Elkhart	Elkhart
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Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Blessinger, Paul J.	Jasper	Dubois
Blix, Fred M.	Ladoga	Montgomery
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Joseph R.	Rockville	Parke-Vermillion
Bloomer, Richard S.	Rockville	Parke-Vermillion
Blosser, Blaine A.	Fremont	Steuben
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Blossom, Paul W.	Richmond	Wayne-Union
Blum, Leon L.	Terre Haute	Vigo
Boardman, Carl (S)	Gary	Lake
Boaz, John J. (S)	Indianapolis	Marion
Bobb, Kenneth E.	Seymour	Jackson
Bodnar, Leslie M.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
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Bohner, Caryle B.	Indianapolis	Marion
Bolin, John T. (S)	Cedar Lake	Lake
Bolin, Robert C.	Lafayette	Tippecanoe
Bolin, Robert S.	Elkhart	Elkhart
Boling, Grover C., Jr.	Indianapolis	Marion
Bolman, Ralph M.	Fort Wayne	Allen
Bonaventura, Angelo P.	East Chicago	Lake
Bond, Charles S. (S)	Richmond	Wayne-Union
Bond, George S.	Indianapolis	Marion
Bond, Virginia	Indianapolis	Marion
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Booher, Norman R.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
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Booth, Boynton H.	Indianapolis	Marion
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Bopp, Henry W.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Borak, Walter J.	Gary	Lake
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Borders, Theodore R.	Fort Wayne	Allen
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Boren, Samuel W. (S)	Poseyville	Posey
Borenstein, Herschel	Gary	Lake
Borland, Ray M.	Bloomington	Owen-Monroe
Borough, Lester D.	South Bend	St. Joseph
Bosch, Ralph	Seymour	Jackson
Bosenbury, Chas. S. (S)	Coral Gables, Fla.	St. Joseph
Bosler, Howard A.	Waterford Mills, mail Goshen	Elkhart
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Clyde G.	Muncie	Delaware-Blackford
Botkin, Thomas	Muncie	Delaware-Blackford
Bottorff, David C.	Charlestown	Clark
Boughman, Joseph D.	Kokomo	Howard
Bowdoin, George E.	Elkhart	Elkhart
Bowen, Otis R.	Bremen	Marshall
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Don D.	Indianapolis	Marion
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W.	Fort Wayne	Allen
Bowman, Charles M.	Albion	Noble
Bowman, George W.	Indianapolis	Marion
Boyd, Charles S.	East Chicago	Lake
Boyd, H. Clark	Terre Haute	Vigo
Boyd, Stella N.	Evansville	Vanderburgh
Boyer, Edward B.	Indianapolis	Marion
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant
Boyer, Philip A.	Indianapolis	Marion
Boyle, Carroll	Poseyville	Posey
Boys, Frank F.	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Stephen C.	Terre Haute	Vigo

Name	City	County
Brady, Samuel G.	Gary	Lake
Brady, Thomas A.	Indianapolis	Marion
Brandman, Harry	Gary	Lake
Brauchla, Carl H.	Anderson	Madison
Brauer, Abraham A.	Gary	Lake
Braun, Benjamin D.	Chicago, Ill.	Lake
Braunlin, Robert F.	Marion	Grant
Braunlin, William H.	Marion	Grant
Brayton, John R.	Indianapolis	Marion
Brayton, Lee	Indianapolis	Marion
Brechtol, Harvey J.	South Bend	St. Joseph
Brenner, Andrew M.	Winchester	Randolph
Bretz, John M.	Huntingburg	Dubois
Brickley, Harry D.	Bluffton	Wells
Brickley, Richard A.	Chicago, Ill.	Wells
Bridges, Alvin	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Bridwell, Edgar	Bedford	Lawrence
Briggs, Robert W.	Indianapolis	Marion
Brincko, John	Gary	Lake
Bringas, Irineo B.	Gary	Lake
Brink, Calvin C.	Gary	Lake
Briscoe, Clarence E. (S)	New Albany	Floyd
Britt, Robert	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Earl E.	Anderson	Madison
Brockman, Wilfred	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Brodie, Donald W.	Indianapolis	Marion
Bronson, Paul J.	Terre Haute	Vigo
Brooks, Harry L.	Michigan City	La Porte
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brown, Archie E.	Indianapolis	Marion
Brown, David B.	Gary	Lake
Brown, David E.	Indianapolis	Marion
Brown, Dewitt W.	Indianapolis	Marion
Brown, Edward A. (S)	Indianapolis	Marion
Brown, Frances T.	Indianapolis	Marion
Brown, Frederic W.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, James A., Jr.	Evansville	Vanderburgh
Brown, James C.	Valparaiso	Porter
Brown, James M.	Anderson	Madison
Brown, John S.	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Spencer	Owen-Monroe
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion
Browning, James S.	Indianapolis	Marion
Browning, William M.	Indianapolis	Marion
Brownley, Emma J.	Indianapolis	Marion
Brubaker, Harold S.	Huntington	Huntington
Brubaker, Ora G. (S)	North Manchester	Wabash
Bruce, Reginald A.	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Bruetsch, Walter L.	Indianapolis	Marion
Bruggeman, Henry O.	Fort Wayne	Allen
Bruner, Ralph W.	Jeffersonville	Clark
Brunoehler, Carl J.	Washington, D. C.	Delaware-Blackford
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Robert J.	South Bend	St. Joseph
Bryan, Stanton L.	Evansville	Vanderburgh
Buchanan, Wallace D.	South Bend	St. Joseph
Buche, Franklin P.	Richmond	Wayne-Union
Buchholz, Ransom R.	Evansville	Vanderburgh
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckles, David L.	Anderson	Madison
Buckman, Robert J.	Charlestown	Clark
Buckner, Doster	Fort Wayne	Allen
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F.	Bluffton	Wells
Buechler, William F.	Elwood	Madison
Buechner, Frederick W.	South Bend	St. Joseph
Buehler, George M.	Jeffersonville	Clark
Buehner, Donald F.	Evansville	Vanderburgh
Buhrmeister, Harry C.	Lafayette	Tippecanoe
Buikstra, Cyrus R.	Evansville	Vanderburgh
Bullard, Mattie J.	Gary	Lake
Bunde, Carl A.	Indianapolis	Marion
Bunker, Ladoska Z.	North Manchester	Wabash
Burcham, James B.	Gary	Lake
Burdette, Harold F.	Indianapolis	Marion
Burge, Aaron D. (S)	Sweetzer	Grant
Burger, Robert A.	Gary	Lake
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burkart, Oswald G.	Gary	Lake
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, John C.	Lafayette	Tippecanoe
Burks, Jess E.	Crawfordsville	Montgomery
Burnett, Arthur B.	New Castle	Henry
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burris, Floyd L.	Michigan City	La Porte
Burroughs, Carroll A.	Frankfort	Clinton
Burrous, E. Lee	Peru	Miami
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Hargis R.	Cannelton	Perry
Bush, Jack A.	W. Lafayette	Tippecanoe
Bussard, Clifford F.	South Bend	St. Joseph
Bussard, Frank	South Bend	St. Joseph
Butler, Joe B.	Crothersville	Jackson
Butler, John O.	Indianapolis	Marion
Butler, Robert M.	Indianapolis	Marion
Butterfield, Robert M.	Muncie	Delaware-Blackford
Butts, Milton A.	South Bend	St. Joseph
Buttz, Rose J. P. (S)	Indianapolis	Marion
Buxton, Eva (S)	Rockport	Spencer
Byrn, Howard W.	New Albany	Floyd
Byrne, John M.	Delphi	Carroll
Byrne, Robert J.	Bicknell	Knox

C

Cacia, John J.	Evansville	Vanderburgh
Cahn, Hugo M.	Indianapolis	Marion
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Caldwell, William C.	Evansville	Vanderburgh
Call, Earle B.	Knightstown	Henry
Call, Herbert F.	Indianapolis	Marion
Callaghan, Winship C.	Greensburg	Decatur
Callahan, Richard H.	East Chicago	Lake
Calli, Louis	North Vernon	Jennings
Calvert, Raymond R.	Lafayette	Tippecanoe
Calvin, Jessie C. (S)	Fort Wayne	Allen
Cameron, Don F.	Fort Wayne	Allen
Cameron, Mary H.	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Guy G.	Munster	Lake
Campbell, John A.	Indianapolis	Marion

Name	City	County
Campbell, Perry A.	Richmond	Wayne-Union
Campbell, Sam W.	Noblesville	Hamilton
Canaday, Clifford E. (S)	New Castle	Henry
Canaday, James W. (S)	Indianapolis	Marion
Canganelli, Vincent G.	Indianapolis	Marion
Cannon, Daniel H.	New Albany	Floyd
Caplin, Irvin	Indianapolis	Marion
Caplin, Samuel S.	Indianapolis	Marion
Carberry, George A.	Gary	Lake
Carbone, Joseph A.	Gary	Lake
Carey, Willis W. (S)	Fort Wayne	Allen
Carlberg, Dale L.	Jeffersonville	Clark
Carleton, Edward H.	East Chicago	Lake
Carlin, James F.	Hammonton, N. J.	Marion
Carlo, Ernest R.	Fort Wayne	Allen
Carlo, Joseph F.	Hammond	Lake
Carlson, Charles E.	Indianapolis	Marion
Carlson, Edward A. (S)	Peru	Miami
Carlson, Norman R.	Michigan City	La Porte
Carlyle, Ivan E.	Michigantown	Clinton
Carmichael, Lynn P.	Mooresville	Morgan
Carmody, Raymond F.	Gary	Lake
Carneal, Thomas E.	Winamac	Pulaski
Carney, Joel T.	Jeffersonville	Clark
Carney, John C.	Monticello	White
Carpenter, John L.	Alexandria	Madison
Carpentier, Harry F.	Princeton	Gibson
Carrell, Francis E.	Frankfort	Clinton
Carroll, Bertha Rose	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Wayne	Indianapolis	Marion
Carter, F. R. Nicholas	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, Jean V.	Tipton	Tipton
Carter, Oren E.	Indianapolis	Marion
Cartwright, Emor L.	Fort Wayne	Allen
Cartwright, Jack D.	La Porte	La Porte
Casebeer, Paul B.	Clinton	Parke-Vermillion
Casey, Stanley M.	Huntington	Huntington
Cassady, James V.	South Bend	St. Joseph
Cattell, Lee M.	Kokomo	Howard
Cavitt, Robert F.	Connersville	Fayette-Franklin
Cavins, Alexander W.	Terre Haute	Vigo
Caylor, Harold D.	Bluffton	Wells
Caylor, Truman E.	Bluffton	Wells
Chael, Thomas C.	Hammond	Lake
Challman, William B.	Mt. Vernon	Posey
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Leroy B.	Union City	Randolph
Chambers, Pauline D.	Indianapolis	Marion
Chamblee, Roland W.	South Bend	St. Joseph
Champion, John P.	Grand Rapids, Mich.	Marion
Chandler, Leon H.	Goshen	Elkhart
Chaney, George C.	Fort Wayne	Allen
Chappel, Alfred T.	Franklin	Johnson
Chappell, Harold R.	Oakland City	Gibson
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chen, Hsi-Sheng Yue	Gary	Lake
Chen, Ko K.	Indianapolis	Marion
Cheydleur, Eleanor P.	Evansville	Vanderburgh
Chernish, Stanley M.	Indianapolis	Marion
Chevigny, Julius J.	Gary	Lake
Chidlaw, Benjamin W. (S)	Hammond	Lake
Childs, Alpha G. W. (S)	Madison	Jefferson-Switzerland
Childs, Wallace E.	Madison	Jefferson-Switzerland
Chivington, Paul V.	Indianapolis	Marion
Christian, William A.	Indianapolis	Marion
Christophel, Verna	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Clancy, James F.	Hammond	Lake
Clark, Cecil P.	Indianapolis	Marion
Clark, Fred O.	Syracuse	Kosciusko
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Lawson J.	Indianapolis	Marion
Clark, Marion E.	Cambridge City	Wayne-Union
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Stanley A. (S)	South Bend	St. Joseph
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R.	Fort Wayne	Allen
Clarke, Elton R.	Kokomo	Howard
Clarkson, Clarence C.	Liberty	Wayne-Union
Clauser, Eldo H. M.	Muncie	Delaware-Blackford
Clements, Albert F.	Evansville	Vanderburgh
Cleveland, John B.	Michigan City	La Porte
Clevenger, Joseph H.	Muncie	Delaware-Blackford
Clevinger, William G.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, W. Donald	Indianapolis	Marion
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Coble, Frank H.	Richmond	Wayne-Union
Coble, Ralph R. (S)	Indianapolis	Marion
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cochran, Robert B.	Muncie	Delaware-Blackford
Cockrum, William M.	Evansville	Vanderburgh
Coddens, Avery L.	Earl Park	Benton
Coffel, Melvin H.	Vincennes	Knox
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Ellen K.	Hebron	Porter
Cohen, Hyman L.	Hebron	Porter
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Indianapolis	Marion
Cole, Arthur V.	East Chicago	Lake
Cole, Ira	Lafayette	Tippecanoe
Cole, Versa V.	Westville	La Porte
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Odon	Daviess-Martin
Coleman, John H.	Washington, D. C.	Marion
Coleman, Joseph E.	Evansville	Vanderburgh
Coles, Alfred L.	Gary	Lake
Colip, George D.	South Bend	St. Joseph
Collins, Hubert L.	Indianapolis	Marion
Collins, James N.	Indianapolis	Marion
Collins, Le Roy	Gary	Lake
Combs, Charles N. (S)	Terre Haute	Vigo
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H.	Evansville	Vanderburgh
Combs, Loyal W.	Hobart	Lake
Combs, Pearl B.	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Charles W.	Mooresville	Morgan
Comer, Kenneth E.	Mooresville	Morgan
Compton, Charles B.	Los Angeles, Calif.	Clinton
Compton, George	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Condit, David H.	South Bend	St. Joseph
Congleton, George C.	Terre Haute	Vigo
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L.	Elkhart	Elkhart
Conley, John E.	Fort Wayne	Allen
Conley, Joseph L.	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard

Name	City	County
Connell, Paul S.	Plymouth	Marshall
Connell, Vactor O.	Bourbon	Marshall
Connoy, Andrew F.	Westfield	Hamilton
Connoy, Leo F.	Westfield	Hamilton
Conrad, Henry W.	Milan	Ripley
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion
Cook, Charles E.	North Manchester	Wabash
Cook, George M.	Hammond	Lake
Cook, Gordon C.	South Bend	St. Joseph
Cook, Norman R.	Richmond	Wayne-Union
Cook, Robert G.	Bluffton	Wells
Cooksey, Thomas L. (S)	Crawfordsville	Montgomery
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D.	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, Harry L.	South Bend	St. Joseph
Cooper, Leo K.	Gary	Lake
Cooper, Thomas L.	Logansport	Cass
Cope, Stanton E.	Huntington	Huntington
Copeland, Samuel J. (S)	Indianapolis	Marion
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Cornell, Beaumont S.	Fort Wayne	Allen
Cornell, Robert A.	Crawfordsville	Montgomery
Corpe, Kenneth F.	Rushville	Rush
Corrao, Gaetano	Gary	Lake
Corsentino, Bart	Vincennes	Knox
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cotter, Edward R.	East Chicago	Lake
Coulson, Sewell B. (S)	Waldron	Shelby
Coultas, Porter J.	Tell City	Perry
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O.	Goodland	Jasper-Newton
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M.	Auburn	DeKalb
Cox, Clifford E.	Indianapolis	Marion
Cox, Leon T.	Richmond	Wayne-Union
Cox, Wayne T.	Lafayette	Tippecanoe
Coyner, Alfred B.	Lafayette	Tippecanoe
Craft, Kenneth L.	Indianapolis	Marion
Craft, William F.	Linton	Greene
Craig, Alexander F.	New Castle	Henry
Craig, Reuben	Kokomo	Howard
Craig, Reuben A.	Kokomo	Howard
Craig, Robert A.	Syracuse	Kosciusko
Crain, James W.	Williamsport	Fountain-Warren
Crampton, Chas. C. (S)	Delphi	Carroll
Crandall, Latham A.	Elkhart	Elkhart
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Robert H.	South Bend	St. Joseph
Crawford, Theodore R.	Kokomo	Howard
Creel, Donald W.	Angola	Steuben
Crevello, Albert J.	Evansville	Vanderburgh
Crimm, Paul D.	Sidney, Ohio	Vanderburgh
Cring, George V.	Portland	Jay
Cripe, Earl P.	Bremen	Marshall
Cripe, William	Portland	Jay
Crist, John R.	Mt. Vernon	Posey
Crockett, Franklin S.	Lafayette	Tippecanoe
Crossland, Steward H.	Gary	Lake
Crowder, James H., Jr.	Sullivan	Sullivan
Crum, Marion M.	Angola	Steuben
Culbertson, Carl S.	South Bend	St. Joseph
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, Paul K.	Indianapolis	Marion
Cullison, Charles W.	Vincennes	Knox
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culloden, William G.	Indianapolis	Marion
Culmer, Walter N. (S)	Bloomington	Owen-Monroe
Culp, John E.	Fort Wayne	Allen
Cummings, David J. (S)	Brownstown	Jackson
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T.	Muncie	Delaware-Blackford
Currie, Robert W.	Indianapolis	Marion
Curry, Claude A.	Terre Haute	Vigo
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L.	Vincennes	Knox
Custer, Edward W.	South Bend	St. Joseph
Cuthbert, Marvin P.	Indianapolis	Marion
Cutshaw, James A.	Monroeville	Allen
Czenkusch, Helen G.	Indianapolis	Marion

D

Daggy, James R.	Richmond	Wayne-Union
Dagley, Hubert	Columbus	Bartholomew-Brown
Dahling, Clemens W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Dale, Joseph W.	Chesterton	Porter
Dale, Maxwell H.	Connersville	Fayette-Franklin
Daley, Edward H.	Oldenburg	Ripley
Dalton, John E.	Indianapolis	Marion
Dalton, Naomi L.	Jackson, Miss.	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Damiana, Pasquale G.	Peru	Miami
Dancer, Charles R. (S)	Fort Wayne	Allen
Dando, George H. (S)	Hartford City	Delaware-Blackford
Daniel, John C.	Indianapolis	Marion
Daniel, Robert A.	Gary	Lake
Danieleski, Ladislaus J.	Gary	Lake
Daniels, Erle O.	Marion	Grant
Daniels, George R. (S)	Marion	Grant
Danielson, Harry E., Jr.	Plymouth	Marshall
Dannacher, William D.	Wabash	Wabash
Dare, Lee A.	Jeffersonville	Clark
Darling, Dorothy	Gary	Lake
Dassel, Paul M.	Grand Rapids, Michigan	Lake
Datzman, Richard C.	Fort Wayne	Allen
Daubenheyer, Miles F. (S)	Butlerville	Jennings
Daugherty, Fred N.	Crawfordsville	Montgomery
Daves, William L.	Evansville	Vanderburgh
Davidoff, Manuel A.	Ossian	Wells
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort	Indianapolis	Marion
Davies, Robert	New Castle	Henry
Davis, Alice Hall	Hammond	Lake
Davis, Carl M.	Valparaiso	Porter
Davis, Claude E.	Milltown	Harrison-Crawford
Davis, Edgar C.	Muncie	Delaware-Blackford
Davis, Howard B.	West Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis John A.	Indianapolis	Marion
Davis, John C.	Logansport	Cass
Davis, Joseph B.	Marion	Grant
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Merle J.	Terre Haute	Vigo
Davis, Merrill S.	Marion	Grant
Davis, Neal	Gary	Lake
Davis, Parvin M.	New Albany	Floyd
Davis, Richard	Marion	Grant
Davis, Sam J.	Indianapolis	Marion

Name	City	County
Davis, William	New Market	Montgomery
Day, William D. C.	Seymour	Jackson
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Dearmin, Robert M.	Indianapolis	Marion
DeArmond, Murray	Indianapolis	Marion
Decker, Harvey B.	Terre Haute	Vigo
DeDario, Leonard M.	Elkhart	Elkhart
Deems, Myers B.	Evansville	Vanderburgh
Deer, Blan F.	Lake Worth, Fla.	Marion
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
DeHaven, Harry E.	Pleasantville, N. Y.	Rush
DeMotte, C. Bowen	Indianapolis	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Dennison, Alfred D., Jr.	Indianapolis	Marion
Denny, E. Rankin	Terre Haute	Vigo
Denny, Edgar C.	Milton	Wayne-Union
Denny, Fred C.	Madison	Jefferson-Switzerland
Denny, Forrest L.	Indianapolis	Marion
Denny, Frank T.	Ladoga	Montgomery
Denny, James W.	Indianapolis	Marion
Denny, Melvin H.	Rushville	Rush
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburg
Denzer, William O.	Evansville	Vanderburgh
Deppe, Charles F.	Franklin	Johnson
DeRenne, William L.	Newport	Parke-Vermillion
Derhammer, George L.	Brookston	White
DesJean, Paul A.	Indianapolis	Marion
Dest, Paul	Lansing, Ill.	Lake
Dester, Herbert E.	Jagdeeshpur, India	Marion
DeTar, George B. (S)	Winslow	Pike
Detrick, Herbert W.	Alamo, Tex.	Lake
Dettloff, Frederick	Greencastle	Putnam
Deutsch, William	Muncie	Delaware-Blackford
DeVoe, Kenneth R.	South Bend	St. Joseph
DeWees, Dwight L.	Indianapolis	Marion
Dewey, Fred N. (S)	Maumee, Ohio	Elkhart
Dewey, George W. (S)	Lafayette	Tippecanoe
DeWitt, Charles H. (S)	Valparaiso	Porter
Diamond, Leo	Marion	Grant
Dian, August J.	Gary	Lake
Dian, Julia G.	Gary	Lake
Dickerson, William M.	Monticello	White
Dickey, William M.	Pendleton	Madison
Dickinson, Gordon A.	Petersburg	Pike
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Diefendorf, Charles F. (S)	Evansville	Vanderburgh
Dielman, Franklin C. (S)	Fulton	Fulton
Dierolf, Edward J.	Gary	Lake
Dietl, Ernest L.	South Bend	St. Joseph
Dill, Charles W.	Indianapolis	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dilts, Robert L.	Indianapolis	Marion
Dimmett, Robert P.	Boonville	Warrick
Dingle, Paul E.	Richmond	Wayne-Union
Dininger, William S.	Winchester	Randolph
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Fort Ord, Calif.	Marion
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Ditton, Irwin W. (S)	Fort Wayne	Allen
Dixon, Rex W.	Anderson	Madison
Dobbs, Otto R.	Greencastle	Putnam
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U.	Hartford City	Delaware-Blackford
Dodds, Wemple	Crawfordsville	Montgomery
Doenges, James L.	Anderson	Madison
Doherty, Raymond J.	Crown Point	Lake
Dolezal, Bernard J.	South Bend	St. Joseph
Dollens, Claude	Oolitic	Lawrence
Dome, Hardin S. (S)	Tell City	Perry
Donahue, Claude M.	Carmel	Hamilton
Donahue, George R.	Lafayette	Tippecanoe
Donaldson, Frank C.	Anderson	Madison
Donato, Albert M.	Indianapolis	Marion
Donchess, Joseph C.	Gary	Lake
Donnelly, Everett F.	South Bend	St. Joseph
Donovan, William H.	Aurora, Ill.	Marion
Doran, J. Hal	Indianapolis	Marion
Dorman, Willis L.	Indianapolis	Marion
Dorrance, Thomas O.	Bluffton	Wells
Doty, J. Robert	Rockledge, Fla.	Lake
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, George R. (S)	Valparaiso	Porter
Douglas, John J.	Terre Haute	Vigo
Douglas, William T.	Montpelier	Delaware-Blackford
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Emil H.	Rockville	Parke-Vermillion
Downard, Leland F.	Gaston	Delaware-Blackford
Downing, Richard R.	Fort Wayne	Allen
Dragoo, Farrol	Middletown	Henry
Drake, Dale W.	Evansville	Vanderburgh
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Draper, Merlin H.	St. Petersburg, Fla.	Allen
Dreyer, Ralph W.	Richmond	Wayne-Union
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Pulaski
DuBois, Charles C. (S)	Warsaw	Kosciusko
DuBois, Franklin T. (S)	Liberty	Wayne-Union
DuBois, Ramon B.	Lafayette	Tippecanoe
Dudding, Joseph E.	Hope	Bartholomew-Brown
Duemling, Arnold H.	Chicago, Ill.	Allen
Duffield, John R.	Charlestown	Clark
Dugan, Thomas J. (S)	Indianapolis	Marion
Dugan, William M.	Indianapolis	Marion
Duggan, James A.	South Bend	St. Joseph
Dukes, Betty	Dugger	Sullivan
Dukes, David A.	Tell City	Perry
Dukes, Frederic M.	Dugger	Sullivan
Dukes, Joe E.	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dunbar, Colin V.	Indianapolis	Marion
Duncan, John S.	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Ferrell W.	Muncie	Delaware-Blackford
Dunning, Lehman M.	Indianapolis	Marion
Dunstone, Harry C.	Fort Wayne	Allen
Dupes, Lowell E.	Indianapolis	Marion
DuPuy, Charles M. (S)	Riley	Vigo
Durham, Lowell J.	La Porte	La Porte
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchess, C. Toney	Galveston	Cass
DuVall, William N.	Mishawaka	St. Joseph
Dyar, Edwin W.	Indianapolis	Marion

Name	City	County
Dycus, Walter A.	Evansville	Vanderburgh
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
E		
Eades, R. Charles	Indianapolis	Marion
Eades, Ralph C.	Gary	Lake
Earl, Max M.	Kokomo	Howard
Earp, Evanson B.	Indianapolis	Marion
Eastman, J. Rilus, Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Greenwood	Johnson
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebersole, Carl	Walkerton	St. Joseph
Ebert, J. Wayne	Indianapolis	Marion
Eberwein, John H.	Indianapolis	Marion
Ebin, Judah L.	South Bend	St. Joseph
Eby, Ida L.	Goshen	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Eckert, Russell A.	Marion	Grant
Edlavitch, Baruch M.	Fort Wayne	Allen
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Edward T., Jr.	Vincennes	Knox
Edwards, William F.	New Albany	Floyd
Egan, Sherman	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Eggers, Ernest L.	Hammond	Lake
Eggers, Henry W.	Hammond	Lake
Eggers, Richard	Crawfordsville	Montgomery
Egnatz, Nicholas	Baltimore, Md.	Lake
Ehrich, William S.	Evansville	Vanderburgh
Ehrman, Calder D. (S)	Rockport	Spencer
Eicher, Palmer O.	Indianapolis	Marion
Eikenberry, Hugh W.	Indianapolis	Marion
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eisterhold, John A.	Evansville	Vanderburgh
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elledge, Ray	Hammond	Lake
Ellerbrook, George E.	Vevay	Jefferson-Switzerland
Ellett, John, Jr.	Coatesville	Hendricks
Elliott, John C. (S)	Guilford	Dearborn-Ohio
Elliott, Lloyd A.	Elkhart	Elkhart
Elliott, Ralph A.	Gary	Lake
Elliott, Thomas A.	Elkhart	Elkhart
Ellis, Davis W.	Rushville	Rush
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W.	Anderson	Madison
Ellis, William N.	Indianapolis	Marion
Ellison, Alfred	South Bend	St. Joseph
Elshout, Clem H.	La Porte	La Porte
Elsner, Lawrence W.	Seymour	Jackson
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W.	Fort Wayne	Allen
Elston, Ralph W.	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Emenhiser, Donald C.	Woodburn	Allen
Emenhiser, John L.	Fort Wayne	Allen
Emery, Charles B.	Bedford	Lawrence
Emhardt, John T.	Indianapolis	Marion
Emhardt, John W. A.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Endicott, Wayne	Greenfield	Hancock
Engel, Edward L.	Evansville	Vanderburgh
Engeler, James E.	Lafayette	Tippecanoe
Engle, Russell B.	Winchester	Randolph
Engleman, Harry K. (S)	Georgetown	Floyd
English, Herbert M.	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Richmond	Wayne-Union
Ensminger, Leonard A. (S)	Indianapolis	Marion
Entner, Charles L.	Connersville	Fayette-Franklin
Enzor, Ora K.	Indianapolis	Marion
Episcopo, Arsenius R.	Salem	Washington
Erdel, Milton W.	Frankfort	Clinton
Erehart, Archie D.	Anderson	Madison
Erehart, Mark G.	Huntington	Huntington
Ericksen, Lester G.	South Bend	St. Joseph
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ernst, Helmuth C.	East Chicago	Lake
Erxleben, Walter O.	Batesville	Ripley
Espy, Theodore R.	Gary	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B.	Huntington	Huntington
Ewing, Nathaniel D.	Vincennes	Knox
F		
Fagaly, William J.	Lawrenceburg	Dearborn-Ohio
Failey, Robert B.	Indianapolis	Marion
Faith, Ira L.	Evansville	Vanderburgh
Faltin, Ladislaus	South Bend	St. Joseph
Fargher, Francis M.	Michigan City	La Porte
Fargher, Robert A.	La Porte	La Porte
Farner, James E.	Mishawaka	St. Joseph
Farnsworth, Samuel A.	La Porte	La Porte
Farr, James C.	Paragon	Morgan
Farrell, John J., Jr.	Indianapolis	Marion
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Washington	Daviess-Martin
Faul, Henry J.	Evansville	Vanderburgh
Fausset, C. Basil	Indianapolis	Marion
Feerer, Donald J.	Corpus Christi, Tex.	La Porte
Feferman, Martin E.	South Bend	St. Joseph
Feinn, Harry S.	La Porte	La Porte
Feldman, Max	South Bend	St. Joseph
Fender, Asa H.	Worthington	Greene
Fenneman, Robert J.	Evansville	Vanderburgh
Ferguson, Arthur N.	Fort Wayne	Allen
Ferguson, William B.	W. Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferrell, Mars B.	Fortville	Hancock
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Whiting	Lake
Ferry, Paul W.	Kokomo	Howard
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fichman, Abraham M.	Fort Wayne	Allen
Fickas, Dallas	Evansville	Vanderburgh
Filipek, Walter J.	South Bend	St. Joseph
Finfrock, James D.	Indianapolis	Marion
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L.	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, Albert A.	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Carlton N.	La Porte	La Porte
Fischer, Warren E.	Anderson	Madison
Fish, Clyde M. (S)	South Bend	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fisher, Gerald E.	Cleveland, Ohio	Marion

Name	City	County
Fisher, Henry	Marion	Grant
Fisher, John E.	Attica	Fountain-Warren
Fisher, John E.	Newcastle	Henry
Fisher, Lawrence F.	South Bend	St. Joseph
Fisher, Walter S.	Columbus	Bartholomew-Brown
Fisher, William C.	Evansville	Vanderburgh
Fitzgerald, Brice E.	Logansport	Cass
Fitz Gerald, Maurice D.	Evansville	Vanderburgh
Fitzgerald, William J.	Indianapolis	Marion
Fitzpatrick, Harry W.	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzsimmons, Elvin L.	Evansville	Vanderburgh
Flack, Russell A.	Lafayette	Tippecanoe
Flaherty, Walter T.	Michigan City	La Porte
Flanagan, Estle P.	Walton	Cass
Flanagan, Paul M.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleetwood, Raymond A.	Nappanee	Elkhart
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion
Fleming, Claude F. (S)	Elkhart	Elkhart
Fleming, Justus M.	Elkhart	Elkhart
Fletcher, Charles F.	Sunman	Ripley
Flick, John J.	Indianapolis	Marion
Flora, Fred	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Folck, John K.	Princeton	Gibson
Folkening, Norval C.	Indianapolis	Marion
Foltz, Lloyd E.	Brownsburg	Hendricks
Forbes, Violet Crabbe	Wolcott	White
Foreman, Harry L.	Indianapolis	Marion
Foreman, Walter A.	Brookville	Fayette-Franklin
Forry, Frank	Indianapolis	Marion
Forsee, Norman E.	Jeffersonville	Clark
Forsyth, David H. (S)	Terre Haute	Vigo
Fosbrink, Ephriam L.	Syracuse	Kosciusko
Fosgate, Harold	Acton	Marion
Fosgate, Orville E.	Russiaville	Howard
Foster, Lee N.	Indianapolis	Marion
Foster, Ray T.	Newcastle	Henry
Foster, Robert	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, Richard B.	Bloomington	Owen-Monroe
Fox, C. Philip	Washington	Daviess-Martin
Fox, Jack	Hammond	Lake
Fox, Maurice S.	Vincennes	Knox
Fox, Richard H. (S)	Bicknell	Knox
Foy, Hayward W.	Fort Wayne	Allen
Frank, Herbert	South Bend	St. Joseph
Frank, John R.	Valparaiso	Porter
Frank, Lyall L.	South Bend	St. Joseph
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Frantz, Mount E.	Danville	Hendricks
Frasch, Mahlon G.	Lafayette	Tippecanoe
Frash, De Von W.	South Bend	St. Joseph
Frazier, Jack L.	Indianapolis	Marion
Frazin, Bernard	Indianapolis	Marion
Freeborn, Warren S.	New York, N. Y.	Marion
Freed, John E., Jr.	Terre Haute	Vigo
Freed, John E.	Terre Haute	Vigo
Freeland, Bill	Batesville	Ripley
Freeman, Floyd M.	Goshen	Elkhart
Freeman, Leslie W.	Indianapolis	Marion
Freeman, Max E.	Indianapolis	Marion
Frey, Harley B.	Lafayette	Tippecanoe
Frey, William B.	South Bend	St. Joseph
Freymuth, Hans W.	Indianapolis	Marion
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Friedrich, Louis M. (S)	Hobart	Lake
Frith, Louis G.	South Bend	St. Joseph
Fritsch, Louis E. (S)	Evansville	Vanderburgh
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fruth, Rodney B.	Connersville	Fayette-Franklin
Fruth, Virgil J.	Connersville	Fayette-Franklin
Fry, Robert D.	Indianapolis	Marion
Fujawa, M. J.	Mishawaka	St. Joseph
Fullerton, Robert L.	Indianapolis	Marion
Fultz, Roy L.	Salem	Washington
Funk, John W.	Muncie	Delaware-Blackford
Funkhouser, Elmer	Indianapolis	Marion
Fuqua, Harold B.	Terre Haute	Vigo
Furgason, Paul C.	Indianapolis	Marion
Fuson, Wenfred J.	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Gabe, William E.	Indianapolis	Marion
Gaddy, Euclid T.	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gailey, Ivan	Chrisney	Spencer
Galbreath, Russell S.	Huntington	Huntington
Galbreath, Jesse P. (S)	Burnettsville	White
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gambill, William D.	Indianapolis	Marion
Gammieri, Robert L.	Indianapolis	Marion
Gannon, George W. (S)	Gary	Lake
Ganser, Richard A.	Mishawaka	St. Joseph
Gante, Henry W.	Anderson	Madison
Ganz, Max	Marion	Grant
Garber, Edwin C.	Dunkirk	Jay
Garber, J. Neill	Indianapolis	Marion
Garceau, George J.	Indianapolis	Marion
Gard, Daniel A.	Beech Grove	Marion
Gardiner, H. Glenn	East Chicago	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garling, Luvern C.	Muncie	Delaware-Blackford
Garner, William (S)	Indianapolis	Marion
Garner, W. Stanley	Indianapolis	Marion
Garner, William H.	New Albany	Floyd
Garner, William H., Jr.	New Albany	Floyd
Garrett, John D. (S)	Indianapolis	Marion
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Marion
Garrison, Leon J.	Gas City	Grant
Garton, Harry W.	Fort Wayne	Allen
Gastineau, David C.	Indianapolis	Marion
Gastineau, Frank M.	Indianapolis	Marion
Gatch, Willis D.	Indianapolis	Marion
Gates, George E.	South Bend	St. Joseph
Gattman, George B.	Elkhart	Elkhart
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehres, Robert W.	Shelbyville	Shelby
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A.	Indianapolis	Marion
Geiger, Dillon G.	Bloomington	Owen-Monroe
Geisinger, Lewis N. (S)	Auburn	De Kalb
Geller, Samuel	Owensville	Gibson
Genovese, Pasquale	Indianapolis	Marion
Gentile, John P.	New Albany	Floyd
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen

Name	City	County
Geronimo, Manuel M.	East Chicago	Lake
Geronimo, Rita R. V.	East Chicago	Lake
Gerrish, Donald A.	Terre Haute	Vigo
Gerrish, Wakefield D. (S)	Clinton	Parke-Vermillion
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B.	Hammond	Lake
Geyer, Joseph	New Albany	Floyd
Gibbs, Charles (S)	Greenfield	Hancock
Gibbs, Joseph W.	Martinsville	Morgan
Gibson, Greta Maxine	Indianapolis	Marion
Gick, Herman H.	Indianapolis	Marion
Gifford, Fred E.	Indianapolis	Marion
Gilbert, Ivan	Terre Haute	Vigo
Gilkison, William L. (S)	Shoals	Daviess-Martin
Gill, Bernard P.	Chandler	Warrick
Gill, Dee D.	Greenfield	Hancock
Gill, John R.	Hobart	Lake
Gill, Thomas A.	Muncie	Delaware-Blackford
Gillespie, Charles E. (S)	Seymour	Jackson
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson
Gillespie, Jacob E.	Indianapolis	Marion
Gillette, Edward P.	Seattle, Wash.	Marion
Gillette, Walter R.	Dayton, Ohio	Wells
Gilliatt, James P.	Salem	Washington
Gillum, Eugene M.	Portland	Jay
Gillum, John R. (S)	Terre Haute	Vigo
Gilman, Marcus M.	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A.	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Giordano, Alfred S.	South Bend	St. Joseph
Giorgio, Douglas J.	Evansville	Vanderburgh
Girod, Arthur H.	Decatur	Adams
Gish, Howard M.	Brookston	White
Gitlin, Max M.	Bluffton	Wells
Gitlin, William A.	Bluffton	Wells
Givner, David J.	Indianapolis	Marion
Glackman, John C., Jr.	Rockport	Spencer
Glackman, John C. (S)	Rochester	Fulton
Gladstone, Nah H.	Fort Wayne	Allen
Glass, Robert L.	Indianapolis	Marion
Glendening, John L.	Indianapolis	Marion
Glendening, Richard L.	Logansport	Cass
Glenn, Fred C.	Tell City	Perry
Glock, Homer E. (S)	Fort Wayne	Allen
Glock, Maurice E.	Fort Wayne	Allen
Glock, Wayne R.	Fort Wayne	Allen
Glosson, Jack R.	Clay City	Clay
Gobbel, Novy E.	English	Harrison-Crawford
Goebel, Carl W.	Fort Wayne	Allen
Godersky, George E.	South Bend	St. Joseph
Goethals, Charles J.	Mishawaka	St. Joseph
Goldberg, Harold B.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldstone, Adolph	Gary	Lake
Goldstone, Harry A.	Bluffton	Wells
Goldstone, Joseph	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Good, Richard P.	Kokomo	Howard
Goodman, Eli S.	Charlestown	Clark
Goodman, Hubert T.	Terre Haute	Vigo
Goodwin, Caroline J.	Indianapolis	Marion
Goodwin, Columbus B. (S)	Kendallville	Noble
Gootee, Francis H.	Loogootee	Daviess-Martin
Gootee, Thomas H.	Jasper	Dubois
Goralka, Joseph J.	Sacramento, Calif.	Lake
Gordon, Joseph L.	Wheeler	Porter
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, Lyman K.	Fort Wayne	Allen
Govorchin, Alexander	East Chicago	Lake
Graessle, Harold P.	Seymour	Jackson
Graf, Jerome A.	Bloomfield	Greene
Graf, John E. (S)	Chicago, Ill.	Marion
Graf, John P.	South Bend	St. Joseph
Graham, George M.	Fort Wayne	Allen
Grant, Albert J.	North Judson	Starke
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Fairmount	Grant
Grant, Phyllis	New Castle	Henry
Graves, John W.	Indianapolis	Marion
Graves, Noel S.	Vevay	Jefferson-Switzerland
Graves, Orville M.	Princeton	Gibson
Gray, Clyde C.	Cloverdale	Putnam
Gray, Daniel E.	Crown Point	Lake
Gray, Leon	Martinsville	Morgan
Gray, Paul M.	Huntington	Huntington
Grayston, Wallace S. (S)	Huntington	Huntington
Green, Carl L.	Vincennes	Knox
Green, Frank H.	Rushville	Rush
Green, George F.	South Bend	St. Joseph
Green, John F.	North Vernon	Jennings
Green, Harrison	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, William L. (S)	Pekin	Washington
Greenburg, Rolland	Jasper	Dubois
Greene, Claude D.	Spencer	Owen-Monroe
Greene, Morgan E.	Indianapolis	Marion
Greene, William R.	Henryville	Clark
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Albert F.	Connersville	Fayette-Franklin
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Amadeo F.	Gary	Lake
Gregory, Charles F.	Indianapolis	Marion
Greiber, Marvin F.	Muncie	Delaware-Blackford
Greip, Arthur H.	Evansville	Vanderburgh
Greisen, Jack G.	Whiting	Lake
Greist, Henry W. (S)	Monticello	White
Greist, John H.	Indianapolis	Marion
Greist, Walter D.	Fort Wayne	Allen
Griffin, Joseph P.	Chesterton	Porter
Griffis, Vierl C.	Richmond	Wayne-Union
Griffith, Harold R.	Indianapolis	Marion
Griffith, James W.	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Hubert N.	Indianapolis	Marion
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grosso, William G.	East Chicago	Lake
Grorud, Alton C.	South Bend	St. Joseph
Grotts, Bruce F.	Chicago, Ill.	La Porte
Grove, Robert H.	Rossville	Clinton
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Gustafson, Carl J.	Marion	Grant
Gustafson, Milton	Muncie	Delaware-Blackford
Gustaitis, John W.	East Chicago	Lake
Guthrie, James U.	Nellis A. F. B., Nevada	Marion
Gutstein, Richard R.	Kendallville	Noble
Gwaltney, Loral F.	Naples, Fla.	Putnam
Gwin, Merle D. (S)	Miami Beach, Fla.	Jasper-Newton

Name	City	County
H		
Habich, Carl	Indianapolis	Marion
Hade, Frederick L.	Bridgeport	Marion
Hadley, David	Indianapolis	Marion
Hadley, Harvey (S)	Richmond	Wayne-Union
Hadley, Murray N. (S)	Indianapolis	Marion
Haffner, Herman G.	Fort Wayne	Allen
Haggard, Edmund B.	Indianapolis	Marion
Hagie, Franklin E.	Richmond	Wayne-Union
Hahn, E. Vernon	Indianapolis	Marion
Haley, Alvin J.	Fort Wayne	Allen
Haley, Paul E.	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Emory H.	Dunkirk	Jay
Hall, Frank M.	Indianapolis	Marion
Hall, James L.	Gary	Lake
Hall, James M.	South Bend	St. Joseph
Hall, Orville A.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Halleck, Harold J.	Winamac	Pulaski
Haller, Richard C.	Fort Wayne	Allen
Haller, Robert L.	Fort Wayne	Allen
Haller, Thomas C.	Crawfordsville	Montgomery
Hamer, Homer G. (S)	Indianapolis	Marion
Hamilton, Antha A.	Vevay	Jefferson-Switzerland
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Earl D.	Fort Wayne	Allen
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, James R.	Mitchell	Lawrence
Hamilton, M. Luther (S)	Newberry	Greene
Hamilton, Orville G.	Bluffton	Wells
Hamilton, Robert C.	Highland	Lake
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Bedford	Lawrence
Hammer, Jay W.	Middletown	Henry
Hammersley, George K.	Frankfort	Clinton
Hammond, James B.	Indianapolis	Marion
Hammond, Keith	Paoli	Orange
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley M.	Portland	Jay
Hampshire, Donald R.	Indianapolis	Marion
Hampton, Hollis E., Jr.	Indianapolis	Marion
Hamsher, John B.	Terre Haute	Vigo
Hancock, John G.	Indianapolis	Marion
Haney, William	Madison	Jefferson-Switzerland
Hann, Eldon C.	Indianapolis	Marion
Hanna, Duke E., Jr.	Indianapolis	Marion
Hanna, Thomas A.	Indianapolis	Marion
Hannah, Charles W.	Winchester	Randolph
Hannah, Jack W.	Wakarusa	Elkhart
Hansell, Robert M.	Indianapolis	Marion
Hansen, Arthur H.	Hammond	Lake
Hanson, Martin F.	Elwood	Madison
Harcourt, Allan K.	Indianapolis	Marion
Harden, Murray E.	Lafayette	Tippecanoe
Hardin, Wayne E.	Ossian	Wells
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S.	Indianapolis	Marion
Hardtke, Eldred F.	Bloomington	Owen-Monroe
Hardy, John J.	North Liberty	St. Joseph
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H.	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Harkcom, Harry E.	St. Paul	Decatur
Harkness, Robert G.	Terre Haute	Vigo
Harless, Clarence M.	Chesterton	Porter
Harless, Fred	Monroeville	Allen
Harmon, Carl J.	Richmond	Wayne-Union
Harmon, Vachelle E.	South Bend	St. Joseph
Harmon, Wayne	Lynn	Randolph
Harold, Albert H. (S)	Indianapolis	Marion
Harold, Norris E. (S)	Indianapolis	Marion
Harris, Carl B.	Indianapolis	Marion
Harris, Howard H.	Terre Haute	Vigo
Harris, Jackson	Indianapolis	Marion
Harris, Paul N.	Indianapolis	Marion
Harris, Robert F.	Noblesville	Hamilton
Harrison, Benjamin L.	New Castle	Henry
Harshman, Louis P.	Fort Wayne	Allen
Harshman, Martin L.	Lafayette	Tippecanoe
Harstad, Casper	Rockville	Parke-Vermillion
Hart, L. Paul	Evansville	Vanderburgh
Hart, Robert B.	Columbus	Bartholomew-Brown
Hart, William D.	Anderson	Madison
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	Remington	Jasper-Newton
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Harry C.	Fort Wayne	Allen
Harvey, Ralph J.	Zionsville	Boone
Harvey, Verne K.	Alexandria, Va.	Marion
Hasewinkel, Carroll W.	Indianapolis	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Haslem, Ezra R.	Terre Haute	Vigo
Haslem, John R.	Terre Haute	Vigo
Haslinger, Clarence J.	Indianapolis	Marion
Hastings, Warren C.	Fort Wayne	Allen
Hatfield, Benjamin F.	Indianapolis	Marion
Hatfield, Jack J.	Indianapolis	Marion
Hatfield, Margaret	Naples, Fla.	Marion
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, Clayton B.	Butler	De Kalb
Hattendorf, Anton P.	Fort Wayne	Allen
Haugseth, Ellsworth K.	South Bend	St. Joseph
Hauss, Augustus P.	New Albany	Floyd
Havens, A. Lyle	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Havice, Jay F.	Lake Lure, N. C.	Allen
Hawes, James H.	Indianapolis	Marion
Hawes, James K. (S)	Columbus	Bartholomew-Brown
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawkins, Richard D.	Bedford	Lawrence
Hayes, Jesse D.	East Chicago	Lake
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Hays, Everett L.	Indianapolis	Marion
Hays, George R. (S)	Richmond	Wayne-Union
Hazinski, Robert T.	Griffith	Lake
Headley, Lloyd M.	Lebanon	Boone
Heard, Albert	Evansville	Vanderburgh
Heck, Martin C.	Jasper	Dubois
Heck, Rolfe A.	College Corner, Ohio	Wayne-Union
Hedde, Eugene L.	Logansport	Cass
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Heilman, William C.	New Castle	Henry
Heimburger, Robert F.	Indianapolis	Marion
Heinrich, Weston A.	Evansville	Vanderburgh
Heinrichs, Harry H.	Indianapolis	Marion
Held, George A.	Jasper	Dubois
Heller, Nelson L.	Dunkirk	Jay
Hellerstein, Stanley	Kansas City, Kansas	Marion
Helmen, Harry W.	South Bend	St. Joseph

Name	City	County
Helmer, John F.	South Bend	St. Joseph
Hemsworth, Dorothy N.	Indianapolis	Marion
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Indianapolis	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, John W.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Hendrix, Claude A.	Waveland	Montgomery
Henn, R. Anthony	Greenfield	Hancock
Henning, Carl (S)	Hanover	Jefferson-Switzerland
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S.	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hepburn, C. Keith	Indianapolis	Marion
Hepner, Herman	Kendallville	Noble
Hepner, Herman S.	Bloomington	Owen-Monroe
Herd, Cloyn N.	Peru	Miami
Herendeen, Elbie V.	Rochester	Fulton
Heritier, C. Jules	Columbia City	Whitley
Hermayer, Stephen	Evansville	Vanderburgh
Herr, John W.	Ashley	De Kalb
Herrick, Charles L.	Akron	Fulton
Herring, George N.	Richmond	Wayne-Union
Herrmann, Gordon T.	Evansville	Vanderburgh
Herrold, George W.	Lafayette	Tippecanoe
Hershberger, Philip	Indianapolis	Marion
Hershey, Ernest A.	Churubusco	Whitley
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C.	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, Arthur M. (S)	Indianapolis	Marion
Hetherington, John A.	Indianapolis	Marion
Hetman, Mitchell J.	Westville	La Porte
Heubi, John E.	Indianapolis	Marion
Hiatt, Russell L.	Fort Wayne	Allen
Hibbs, William G.	Franklin	Johnson
Hibner, Kermit	Danville	Hendricks
Hibner, Nolan A.	Monticello	White
Hickman, A. Lee	Hammond	Lake
Hickman, Donald	Fort Wayne	Allen
Hickman, Walter F.	Indianapolis	Marion
Hicks, Joseph (S)	Arcadia	Hamilton
Hicks, Murwyn L.	Indianapolis	Marion
Hiestand, Harley J.	Pennville	Jay
Higbee, Paul	Sullivan	Sullivan
Higgins, James L.	Petersburg	Pike
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W.	South Bend	St. Joseph
Hildebrand, John O.	South Bend	St. Joseph
Hildebrand, William O. (S)	Topeka	LaGrange
Hill, Gladys Marie	Richmond	Wayne-Union
Hill, Harold D.	Richmond	Wayne-Union
Hill, Howard E.	Muncie	Delaware-Blackford
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd	Denver	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Muncie	Delaware-Blackford
Hill, Theodore A.	South Bend	St. Joseph
Hill, Thomas N.	Scottsburg	Scott
Hilldrup, Don G.	Indianapolis	Marion
Hillenbrand, Charles	Michigan City	La Porte
Hillery, John L.	Warsaw	Kosciusko
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	South Bend	St. Joseph
Hillman, William H. (S)	South Bend	St. Joseph
Himebaugh, James R. S.	Indianapolis	Marion
Himler, James M.	Indianapolis	Marion
Hinchman, Clarence P.	Geneva	Adams
Hinchman, Jean F.	Parker	Randolph
Hine, Ulis B.	Indianapolis	Marion
Hines, Archie V.	Auburn	De Kalb
Hines, Don C.	Indianapolis	Marion
Hinko, Edward N.	Indianapolis	Marion
Hippensteel, Harland V.	Auburn	De Kalb
Hirsch, Herman L.	Mt. Vernon	Posey
Hisrich, Lloyd W.	Batesville	Ripley
Hobbs, Arthur A.	Evansville	Vanderburgh
Hochhalter, Marian	Logansport	Cass
Hodges, Fletcher (S)	Indianapolis	Marion
Hodges, William A.	Oaktown	Knox
Hodgin, Phillip	Orleans	Orange
Hodurski, Zigfield	Gary	Lake
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Doris	Vincennes	Knox
Hoffman, Herman	Indianapolis	Marion
Hoffman, Robert V.	South Bend	St. Joseph
Hoffmann, Sterling P.	Fort Wayne	Allen
Hofmann, Andrew (S)	Hammond	Lake
Hofmann, J. William	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Logansport	Cass
Holdeman, Lillian	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holladay, Lloyd J.	Lafayette	Tippecanoe
Holland, Charles E.	Goodland	Jasper-Newton
Holland, Deward J. (S)	Bloomington	Owen-Monroe
Holland, Philip T.	Bloomington	Owen-Monroe
Hollingsworth, Albert A. (S)	Indianapolis	Marion
Hollis, Walter H.	Fort Branch	Gibson
Holloway, William A. (S)	Logansport	Cass
Holman, Jerome E.	Indianapolis	Marion
Holman, Jerome E., Jr.	Indianapolis	Marion
Holmes, Claude D.	Frankfort	Clinton
Holmes, George W.	Gary	Lake
Holsinger, Robert E.	Fort Wayne	Allen
Holtzman, Norman H.	South Bend	St. Joseph
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hooke, Samuel W.	Noblesville	Hamilton
Hoopes, Jane	Evansville	Vanderburgh
Hoover, Ammon W.	Michigan City	La Porte
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Peter B.	Boonville	Warrick
Hopkins, Joseph R.	Hammond	Lake
Hopkins, Lester H.	Versailles	Ripley
Hoppenrath, Wesley M.	Elwood	Madison
Hoppenrath, William (S)	Elwood	Madison
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horwitz, Thomas	Indianapolis	Marion
Hostetler, Carl M.	Goshen	Elkhart
Hostetter, Irwin S.	Muncie	Delaware-Blackford
Houser, D. Stanley	Lakeville	St. Joseph
Houser, Wayne W.	Monon	White
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hover, Galen	Charlestown	Clark
How, John T. (S)	Lakeville	St. Joseph
How, Louis E.	South Bend	St. Joseph
Howard, William F.	Houston, Texas	Lake

Name	City	County
Howard, Wm. Harry	Hammond	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Joseph D.	Indianapolis	Marion
Howell, Robert D.	Indianapolis	Marion
Hoyt, John M.	Westville	La Porte
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Carl D.	Indianapolis	Marion
Huckleberry, Irvin E.	Salem	Washington
Huddle, John R.	Indianapolis	Marion
Hudson, Arlington M.	Connersville	Fayette-Franklin
Hudson, Foster J.	Indianapolis	Marion
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William F. (S)	Indianapolis	Marion
Huggins, Victor S.	Evansville	Vanderburgh
Hull, Arthur W.	Elkhart	Elkhart
Hull, James E.	Lafayette	Tippecanoe
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummell, Paul	Lafayette	Tippecanoe
Hummons, Francis D.	Indianapolis	Marion
Hummons, Henry L.	Indianapolis	Marion
Humphreys, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Fort Wayne	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J.	Terre Haute	Vigo
Hunt, Gayle J.	Richmond	Wayne-Union
Hunter, Donn	Glendale, Ariz.	Hancock
Hunter, Frank P.	Lafayette	Tippecanoe
Hunter, Lowell G.	Milan	Ripley
Huoni, John S.	Jeffersonville	Clark
Hurley, Anson G.	Muncie	Delaware-Blackford
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Hammond	Lake
Hutchison, Donald R.	Fountain City	Wayne-Union
Hutto, William H.	Kokomo	Howard
Hyatt, Gilbert T.	Evansville	Vanderburgh
Hyde, Carroll C.	South Bend	St. Joseph
Hynes, Roy T.	Indianapolis	Marion

I

Ibarra, Jesus	Gary	Lake
Imhof, Joseph D.	Muncie	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Herbert H.	Shelbyville	Shelby
Inlow, William D.	Shelbyville	Shelby
Irish, Wilbur J.	East Chicago	Lake
Irwin, Glenn W., Jr.	Indianapolis	Marion
Irwin, Seth	Anderson	Madison
Iske, Paul G.	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E.	New Castle	Henry
Ives, Raymond J.	Francesville	Pulaski
Ivy, John H.	Elkhart	Elkhart

J

Jackson, Charles E.	Bluffton	Wells
Jackson, Dean B.	Hartford City	Delaware-Blackford
Jackson, Frederick E. (S)	Indianapolis	Marion
Jackson, James W. (S)	Indianapolis	Marion
Jackson, Jesse L.	Indianapolis	Marion
Jackson, John F.	Fort Wayne	Allen
Jackson, John K.	Aurora	Dearborn-Ohio
Jaeger, Alfred S. (S)	Indianapolis	Marion
Jahns, Albin A.	Gary	Lake
James, John M.	Tell City	Perry
James, Nicholas A.	Tell City	Perry
James, Thomas, Jr.	Huntington	Huntington
Jannasch, Maurice C.	Gary	Lake
Jaquith, Orville S. (S)	Indianapolis	Marion
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jay, Arthur N.	Indianapolis	Marion
Jean, Thomas A.	Morristown	Shelby
Jeffries, Kenneth I. (S)	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, F. Lamont	Chicago, Ill.	Marion
Jennings, Frank L.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, Earl B.	Logansport	Cass
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jewett, Robert E.	Kansas City, Mo.	Marion
Jinks, Clifford H.	Indianapolis	Marion
Jinnings, Loren E.	Garrett	De Kalb
Jobes, James E.	Indianapolis	Marion
Jobes, Norman E. (S)	Indianapolis	Marion
Joest, Charles O.	Jacksonville, Fla.	St. Joseph
Johns, David R.	East Chicago	Lake
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, Cecil E.	Rensselaer	Jasper-Newton
Johnson, Frank D.	Waynetown	Montgomery
Johnson, Frank P.	Rochester	Fulton
Johnson, Gardner C. (S)	Evansville	Vanderburgh
Johnson, George M.	Richmond	Wayne-Union
Johnson, Harold V.	Indianapolis	Marion
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Palmyra	Harrison-Crawford
Johnson, Lonnie B.	Gary	Lake
Johnson, Lowell R.	Lafayette	Tippecanoe
Johnson, Owen	Peru	Miami
Johnson, Paul D.	Dayton, Ohio	Vigo
Johnson, Paul S. (S)	Richmond	Wayne-Union
Johnson, Robert B.	Rushville	Rush
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, William A.	Perrysville	Parke-Vermillion
Johnson, William A.	North Vernon	Jennings
Johnson, William F.	Indianapolis	Marion
Johnston, Alan	Plainfield	Hendricks
Johnston, Donald D.	Westville	La Porte
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert G.	Huntington	Huntington
Johnston, Robert L.	Bluffton	Wells
Jolly, Lewis E.	Madison	Jefferson-Switzerland
Jolly, Wesley P.	Richland	Spencer
Jones, Albert T.	Anderson	Madison
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, Clifford M.	Whiting	Lake
Jones, David	Lafayette	Tippecanoe
Jones, David E.	Indianapolis	Marion
Jones, Eli S.	Hammond	Lake
Jones, Francis P.	Indianapolis	Marion
Jones, George L.	Wanamaker	Marion
Jones, Glen M.	Bluffton	Wells
Jones, Horace E.	Anderson	Madison
Jones, John C.	La Porte	La Porte
Jones, John Carl	Logansport	Cass
Jones, King S.	Michigan City	La Porte
Jones, Robert B.	La Porte	La Porte
Jones, Roland W.	Indianapolis	Marion
Jones, William W.	Frankfort	Clinton

Name	City	County
Jordan, Leo E.	Lynn	Randolph
Joseph, Rex M.	Indianapolis	Marion
Jowitt, Richard H.	Indianapolis	Marion
Jurgensen, Walter T.	Fort Wayne	Allen
Justen, Jerome W.	Ft. Monroe, Va.	Lake

K

Kabel, Robert N.	Terre Haute	Vigo
Kahan, Harry L.	Tucson, Ariz.	Lake
Kahle, Dan B.	Indianapolis	Marion
Kahler, Maurice V.	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, George D.	Whiting	Lake
Kalb, Everett L.	Indianapolis	Marion
Kaler, James	Richmond	Wayne-Union
Kamen, Jack M.	East Chicago	Lake
Kamm, Bernard A.	South Bend	St. Joseph
Kamman, George H. (S)	Seymour	Jackson
Kammen, Leo	Indianapolis	Marion
Kammen, Robert	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kammer, Walter F.	Muncie	Delaware-Blackford
Kantzer, Floyd B.	Garrett	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karlick, Joseph	Arcadia	Hamilton
Karn, John W.	South Bend	St. Joseph
Karns, John D.	Winamac	Pulaski
Karol, Herbert J.	Fort Wayne	Allen
Karpel, Bernard	Mooresville	Morgan
Karsell, William A.	Bloomington	Owen-Monroe
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Washington, D. C.	Marion
Kauffman, Harley M.	Evansville	Vanderburgh
Kauffman, Nelson N.	Indianapolis	Marion
Kauffman, Sidney A.	Indianapolis	Marion
Kaufman, Julian	Fort Wayne	Allen
Kay, Oran	Spencer	Owen-Monroe
Keck, Carleton A.	Fort Wayne	Allen
Keeling, Forrest E.	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Reid L.	Indianapolis	Marion
Keever, Charles H.	Indianapolis	Marion
Keezer, William S.	Carson City, Nevada	Knox
Keiser, Venice D.	Indianapolis	Marion
Keith, Freeman E. (S)	St. Bernice	Parke-Vermillion
Keller, Foster C.	Fort Wayne	Allen
Keller, Frank G. (S)	Alexandria	Madison
Kelly, Don E.	Indianapolis	Marion
Kelly, Frank	Argos	Marshall
Kelly, John F.	Miami, Fla.	Marion
Kelly, Paul S.	Hammond	Lake
Kelly, Walter F. (S)	Indianapolis	Marion
Kelly, Wendell C.	Anderson	Madison
Kelly, William M.	Indianapolis	Marion
Kelly, William R.	Goshen	Elkhart
Kelsey, Lawrence E.	Kewanna	Fulton
Kelsey, Robert M.	La Porte	La Porte
Kemp, John T.	Michigan City	La Porte
Kemp, William A.	Connersville	Fayette-Franklin
Kempf, Gerald F.	Indianapolis	Marion
Kendall, Forest M.	Nappanee	Elkhart
Kendrick, Frank J.	Gary	Lake
Kendrick, William M.	Indianapolis	Marion
Kennedy, Eva N.	Camden	Carroll
Kennedy, Hall	Indianapolis	Marion
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Robert O. (S)	Rushville	Rush
Kennedy, Walter U.	New Castle	Henry
Kenney, Francis D.	Hammond	Lake
Kenoyer, Wilbur L.	Maxwell Field, Ala.	Marion
Kent, Richard N.	Fort Wayne	Allen
Kenyon, Charles Emil	Cambridge City	Wayne-Union
Kephart, S. Bruce	Bluffton	Wells
Kepler, Robert W.	La Porte	La Porte
Kercheval, John M.	Clinton	Parke-Vermillion
Kern, Charles B. (S)	Muncie	Delaware-Blackford
Kern, Clarence G.	Lebanon	Boone
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R.	Indianapolis	Marion
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L.	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kersten, Randall M.	San Bernardino, Calif.	Marion
Keseric, Nicholas E.	French Lick Springs	Orange
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, Jane M. (S)	Indianapolis	Marion
Ketcham, John S.	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Keys, Lynn	Evansville	Vanderburgh
Khaton, Odessa M.	Gary	Lake
Kidd, James G.	Roann	Wabash
Kidder, Orva T.	Fort Wayne	Allen
Kiely, John T.	Anderson	Madison
Kilgore, Byron W.	Indianapolis	Marion
Killian, E. Camille	Logansport	Cass
Kilmer, Warren L.	East Gary	Lake
Kim, Young D.	Beech Grove	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kime, Charles E.	Richmond	Wayne-Union
Kime, Edwin N.	Indianapolis	Marion
Kime, John T. (S)	Petersburg	Pike
Kincaid, Raymond K.	Tipton	Tipton
Kindell, Hurschell D.	New Richmond	Montgomery
King, Joseph W.	Anderson	Madison
King, Peter C.	Swayzee	Grant
King, Robert W.	Cedar Lake	Lake
King, William E.	Indianapolis	Marion
King, William F. (S)	Indianapolis	Marion
Kingsbury, John K.	Indianapolis	Marion
Kinnaman, Howard A.	Crawfordsville	Montgomery
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzel, Robert J. W.	Indianapolis	Marion
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirklin, Oren L.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, William R.	Indianapolis	Marion
Kiser, Edgar F. (S)	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kistler, James J.	La Porte	La Porte
Kistner, Arthur W.	Elkhart	Elkhart
Kitterman, Harry E.	Indianapolis	Marion
Klahr, Elsworth	South Bend	St. Joseph
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klatch, Ben Z.	Lafayette	Tippecanoe
Klaus, Julius M.	Crown Point	Lake
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L.	Evansville	Vanderburgh
Kleinman, Francis J.	Hebron	Porter
Klepfer, Jefferson	Richmond	Wayne-Union
Klepinger, Harry E.	Lafayette	Tippecanoe
Kling, Victor F.	Michigan City	La Porte

Name	City	County
Klingler, Maurice O.	Plymouth	Marshall
Knapp, Arthur L. (S)	South Bend	St. Joseph
Kneidel, John H.	Frankfort	Clinton
Knepple, La Marr R. (S)	Kokomo	Howard
Knight, Lewis W.	Fort Wayne	Allen
Knight, Robert E.	Indianapolis	Marion
Knode, Kenneth T.	South Bend	St. Joseph
Knotts, Slater	Rochester	Fulton
Knowles, Charles Y.	Indianapolis	Marion
Knowles, Robert P.	Indianapolis	Marion
Ko, Richard	Eaton	Delaware-Blackford
Kobrak, Herman G.	Chicago, Ill.	Lake
Kobrin, Meyer W.	Gary	Lake
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koehler, Elmer G.	Elkhart	Elkhart
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kohrman, Benjamin M.	Michigan City	La Porte
Kolanko, Leon A.	Hammond	Lake
Kolettis, George J.	Gary	Lake
Komoroske, John E.	East Chicago	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M.	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	Huntington, W. Va.	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, Otis A.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Krabill, Willard S.	Lakeville	St. Joseph
Kraft, Bennett	Indianapolis	Marion
Kraft, Haldon C.	Noblesville	Hamilton
Kramer, Albert A. (S)	South Bend	St. Joseph
Kraning, Kenneth K.	Kewanna	Fulton
Kremers, George A.	Kokomo	Howard
Kresler, Leon	Rensselaer	Jasper-Newton
Kretsch, Russell W.	Hammond	Lake
Krieble, William W.	Terre Haute	Vigo
Krieger, George M.	Michigan City	La Porte
Kriel, William B.	Indianapolis	Marion
Kring, Gerald G.	La Porte	La Porte
Kron, R. Vincent	Bremerton, Wash.	Lake
Krsek, Archie	Knox	Starke
Krueger, Frederick W. (S)	Richmond	Wayne-Union
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Kruse, Edward H.	Fort Wayne	Allen
Kruse, Walter E.	Fort Wayne	Allen
Kubik, Francis J.	Michigan City	La Porte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuder, Howard V.	Muncie	Delaware-Blackford
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S.	Hammond	Lake
Kuhn, Hugh A.	Hammond	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kunkler, Joseph	Terre Haute	Vigo
Kunkler, William C.	Terre Haute	Vigo
Kuntz, Herman W.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion

Name	City	County
L		
LaBier, C. Russell	Terre Haute	Vigo
LaBier, Clarence R. (S)	Terre Haute	Vigo
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaDuron, Jules F.	Muncie	Delaware-Blackford
LaFollette, Donald	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laird, Leslie A.	Richmond	Wayne-Union
Lamb, Emmett B.	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lamey, James L.	Anderson	Madison
Lamey, Paul T.	Anderson	Madison
Lancet, Robert O.	Terre Haute	Vigo
Land, Francis L.	Fort Wayne	Allen
Landis, Charles	Indianapolis	Marion
Landwehr, Alfons	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Joseph E.	South Bend	St. Joseph
Langdon, Harry K. (S)	Indianapolis	Marion
Langdon, J. Ray	Harding, Mass.	Marion
Langenbahn, Carl J.	South Bend	St. Joseph
Langohr, John	Columbia City	Whitley
Langsdon, Fred R.	Gaston	Delaware-Blackford
Lanning, R. Adrian	Elwood	Madison
Lansford, John	Redkey	Jay
Laramore, Ward	Indianapolis	Marion
Larkin, Bernard J.	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larmore, Sarah H.	Anderson	Madison
LaRocca, Joseph	South Bend	St. Joseph
Larrabee, James F.	Hammond	Lake
Larabee, William H. (S)	New Palestine	Hancock
Larrison, Glenn D.	Morocco	Jasper-Newton
Larson, Goyt O.	La Porte	La Porte
Larson, John A.	Logansport	Cass
LaSalle, Robert M.	Wabash	Wabash
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lauer, Dorothy B.	Dana	Parke-Vermillion
Lautz, Herbert A.	Hammond	Lake
Lavengood, Russell W.	Marion	Grant
Lawler, George F.	Indianapolis	Marion
Lawrence, Edwin A.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Laws, Harry J.	Lafayette	Tippecanoe
Laws, Kenneth F.	Lafayette	Tippecanoe
Lawson, Isaac H.	Kendallville	Noble
Lazo, Vicente R.	Hammond	Lake
Leahy, Howard J.	Pendleton	Madison
Leak, Robert H.	Boswell	Benton
Leasure, J. Kent	Indianapolis	Marion
Leasure, Kenneth	Elkhart	Elkhart
Leatherman, Harter L.	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Leedy, Gladys J.	Indianapolis	Marion
Leff, Abe	Indianapolis	Marion
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, Harold	Berne	Adams
Lehman, Kenneth M.	Topeka	LaGrange
Lehman, Waldo J.	Elkhart	Elkhart
Lehmberg, Otto F. C.	Columbia City	Whitley
Lehner, John J.	San Antonio, Tex.	Allen
Leibundguth, Henry	Evansville	Vanderburgh

Name	City	County
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl	Hamlet	Starke
LaMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lemon, Herbert K. (S)	Camden	Carroll
Lenk, George G.	Fort Wayne	Allen
Leonard, Henry S. (S)	Indianapolis	Marion
Leroy, Alvin G.	Alexandria	Madison
Leser, Ralph U.	Indianapolis	Marion
Lett, Emory B.	Loogootee	Daviess-Martin
Levantin, Bernard I.	South Bend	St. Joseph
Levering, Guy P. (S)	Lafayette	Tippecanoe
Levi, Leon	Indianapolis	Marion
Levin, Eli	East Chicago	Lake
Levin, Ralph T.	Indianapolis	Marion
Levkoff, Abner H.	South Bend	St. Joseph
Lewis, George N.	Gary	Lake
Lewis, James F.	Liberty	Wayne-Union
Lewis, Leonard D.	Peru	Miami
Lewis, Robert J.	Lawrence	Marion
Libbert, Edwin L.	Indianapolis	Marion
Libbert, Edwin L., Jr.	Indianapolis	Marion
Lichtenberg, Melvin	Indianapolis	Marion
Lidikay, Edward C.	Indianapolis	Marion
Life, Homer L.	New Castle	Henry
Lind, Jaap J.	Mulberry	Clinton
Lindenborg, Paul G.	Stockton, Calif.	Marion
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindsey, Sherman B.	Evansville	Vanderburgh
Line, Homer E.	Chili	Miami
Ling, John F.	Richmond	Wayne-Union
Lingeman, Byron N.	Crawfordsville	Montgomery
Lingeman, Raleigh E.	Indianapolis	Marion
Lingeman, Roger E.	Indianapolis	Marion
Link, Goethe (S)	Indianapolis	Marion
Link, William C.	Bloomington	Owen-Monroe
Linn, Elbert E.	La Porte	La Porte
Linton, Charles D.	Walkerton	St. Joseph
Lionberger, John R.	South Bend	St. Joseph
Lippoldt, Charles L.	Oldenburg	Ripley
Lipsey, Alfred J.	Hammond	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Little, John W. (S)	Indianapolis	Marion
Little, Robert C.	Evansville	Vanderburgh
Little, William J.	Indianapolis	Marion
Littlefield, Paul A.	Indianapolis	Marion
Litzenberger, Sam W.	Anderson	Madison
Lloyd, Claude A.	Washington	Daviess-Martin
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Robert P.	Fort Wayne	Allen
Lochry, Ralph L.	Indianapolis	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Loehr, William M.	Indianapolis	Marion
Loewenstein, Werner L.	Terre Haute	Vigo
Logan, Austin R. (S)	Petersburg	Pike
Logan, James Z.	Richmond	Wayne-Union
Logan, Jesse R.	Evansville	Vanderburgh
Logan, Richard S.	Elkhart	Elkhart
Lohman, Robert M.	Fort Wayne	Allen
Lohoff, Lewis C.	Tell City	Perry
Loh, Wei-Ping	Quincy, Mass.	Marion
Long, Keith	Hammond	Lake
Long, Max R.	Marion	Grant
Long, Paul L.	Anderson	Madison
Long, William H.	Indianapolis	Marion
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S.	Indianapolis	Marion
Loop, Floyd A. (S)	Lafayette	Tippecanoe
Loop, Frederick A.	Lafayette	Tippecanoe
Lord, Glen C.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Louden, Robert W.	Indianapolis	Marion
Loudermilk, Jack L.	Fort Wayne	Allen
Love, Albert J.	Corpus Christi, Tex.	Vanderburgh
Love, George N.	Indianapolis	Marion
Love, V. Logan	Marion	Grant
Lovelace, Daniel D.	Indianapolis	Marion
Lovell, Martin H.	Gary	Lake
Lovett, Harvey D.	Whitestown	Boone
Loving, Jury B.	New Goshen	Vigo
Luckett, Coen L.	Terre Haute	Vigo
Luckey, Harold A.	Wolf Lake	Noble
Luckey, Robert C.	Wolf Lake	Noble
Ludwig, Oscar D. (S)	Indianapolis	Marion
Luginbill, Howard M.	Berne	Adams
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John	Jasper	Dubois
Lukenbill, Emery D.	Indianapolis	Marion
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lung, Bruce D.	Kokomo	Howard
Lurie, Paul R.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Lutes, David L.	Edinburg	Johnson
Lutz, Georgianna	Gary	Lake
Luzadder, John E.	New Carlisle	St. Joseph
Lybrook, Daniel E.	Young America	Cass
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D.	Evansville	Vanderburgh
Lynch, Otis R.	Marengo	Harrison-Crawford
Lynn, Frank M. (S)	Peru	Miami
Lyon, Florence M.	Portland	Jay
Lyon, William C.	Fort Wayne	Allen
Lyons, L. Mason	Terre Haute	Vigo
Lyons, Robert C.	South Bend	St. Joseph
Lyons, Robert E.	Bloomington	Owen-Monroe

M

MacDonald, John A. (S)	Interlaken, N. Y.	Marion
MacKenzie, Pierce	Evansville	Vanderburgh
MacLeod, Donald F.	Crown Point	Lake
MacNamee, D. Hugh	Marion	Grant
Macer, Clarence G.	Evansville	Vanderburgh
Machledt, John H.	Whiteland	Johnson
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, Harry S.	Indianapolis	Marion
Mackey, John E.	Indianapolis	Marion
Macy, George W.	Columbus	Bartholomew-Brown
Mader, John H.	Richmond	Wayne-Union
Madston, A. Ricks	Indianapolis	Marion
Magennis, Herbert L.	Indianapolis	Marion
Mahaffy, John H.	Evansville	Vanderburgh
Mahank, Camiel	Indianapolis	Marion
Mahoney, Charles L.	Terre Haute	Vigo
Mahuron, Boyd L.	Muncie	Delaware-Blackford
Majsterek, Stanley L.	Gary	Lake
Makovsky, Theodore	Valparaiso	Porter
Malcolm, Russell	Richmond	Wayne-Union
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Miami
Malouf, Stephen D.	Peru	Miami
Manalan, Maurice M.	Indianapolis	Marion
Manifold, Harold M.	Fortville	Hancock
Manion, Marlow W.	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Mann, Mortimer	Indianapolis	Marion
Manning, George	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Manzie, Michael W.	Indianapolis	Marion

Name	City	County
Maple, James B. (S)	Sullivan	Sullivan
Marchand, Edwin V.	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Emanuel	Hammond	Lake
Marcus, Morris C.	Gary	Lake
Maris, Lee J.	Attica	Fountain-Warren
Markel, Ivan J.	Elkhart	Elkhart
Markey, Richard J. P.	Highland	Lake
Markle, Joseph G.	Hammond	Lake
Marks, Howard H.	Huntington	Huntington
Marks, Maurice I.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Marr, Griffith	Columbus	Bartholomew-Brown
Marsh, Carl M.	Indianapolis	Marion
Marsh, Chester A.	Hagerstown	Wayne-Union
Marsh, George W.	Lafayette	Tippecanoe
Marsh, William L.	Lafayette	Tippecanoe
Marshall, Albert L., Jr.	Indianapolis	Marion
Marshall, Caesar L.	Fort Wayne	Allen
Marshall, Cavins R.	Indianapolis	Marion
Marshall, George L.	Bourbon	Marshall
Marshall, Lloyd C.	Mt. Summit	Henry
Marshall, Millard R.	Gary	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Charles E.	Lynn	Randolph
Martin, Charles F.	Mishawaka	St. Joseph
Martin, Clement G.	Whiting	Lake
Martin, Floyd S.	Goshen	Elkhart
Martin, Guy	Seymour	Jackson
Martin, Harold G.	St. Clair Shores, Mich.	Tippecanoe
Martin, Hugh E.	Indianapolis	Marion
Martin, Loren H.	Indianapolis	Marion
Martin, William B.	La Porte	La Porte
Martz, Bill L.	Indianapolis	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Robert J.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Everett E.	Evansville	Vanderburgh
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter	Millersburg	Elkhart
Masters, John M.	Indianapolis	Marion
Masters, Robert J.	Indianapolis	Marion
Maternowski, Chester J.	Valparaiso	Porter
Mather, Charles R.	Lafayette	Tippecanoe
Mather, J. Winford	East Gary	Lake
Mather, Robert L.	Indianapolis	Marion
Matheus, Charles	Union City	Randolph
Mathys, Alfred (S)	Mauckport	Harrison-Crawford
Matteucci, Walter V.	Wabash	Wabash
Matthew, John R.	North Judson	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J.	Indianapolis	Marion
Matthews, Charles B. (S)	Hammond	Lake
Matthews, Dennis W. (S)	North Vernon	Jennings
Matthews, William M.	Indianapolis	Marion
Mattmiller, Everette D.	Avilla	Noble
Mattox, Don M.	Terre Haute	Vigo
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Maxson, Roy V.	Anderson	Madison
Maxwell, John B. (S)	Logansport	Cass
May, George A.	Madison	Jefferson-Switzerland
May, Richard M.	Gary	Lake
Mayfield, Clifford H. (S)	Reynolds	White
McAdams, Hugh B.	Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McArdle, Edward G.	Fort Wayne	Allen
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Otto B.	Madison	Jefferson-Switzerland
McBride, James S.	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo
McCabe, James E. (S)	Otterbein	Benton
McCallister, John W.	Fort Wayne	Allen
McCallum, Joseph T. C.	Indianapolis	Marion
McCarthy, Jeremiah A.	Whiting	Lake
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil	Princeton	Gibson
McCaskey, Carl H. (S)	Indianapolis	Marion
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClelland, Donald C.	Lafayette	Tippecanoe
McClelland, Harry N.	Alexandria	Madison
McClintock, James A.	Muncie	Delaware-Blackford
McClure, Clark	Knox	Starke
McClure, Stanley E.	Monon	White
McClure, Warren N.	Kokomo	Howard
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCord, Carl B.	Veedersburg	Fountain-Warren
McCormack, Lloyd L.	Fremont	Steuben
McCormick, Charles O.,	Indianapolis	Marion
McCormick, Charles O., Jr.	Indianapolis	Marion
McCormick, Hubert D.	Vincennes	Knox
McCormick, Wilbur C.	Brazil	Clay
McCown, Percy E.	Indianapolis	Marion
McCoy, George E.	Muncie	Delaware-Blackford
McCoy, Melvin H.	Indianapolis	Marion
McCoy, Roy R.	Fort Wayne	Allen
McCracken, Jacob O. (S)	Montgomery	Daviess-Martin
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McDaniel, Franklin P.	Atlanta	Hamilton
McDevitt, Daniel R.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Ralph M.	South Bend	St. Joseph
McDonald, Vergil G.	Anderson	Madison
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, Robert S.	Princeton	Gibson
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFall, J. R. S.	Fort Wayne	Allen
McFarland, Corley B.	South Bend	St. Joseph
McGilvray, Eva R. T.	Rockville	Parke-Vermillion
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Gary	Lake
McGuff, Paul E.	Indianapolis	Marion
McGuire, Desmond F.	East Chicago	Lake
McIlroy, Richard J.	Richmond	Wayne-Union
McIlwain, Eleanor E.	Culver	Marshall
McIlwain, Robert E.	Culver	Marshall
McIndoo, Ralph E.	Kokomo	Howard
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, Wilbert	Riley	Vigo
McIntyre, Charles J. (S)	Indianapolis	Marion
McIntyre, James M.	Indianapolis	Marion
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeeman, Donald H.	Fort Wayne	Allen

Name	City	County
McKeeman, Leland S.	Fort Wayne	Allen
McKenna, Henry J.	South Bend	St. Joseph
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H.	Lafayette	Tippecanoe
McKinstray, Homer R. (S)	Indianapolis	Marion
McKittrick, Jack	Washington	Daviess-Martin
McLaughlin, Calvin P.	Pendleton	Madison
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R.	Flora	Carroll
McLean, James S.	Hammond	Lake
McLelland, Mary R.	Bloomington	Owen-Monroe
McMahan, Virgil C.	Vincennes	Knox
McMath, Samuel B.	Gary	Lake
McMillan, Frederick G. (S)	Indianapolis	Marion
McNabb, George B.	Carthage	Rush
McNabb, Richard C.	Knightstown	Henry
McNaughton, Lawrence M.	Washington	Daviess-Martin
McNeely, Matthew J.	Dillsboro	Dearborn-Ohio
McQuiston, Ralph J.	Indianapolis	Marion
McTurnan, Robert W.	Indianapolis	Marion
McVey, Clarence A.	Hammond	Lake
McWilliams, William B.	Liberty	Wayne-Union
Mead, Clarence H.	Bluffton	Wells
Mead, Frank E.	La Porte	La Porte
Meade, Walter W.	Bicknell	Knox
Meador, Eric B.	Indianapolis	Marion
Medcalf, Norman L.	Lamar	Spencer
Megenhardt, Dennis S.	Indianapolis	Marion
Mehl, Rudolph A.	Evansville	Vanderburgh
Mehne, Richard G.	Brazil	Clay
Meikle, Louise J.	W. Lafayette	Tippecanoe
Meiks, Lyman T.	Indianapolis	Marion
Meiner, Joseph A. (S)	Kokomo	Howard
Meiser, Robert D.	Huntington	Huntington
Meister, Doris (S)	Anderson	Madison
Melloh, Ardis F.	Indianapolis	Marion
Mendelson, Stanley M.	Kokomo	Howard
Mendenhall, Clarence D.	Indianapolis	Marion
Mendenhall, Edgar	Fort Wayne	Allen
Mendez, Carlos	Elkhart	Elkhart
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mercer, Samuel R.	Fort Wayne	Allen
Merchant, Raymond	Lake Village	Jasper-Newton
Meredith, Elwood J.	Richmond	Wayne-Union
Mericle, Earl W.	Indianapolis	Marion
Merrell, Basil M.	Rockville	Parke-Vermillion
Merrell, Paul	Indianapolis	Marion
Mertz, Henry O.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W.	Kendallville	Noble
Metcalf, George B.	Anderson	Madison
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Hans	Butlerville	Jennings
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Keith T.	Evansville	Vanderburgh
Meyer, Milo G.	Michigan City	La Porte
Meyer, Orlando L.	Bedford	Lawrence
Meyer, Raymond C.	Vincennes	Knox
Meyer, Theodore O.	Fort Wayne	Allen
Meyn, Werner P.	Terre Haute	Vigo
Michaelis, Stephen C.	Fort Wayne	Allen
Michaels, Joseph F. (S)	Edinburg	Johnson
Middleton, Harvey N.	Indianapolis	Marion
Middleton, Thomas O.	Bloomington	Owen-Monroe
Mikesch, William H. (S)	South Bend	St. Joseph
Miklozek, John E.	Terre Haute	Vigo
Miley, Weir M.	Anderson	Madison
Miller, Dan T.	Fowler	Benton
Miller, Daniel B. (S)	Terre Haute	Vigo
Miller, Donald C.	Cedar Lake	Lake
Miller, Ebbo H.	Valparaiso	Porter
Miller, Edward D.	Fort Wayne	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson
Miller, Henderson L. (S)	West Baden Springs	Orange
Miller, Hugh A.	Elkhart	Elkhart
Miller, J. Don	Indianapolis	Marion
Miller, James C.	Greensburg	Decatur
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Mahlon F.	Fort Wayne	Allen
Miller, Malcolm E.	Goshen	Elkhart
Miller, Milton	Evansville	Vanderburgh
Miller, Milo K.	South Bend	St. Joseph
Miller, Minor	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Raleigh S.	Indianapolis	Marion
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Evansville	Vanderburgh
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Sayers J.	W. Lafayette	Tippecanoe
Miller, Samuel T.	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wallace E.	Indianapolis	Marion
Miller, William A.	Hagerstown	Wayne-Union
Milleson, Ann L. M.	Terre Haute	Vigo
Millis, Arthur B.	Indianapolis	Marion
Millis, Robert J.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Wabash	Wabash
Milne, Walter S.	Michigan City	La Porte
Milroy, Robert A.	Valparaiso	Porter
Minczewski, Richard C.	Gary	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Mino, Raymond W.	Evansville	Vanderburgh
Mino, Robert A.	Evansville	Vanderburgh
Mirro, John A.	Lowell	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Irving	Elkhart	Elkhart
Mitchell, Edgar T. (S)	Romney	Tippecanoe
Mitchell, Earl H.	Indianapolis	Marion
Mitchell, Edward O.	Indianapolis	Marion
Mitchell, George L.	Smithville	Owen-Monroe
Mitman, Floyd B.	Huntington	Huntington
Moats, Carl F.	Fort Wayne	Allen
Moats, George E.	Fort Wayne	Allen
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Modjeska, Gerald S.	Indianapolis	Marion
Modjeski, Joseph R.	Hammond	Lake
Modjeski, Raymond J.	Hammond	Lake
Moehlenkamp, Chas. E.	Evansville	Vanderburgh
Moeller, Victor C.	Fort Wayne	Allen
Moenning, Walter P.	Indianapolis	Marion
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Molenda, Robert V.	Sedalia, Mo.	La Porte
Molengraft, Cornelius J.	Gary	Lake
Molloy, William J. (S)	Muncie	Delaware-Blackford
Molt, Wm. F. (S)	Indianapolis	Marion
Monar, Michael	Rockport	Spencer
Monroe, F. Bruce	Gary	Lake
Montgomery, Lall G.	Muncie	Delaware-Blackford

Name	City	County
Montgomery, William F.	Indianapolis	Marion
Moody, Joseph E.	Evansville	Vanderburgh
Moon, Charles E.	Center Point	Clay
Moore, Ben B.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, E. Gregory	San Francisco, Calif.	Lake
Moore, Harold T.	Indianapolis	Marion
Moore, Martha	Madison	Jefferson-Switzerland
Moore, Richard B.	Indianapolis	Marion
Moore, Robert G.	Vincennes	Knox
Moore, Thomas C.	Muncie	Delaware-Blackford
Moore, Will C.	Muncie	Delaware-Blackford
Moosey, Louis	Union Mills	La Porte
Moran, Mark M.	Portland	Jay
Moran, Noel D.	Versailles	Ripley
Moravec, Arthur E.	Fort Wayne	Allen
Morchan, Samuel	Indianapolis	Marion
Morec, George J.	Hammond	Lake
Morgan, Margaret E.	Indianapolis	Marion
Mori, Victor M.	Indianapolis	Marion
Moriarty, John R.	Indianapolis	Marion
Morrical, Russell J.	Logansport	Cass
Morris, Hyman	Gary	Lake
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William R.	Kokomo	Howard
Morrison, George C.	Portland	Jay
Morrison, John S. (S)	Lafayette	Tippecanoe
Morrison, James T.	Greensburg	Decatur
Morrison, Lindsey (S)	Hammond	Lake
Morrison, Lewis E., II	Indianapolis	Marion
Mortenson, Leland J.	Fort Wayne	Allen
Morton, Walter P.	Indianapolis	Marion
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Edward (S)	Woodburn	Allen
Moser, Rollin H.	Indianapolis	Marion
Moses, George E.	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Mosier, Jack M.	New Castle	Henry
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Mavor J.	Yorktown	Delaware-Blackford
Moswin, Jack A.	Gary	Lake
Mothersill, Mark H.	Indianapolis	Marion
Mott, Cassell A.	South Bend	St. Joseph
Moulton, Lillian G.	Indianapolis	Marion
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Crawfordsville	Montgomery
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Muelchi, Adeline F.	Evansville	Vanderburgh
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mueller, Lillian B.	Indianapolis	Marion
Muhleman, Charles E.	La Porte	La Porte
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mumford, E. Bishop (S)	Indianapolis	Marion
Muncie, Henry L. (S)	Cloverland	Clay
Munk, Cleori E.	Kendallville	Noble
Murdock, Harvey L.	Fort Wayne	Allen
Murphy, Eugene C.	South Bend	St. Joseph
Murphy, Edgar W.	New Albany	Floyd
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Harold O.	Warsaw	Kosciusko
Murphy, Harry E.	Franklin	Johnson
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine	South Bend	St. Joseph
Murphy, Maurice G.	Morgantown	Morgan
Murray, Ernest C.	Kokomo	Howard
Murray, James S.	Beverly Hills, Calif.	Marion
Murray, William W.	Madison	Jefferson-Switzerland
Musacchio, Frederick A.	Hammond	Lake
Musselman, Glen G.	Terre Haute	Vigo
Myers, Charles W.	Indianapolis	Marion
Myers, Roy V.	Indianapolis	Marion

N

Nafe, Cleon A.	Indianapolis	Marion
Nagan, Robert F.	Indianapolis	Marion
Nahrwold, Elmer W.	Fort Wayne	Allen
Napper, Floyd	Scottsburg	Scott
Nash, Charles B.	Valparaiso	Porter
Nash, Justin R.	Albion	Noble
Nason, Robert A.	Garrett	De Kalb
Nassef, George	Walkerton	St. Joseph
Navin, Hugh K.	Fortville	Hancock
Nay, Ernest O.	Terre Haute	Vigo
Nay, Richard M.	Indianapolis	Marion
Neal, Leonard W.	Hammond	Lake
Neale, Alfred E.	Anderson	Madison
Need, Louis T.	Indianapolis	Marion
Neely, Alonzo S. (S)	New Middletown	Harrison-Crawford
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel	Tell City	Perry
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, John W.	Ft. Sam Houston, Tex.	Marion
Nelson, Paul L.	Anderson	Madison
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nenneker, Henry (S)	Evansville	Vanderburgh
Nesbit, Leonard L.	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Netherton, Clyde R.	Chalmers	White
Neucks, Howard C.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Neuwalt, Frank	Gary	Lake
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newland, Arthur E.	Bedford	Lawrence
Newman, Alvin E.	Evansville	Vanderburgh
Newnum, Raymond L.	Rochester, Minn.	Wayne-Union
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Thomas H.	Knox	Starke
Nickel, Allen C.	Bluffton	Wells
Nicosia, John B.	East Chicago	Lake
Nie, Grover M.	Huntington	Huntington
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nielsen, Juul C.	Naples, Fla.	Marion
Nigh, Rufus M.	Fairland	Shelby
Nilges, Richard G.	Gary	Lake
Nill, John H.	Fort Wayne	Allen
Nisenbaum, Harold	Evansville	Vanderburgh
Nixon, Byron	Farmland	Randolph
Noble, Thomas B., Jr.	Indianapolis	Marion
Nodinger, Louis	Hammond	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolt, Ernest V.	Columbia City	Whitley
Nolting, Henry F.	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh

Name	City	County
Norman, William H.	Indianapolis	Marion
Norris, Allen A. (S)	Elkhart	Elkhart
Norris, Ernest B.	Middlebury	Elkhart
Norris, Howard L.	Indianapolis	Marion
Norris, Mary Alice	Ft. Monroe, Va.	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
Norton, Harold J.	Columbus	Bartholomew-Brown
Norton, Horace	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Novy, Charles A.	Garrett	De Kalb
Nowack, Henry J.	Marion	Grant
Nugen, Harold	Auburn	De Kalb
Nugent, Edwin J.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
O		
Oak, David D.	LaCrosse	La Porte
Oak, David D., Jr.	Hanna	La Porte
O'Brian, Earl J.	Indianapolis	Marion
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Ochsner, Harold C.	Indianapolis	Marion
Ockerman, Kenneth R.	Rensselaer	Jasper-Newton
O'Connor, James J.	Alhambra, Calif.	Lake
O'Dell, Harry C.	Farmersburg	Sullivan
O'Dell, Thomas A.	Indianapolis	Marion
Offutt, Andrew C.	Indianapolis	Marion
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Oliphant, Frank W.	Mount Vernon	Posey
Oliphant, Robert W.	Terre Haute	Vigo
Olsen, Robert G.	Evansville	Vanderburgh
Olson, John R.	Indianapolis	Marion
Olson, Kenneth L.	South Bend	St. Joseph
Olson, William H.	Michigan City	La Porte
Olvey, Ottis N.	Indianapolis	Marion
O'Malley, Martha A.	Indianapolis	Marion
Omstead, Milton	Petersburg	Pike
Omstead, Trevalyn W.	Huntington	Huntington
O'Neill, Martin J.	Rensselaer	Jasper-Newton
Oppenheimer, Ernst	Evansville	Vanderburgh
Orders, Clarke E. (S)	Indianapolis	Marion
Ornelas, Joseph P.	Gary	Lake
O'Rourke, Carroll	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Osborne, Harry S. (S)	Leesburg, Fla.	Marion
Oster, Jack H.	Westville	La Porte
Osterman, Louis H.	Seymour	Jackson
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Otten, Ralph E.	Darlington	Montgomery
Ottinger, Ross C.	Indianapolis	Marion
Overpeck, Charles	Greensburg	Decatur
Overpeck, George H.	Alexandria	Madison
Overshiner, Lyman	Columbus	Bartholomew-Brown
Owen, Abraham M.	Bloomington	Owen-Monroe
Owen, John E.	Indianapolis	Marion
Owen, Margaret A.	Bloomington	Owen-Monroe
Owens, Richard R.	Muncie	Delaware-Blackford
Owens, Thomas R.	Muncie	Delaware-Blackford
Owens, Tracy C.	Indianapolis	Marion
Owsley, Guy A.	Hartford City	Delaware-Blackford
Oyer, John H.	Fort Wayne	Allen

Name	City	County
P		
Pace, Jerome V.	Rockville	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Palm, John M.	Brazil	Clay
Palmer, Russell H.	Gary	Lake
Panares, Solomon V.	Hammond	Lake
Pancost, Vernon K.	Elkhart	Elkhart
Pandolfo, Harry	Indianapolis	Marion
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Indianapolis	Marion
Parker, Carey B.	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C.	Hobart	Lake
Parker, John F.	Indianapolis	Marion
Parker, Portia	Indianapolis	Marion
Parks, George	Hartford City	Delaware-Blackford
Parmenter, Harry	Sullivan	Sullivan
Parmley, Walter E., Jr.	South Bend	St. Joseph
Parr, Robert L.	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascale, Luke R.	East Chicago	Lake
Passino, James	Richmond	Wayne-Union
Pastor, Julius W.	Evansville	Vanderburgh
Patrick, Glenn B.	Elkhart	Elkhart
Patten, Vernon C. (S)	Morristown	Shelby
Patterson, William K.	Anderson	Madison
Patton, Martin T.	Indianapolis	Marion
Paul, Daniel F.	Kentland	Jasper-Newton
Paul, Leonard G.	Michigan City	La Porte
Paulissen, George T.	Indianapolis	Marion
Pauszek, Thomas B.	South Bend	St. Joseph
Payne, Arthur C.	East Chicago	Lake
Paynter, Morris B.	Southport	Marion
Paynter, William	Pekin	Washington
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Roy V.	Terre Haute	Vigo
Pearlman, Samuel S. (S)	Lafayette	Tippecanoe
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R.	Indianapolis	Marion
Pearson, William E.	Wabash	Wabash
Pebworth, Aubrey C. (S)	Indianapolis	Marion
Peck, Franklin B.	Indianapolis	Marion
Peck, Edward A.	Hammond	Lake
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Peltier, Hubert C.	South Bend	St. Joseph
Pennington, Walter E.	Indianapolis	Marion
Permer, Erwin	Indianapolis	Marion
Perrin, Kermit F.	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Perucca, Leo G.	Indianapolis	Marion
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Joel A.	Lafayette	Tippecanoe
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, Theodore V.	Indianapolis	Marion
Petrass, Andrew	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Pettijohn, Fred L. (S)	Indianapolis	Marion

Name	City	County
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A.	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfuetze, Max	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, John F.	Bluffton	Wells
Phillips, William R. (S)	Glenwood	Fayette-Franklin
Phipps, Leland K.	Union City	Randolph
Piazza, Leonard F.	Michigan City	La Porte
Pickett, Paul	Clinton	Parke-Vermillion
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett, Jr.	Attica	Fountain-Warren
Pierce, Gene S.	New Albany	Floyd
Pierce, Harold J.	Terre Haute	Vigo
Pierce, William J.	Brookston	White
Pierson, Robert H.	Crawfordsville	Montgomery
Pierson, Thomas A.	New Palestine	Hancock
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pilcher, Jack E.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pilot, Jean	Hammond	Lake
Pinsky, Sheldon T.	Indianapolis	Marion
Pippenger, Wayne G.	Brook	Jasper-Newton
Pirkle, Hubert B.	Rockville	Parke-Vermillion
Pitkin, Edward M.	Martinsville	Morgan
Pitkin, McKendree C.	Martinsville	Morgan
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George	South Bend	St. Joseph
Plank, C. Robert	Michigan City	La Porte
Plautz, Geraldine Z.	Indianapolis	Marion
Ploetner, Edward J.	Jasper	Dubois
Ploughe, Ralph R.	Elwood	Madison
Polhemus, Warren C.	Anderson	Madison
Pollard, Walter S.	Evansville	Vanderburgh
Pollock, Anthony J.	Indianapolis	Marion
Pomeroy, Rex K.	Plymouth	Marshall
Ponczek, Edward	Fort Wayne	Allen
Pontius, Edwin E.	Fort Wayne	Allen
Poolitson, George C.	Bloomington	Owen-Monroe
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Gary	Lake
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, Dale	Ann Arbor, Mich.	Marion
Porter, Jack	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portteus, Walter L.	Franklin	Johnson
Poston, Clement L.	Laurel	Fayette-Franklin
Potter, Brian	Washington, D. C.	La Porte
Potter, Richard M.	Ridgeville	Randolph
Potter, Thomas P., Jr.	South Bend	St. Joseph
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Prather, Philip E.	Kokomo	Howard
Predd, Adolph C.	La Porte	La Porte
Premuda, Franklin F.	Hammond	Lake
Prenatt, Francis	Madison	Jefferson-Switzerland
Prentiss, Nelson H.	Oteen, N. C.	Allen
Present, Julian	Evansville	Vanderburgh
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Columbus, O.	Marion
Price, James O.	Indianapolis	Marion
Price, Shirley G.	Evansville	Vanderburgh
Priebe, Fred H.	Hillsboro	Fountain-Warren
Proudfit, Charles H.	South Bend	St. Joseph
Province, Oran A. (S)	Franklin	Johnson
Province, William D.	Franklin	Johnson
Pruitt, J. Edward	Gary	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, Willis L.	Evansville	Vanderburgh
Pulskamp, Bertrand H.	Wolcottville	Noble
Purcell, Jack H.	Boonville	Warrick
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E.	Albany	Delaware-Blackford
Pyle, Harold D.	South Bend	St. Joseph

Q

Quarles, E. Bryan	Bloomington	Owen-Monroe
Quick, William J.	Muncie	Delaware-Blackford
Quickel, Daniel S. (S)	Anderson	Madison
Quigley, Joseph B.	Indianapolis	Marion

R

Rabb, Frank M.	Indianapolis	Marion
Rabb, Harry S.	Indianapolis	Marion
Raber, Robert M.	Indianapolis	Marion
Rabson, S. Milton	Fort Wayne	Allen
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Bethesda, Md.	Lake
Ragsdale, Harrison C.	Indianapolis	Marion
Rainey, Everett A. (S)	Lebanon	Boone
Ralston, John D.	Carmel	Hamilton
Ramage, Walter F.	Beech Grove	Marion
Ramker, Daniel T.	Hammond	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Raney, Ben B.	Linton	Greene
Rang, Arthur A.	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rasch, George C., Jr.	Hammond	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Rathkey, Arthur S.	Muncie	Delaware-Blackford
Rausch, Norman W.	Angola	Steuben
Ravdin, Bernard D.	Evansville	Vanderburgh
Rawles, Lyman T. (S)	Fort Wayne	Allen
Rawlins, Carolyn M.	Hammond	Lake
Ray, Herbert A. (S)	Fort Wayne	Allen
Rayl, Donald F.	Evansville	Vanderburgh
Raymundo, Vivencio	Indianapolis	Marion
Rebhun, Joseph	Hammond	Lake
Reck, Joseph L.	Sheridan	Hamilton
Records, Arthur W.	Franklin	Johnson
Reed, Donald	Culver	Marshall
Reed, John	Hobart	Lake
Reed, Nelle C.	Michigan City	La Porte
Reed, Philip B.	Indianapolis	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Plymouth	Marshall
Reed, Roger R.	Anderson	Madison
Reed, William C.	Bloomington	Owen-Monroe
Reeder, Henry H.	Jeffersonville	Clark
Rees, Russell C.	Indianapolis	Marion
Reese, Lawrence W.	Culver	Marshall
Regan, George L.	Sellersburg	Clark
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion

Name	City	County
Reid, Robert M.	Columbus	Bartholomew-Brown
Reid, Robert W.	Union City	Randolph
Reilly, James F.	Vincennes	Knox
Reilly, Richard W.	Cedar Lake	Lake
Reisler, Simon	Indianapolis	Marion
Reitz, Thomas F.	Evansville	Vanderburgh
Remich, Antone C.	Hammond	Lake
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Hammond	Lake
Rendel, Harold E.	Mexico	Miami
Reppert, Roland L.	Decatur	Adams
Rettig, Arthur C.	Muncie	Delaware-Blackford
Reynolds, D. Monroe (S)	Garrett	De Kalb
Reynolds, James S.	Gary	Lake
Reynolds, Russell P.	Garrett	De Kalb
Reynolds, Richard J.	Terre Haute	Vigo
Rhamy, Arthur P.	Wabash	Wabash
Rhea, Gilbert D.	Greencastle	Putnam
Rhea, James C.	Beech Grove	Marion
Rheinheimer, Floyd L.	Milford	Kosciusko
Rhind, Alexander W.	Hammond	Lake
Rhodes, Theodore D.	Indianapolis	Marion
Rhorer, Herbert M.	Kokomo	Howard
Rhorer, John G.	Marion	Grant
Rice, Clayton L.	New Haven	Allen
Rice, Frederic A.	Indianapolis	Marion
Rice, Raymond M.	Indianapolis	Marion
Rice, Wilkie B.	Fort Wayne	Allen
Rich, Norval	Decatur	Adams
Richard, Norman F.	Shelbyville	Shelby
Richards, David H. (S)	Vincennes	Knox
Richards, Edgar E.	Russellville	Putnam
Richardson, Charles L.	Rochester	Fulton
Richardson, Thad T.	Indianapolis	Marion
Richart, James V.	Terre Haute	Vigo
Richer, Orville H.	Warsaw	Kosciusko
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Gary	Lake
Ricketts, Joseph W.	Indianapolis	Marion
Ridgeway, Ora W. (S)	Indianapolis	Marion
Ridgway, Alton H.	Lapel	Madison
Ridlon, Albert M.	South Whitley	Whitley
Rieger, I. Taylor	Bloomington	Owen-Monroe
Rifner, Eugene S.	Van Buren	Grant
Rigg, John F.	Indianapolis	Marion
Riggs, Floyd C.	Terre Haute	Vigo
Rigley, Edward L.	South Bend	St. Joseph
Riley, Frank H. (S)	Jamestown	Boone
Ringham, Jarrett	Evansville	Vanderburgh
Rininger, Harold C.	Evansville	Vanderburgh
Rinker, Earl B.	Indianapolis	Marion
Rinne, John I.	Lapel	Madison
Ripley, John W.	Seymour	Jackson
Rissing, Walter J.	Fort Wayne	Allen
Ritchey, James O.	Indianapolis	Marion
Ritchie, William D.	Evansville	Vanderburgh
Ritteman, George W.	Columbus	Bartholomew-Brown
Ritter, Wayne L.	Indianapolis	Marion
Ritz, Albert S.	Louisville, Ky.	Vanderburgh
Rivers, Glynn A.	Muncie	Delaware-Blackford
Robb, John A.	Indianapolis	Marion
Roberts, Thomas K.	Michigan City	La Porte
Robertson, Addis N.	New Albany	Floyd
Robertson, David W. (S)	Deputy	Jefferson-Switzerland
Robertson, James S.	Plymouth	Marshall
Robertson, Ray B.	Indianapolis	Marion
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U.	Evansville	Vanderburgh
Robinson, Frank C.	Arcadia, Calif.	Marion
Robinson, Walter K.	Gary	Lake
Robinson, William H.	Mitchell	Lawrence
Robison, John S.	Winchester	Randolph
Roby, Alma L.	Jeffersonville	Clark
Rockey, Noah A.	Fort Wayne	Allen
Rodin, Herman H.	South Bend	St. Joseph
Rodriguez, Juan	Fort Wayne	Allen
Rodriguez, Raimundo W.	Indianapolis	Marion
Roesch, Ryland	Warsaw	Kosciusko
Rogers, Arthur R.	Newburgh	Warrick
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, Otto F.	Bloomington	Owen-Monroe
Rogers, Robert S.	Terre Haute	Vigo
Rogers, Thomas P.	San Diego, Calif.	Marion
Roggenkamp, Milton W.	New Albany	Floyd
Rohn, Robert J.	Indianapolis	Marion
Rohr, Joseph H.	Michigan City	La Porte
Rohrer, James R.	Elnora	Daviess-Martin
Roll, John W.	Indianapolis	Marion
Roller, Charles W. (S)	Indianapolis	Marion
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romberger, Floyd T., Jr.	Indianapolis	Marion
Rommel, Clarence H.	W. Lafayette	Tippecanoe
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Eldon R.	Oakland City	Gibson
Ropp, Harold E.	New Harmony	Posey
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, David	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J.	Gary	Lake
Rosenheimer, George M.	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Roser, Arthur J.	Fort Wayne	Allen
Rosevear, Henry J.	Hammond	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R.	Bloomington	Owen-Monroe
Ross, Guy E.	Anderson	Madison
Ross, Harry P.	Richmond	Wayne-Union
Ross, James S.	Richmond	Wayne-Union
Ross, Wilbur W. (S)	La Porte	La Porte
Rossiter, Dudley L.	Fort Wayne	Allen
Rossow, Russell J.	Evansville	Vanderburgh
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Wolf Lake	Noble
Roth, Leo	Gary	Lake
Rothberg, Maurice	Fort Wayne	Allen
Rothermel, Harold	Union City	Randolph
Rothring, Howard E.	Columbus	Bartholomew-Brown
Rothrock, Philip W.	Lafayette	Tippecanoe
Rothschild, Charles J.	Fort Wayne	Allen
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert	Elkhart	Elkhart
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Row, Perrie Q.	Hammond	Lake
Rowe, Howard H.	Rochester	Fulton
Royster, George M.	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rozelle, Clarence V.	Anderson	Madison
Rubens, Eli	South Bend	St. Joseph
Rubin, Gerald S.	Indianapolis	Marion
Rubin, Milton M.	Terre Haute	Vigo
Rubin, Simon S.	Gary	Lake
Ruddell, Karl R.	Indianapolis	Marion
Ruddell, Keith R.	Cleveland, O.	Marion
Ruddick, Hobart C.	Evansville	Vanderburgh
Rudesill, Cecil L.	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max	Kokomo	Howard

Name	City	County
Rudisill, Robert	Michigan City	La Porte
Rudolph, Carl J.	South Bend	St. Joseph
Rudolph, Franklin G.	Hammond	Lake
Rudolph, Kenneth J.	Boonville	Warrick
Rudolph, Stephen J., Jr.	Scott AFB., Ill.	Marion
Rudser, Donald H.	Whiting	Lake
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Ernest	Indianapolis	Marion
Rusche, Henry J.	Evansville	Vanderburgh
Ruschli, Edward B.	Lafayette	Tippecanoe
Rusk, Hubert M.	Wallace	Fountain-Warren
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Fort Smith, Ark.	Vanderburgh
Rust, Byron K.	Indianapolis	Marion
Ruth, Martin L.	Indianapolis	Marion
Rutherford, Cyrus W. (S)	Indianapolis	Marion
Rutherford, Charles E.	Otterbein	Benton
Rutherford, Paul S.	Evansville	Vanderburgh
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J.	Gary	Lake
Ryan, William J.	Columbus	Bartholomew-Brown

S

Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A.	Indianapolis	Marion
Sagel, Jacob	Gary	Lake
Sahlman, Hans	Fort Wayne	Allen
Saint, William K.	New Castle	Henry
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salb, John P.	Jasper	Dubois
Salb, Leo A.	Jasper	Dubois
Salb, Max C.	Indianapolis	Marion
Sallee, William T.	Greensburg	Decatur
Salmon, Louis R.	Wayne, Mich.	Wabash
Salon, Harry W.	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L.	Fort Wayne	Allen
Salzman, Morris	Indianapolis	Marion
Samples, John T. (S)	Boonville	Warrick
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Harry M.	Indianapolis	Marion
Sanders, Jesse A.	Auburn	De Kalb
Sanderson, Robert B.	South Bend	St. Joseph
Sandock, Isadore	South Bend	St. Joseph
Sandock, Louis F.	South Bend	St. Joseph
Sandorf, Marvin H.	Indianapolis	Marion
Sandoz, Harry	South Bend	St. Joseph
Santare, Vincent J.	Hammond	Lake
Saperstein, Morris	Muncie	Delaware-Blackford
Sarver, Francis E.	Fort Wayne	Allen
Savage, Arthur R.	Fort Wayne	Allen
Savery, Charles E.	South Bend	St. Joseph
Savory, Paul B.	Bluffton	Wells
Sayers, Frank E.	Terre Haute	Vigo
Scales, Alfred B.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scamahorn, Oscar T.	Pittsboro	Hendricks
Scea, Wallace A.	Elwood	Madison
Schaaf, Alvin D.	Jamestown	Boone
Schaefer, C. Richard (S)	Indianapolis	Marion
Schaefer, William C.	Evansville	Vanderburgh
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schantz, Richard	Remington	Jasper-Newton
Scharbrough, William	Medora	Jackson
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheetz, Marion R.	Lewisville	Henry
Scheier, Emil W.	Indianapolis	Marion
Schell, Harry D.	Bloomington	Owen-Monroe
Schellhouse, Earl M.	Fort Wayne	Allen
Schenck, Foss (S)	Logansport	Cass
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, John P.	Bedford	Lawrence
Schetgen, Joseph V.	Geneva	Adams
Scheurich, Virgil	Oxford	Benton
Schiller, Herbert A.	South Bend	St. Joseph
Schimmelpfennig, Robert J.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlagel, Theodore F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schlegel, Edward H.	Fort Wayne	Allen
Schlemmer, George H.	Warsaw	Kosciusko
Schlesinger, Daniel J.	Hammond	Lake
Schlesinger, Jacob	Hammond	Lake
Schlosser, Herbert C.	Elkhart	Elkhart
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Leon H.	Indianapolis	Marion
Schmidt, Loren F.	Indianapolis	Marion
Schmidt, Richard H.	Indianapolis	Marion
Schmidt, Rudolph G.	Indianapolis	Marion
Schmiedicke, Paul H.	Lafayette	Tippecanoe
Schmitt, Richard K.	Columbus	Bartholomew-Brown
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Nashville	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schoen, Frederic L.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schott, Edward J. (S)	Terre Haute	Vigo
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R.	Washington	Daviess-Martin
Schuchman, Abe	Indianapolis	Marion
Schuchman, Gabriel	Indianapolis	Marion
Schuldt, Theodore S.	Pierceton	Kosciusko
Schulfer, Richard J.	Hammond	Lake
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schulze, Hans A.	Indianapolis	Marion
Schulze, William	Vincennes	Knox
Schumaker, Robert A.	Terre Haute	Vigo
Schuman, Edith B.	Bloomington	Owen-Monroe
Schuster, Dwight W.	Indianapolis	Marion
Schutt, James B.	Ligonier	Noble
Schwartz, Frederick C.	Kokomo	Howard
Scoins, William H.	Fort Wayne	Allen
Scott, Frank M.	South Bend	St. Joseph
Scott, Garland D.	Sullivan	Sullivan
Scott, George E.	Beech Grove	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, John R.	Indianapolis	Marion
Scott, Robert P.	Indianapolis	Marion
Scott, Robert S.	Charlottesville	Hancock
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scudder, Arthur N.	Brownsburg	Hendricks
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion

Name	City	County
Sears, Don	Odon	Daviess-Martin
Sears, M. Maywood (S)	Elkhart	Elkhart
Seat, Marshall H.	Washington	Daviess-Martin
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Segar, Louis H.	Indianapolis	Marion
Seibel, Robert	Morgantown	Morgan
Seipel, Stanley	Lanesville	Harrison-Crawford
Seitz, Philip F. D.	Indianapolis	Marion
Selby, Keith E.	South Bend	St. Joseph
Sellers, Francis M.	South Bend	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Selsam, Etta B.	Terre Haute	Vigo
Senese, Thomas J.	Gary	Lake
Sennett, Cecil M.	Westville	La Porte
Sennett, William K.	Macy	Miami
Sensenich, Roscoe L.	South Bend	St. Joseph
Senseny, Eugene F.	Fort Wayne	Allen
Senseny, Herbert M.	Fort Wayne	Allen
Seward, George W.	North Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seyler, Anna G.	Crown Point	Lake
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shafer, Sid J.	Chicago, Ill.	Lake
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Decatur
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Eldridge M. (S)	Hammond	Lake
Shanklin, Vernon A.	Terre Haute	Vigo
Shanks, Ray W.	Noblesville	Hamilton
Shannon, Wesley	Crawfordsville	Montgomery
Shapiro, Burton J.	Terre Haute	Vigo
Shapiro, Joseph	East Chicago	Lake
Sharp, John L.	Crawfordsville	Montgomery
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Sheehan, Francis G.	Indianapolis	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheller, Thomas G.	Argos	Marshall
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard	Indianapolis	Marion
Shellhouse, Michael	Gary	Lake
Shenk, Earl M.	Kokomo	Howard
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Fort Wayne	Allen
Sherwood, J. Vincent	Fort Wayne	Allen
Shevick, Alexander	Gary	Lake
Shields, Harry A.	Washington	Daviess-Martin
Shields, Jack E.	Brownstown	Jackson
Shields, Tom S.	Richmond	Wayne-Union
Shina, Heskel	Charlestown	Clark
Shinabery, Lawerence	Fort Wayne	Allen
Shively, John A.	Indianapolis	Marion
Sholty, William M.	Lafayette	Tippecanoe
Shonk, Harold W.	Noblesville	Hamilton
Shoptaugh, A. Glenn, Jr.	Indianapolis	Marion
Short, John T.	Fort Wayne	Allen
Shortall, James P.	Michigan City	La Porte
Shortridge, William H.	Seymour	Jackson
Shoup, Homer B.	Greentown	Howard
Showalter, John P.	Waterloo	De Kalb
Showalter, John R.	Terre Haute	Vigo
Shrigley, Edward W.	Indianapolis	Marion
Shriner, Richard L.	Westville	La Porte
Shrock, Ethan E.	Amboy	Miami
Shroyer, Herbert	Dunkirk	Jay
Shuck, William A.	Madison	Jefferson-Switzerland
Shugart, Joseph D.	El Paso, Tex.	Marion
Schullenberger, Wendell A.	Indianapolis	Marion
Shulruff, Harry I.	East Chicago	Lake
Shultz, Harry M. (S)	Logansport	Cass
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W.	Indianapolis	Marion
Sidebottom, Earl W.	Indianapolis	Marion
Siebenmorgen, Louis	Terre Haute	Vigo
Siebenmorgen, Paul	Terre Haute	Vigo
Siegman, Edward L.	Terre Haute	Vigo
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Silverman, Norman M.	Terre Haute	Vigo
Silver, Richard A.	Savannah, Ga.	Delaware-Blackford
Silvian, Harry A.	Whiting	Lake
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Simmons, Lloyd H.	Goshen	Elkhart
Simms, J. Leon	Indianapolis	Marion
Simon, Arthur R.	La Porte	La Porte
Simpson, Robert L.	Bluffton	Wells
Simpson, William D.	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Singer, Elmer C.	Fort Wayne	Allen
Sirlin, Edward M.	Mishawaka	St. Joseph
Skeen, Earl D.	Walkerton	St. Joseph
Skillern, Penn G.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Skrentny, Stanley	Hammond	Lake
Slabaugh, Jancy S. (S)	Nappanee	Elkhart
Slama, George F.	Gary	Lake
Slama, John T.	Gary	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slick, Crystal R.	Lynn	Randolph
Slimp, Thomas E.	Logansport	Cass
Sloan, Herbert P.	New Albany	Floyd
Slominski, Harry H.	South Bend	St. Joseph
Sloss, Imit H.	Terre Haute	Vigo
Sluss, David H.	Indianapolis	Marion
Sluss, John W. (S)	Indianapolis	Marion
Smallwood, Robert B.	Bedford	Lawrence
Smelser, Herman W.	Connersville	Fayette-Franklin
Smith, Byron J.	Kingman	Fountain-Warren
Smith, Charles F.	Indianapolis	Marion
Smith, Charles G.	Otterbein	Benton
Smith, David J.	Indianapolis	Marion
Smith, David L.	Indianapolis	Marion
Smith, Don C.	Columbus	Bartholomew-Brown
Smith, Edward B.	Indianapolis	Marion
Smith, E. Rogers	Indianapolis	Marion
Smith, Francis C.	Indianapolis	Marion
Smith, Frederick R.	Spencer	Owen-Monroe
Smith, Grover A.	New Haven	Allen
Smith, Gloster J.	Kokomo	Howard
Smith, Herbert N.	Brookville	Fayette-Franklin
Smith, Herschel S.	Bloomington	Owen-Monroe

Name	City	County
Smith, James S.	Muncie	Delaware-Blackford
Smith, John H.	Greenfield	Hancock
Smith, John R.	Richmond	Wayne-Union
Smith, Lee	Lakeville	St. Joseph
Smith, Lester A.	Indianapolis	Marion
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Marsh H.	Goodland	Jasper-Newton
Smith, Paul E.	Bloomington	Owen-Monroe
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Rodney D. (S)	Bloomington	Owen-Monroe
Smith, R. Lee	Osgood	Ripley
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee	Indianapolis	Marion
Smith, S. Joseph	Vincennes	Knox
Smith, Theodore J.	Whiting	Lake
Smith, Wilbur F.	Indianapolis	Marion
Smith, William B.	Indianapolis	Marion
Smoot, Emory B.	Washington	Daviess-Martin
Smoot, Samuel A.	Terre Haute	Vigo
Snapp, Richard A.	Indianapolis	Marion
Sneary, Kenneth D.	Avilla	Noble
Snider, Byron	Indianapolis	Marion
Snively, William D., Jr.	Evansville	Vanderburgh
Snyder, Earl R.	Troy	Perry
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker M.	Carmel	Hamilton
Snyderman, Sanford C.	Fort Wayne	Allen
Solomon, Reuben A.	Indianapolis	Marion
Solomon, Robert D.	Baltimore, Md.	Vigo
Somers, Gerald H.	Fort Wayne	Allen
Soper, Hunter A.	Indianapolis	Marion
Sorenson, Raymond	Kokomo	Howard
Souder, Bonnell M.	Auburn	De Kalb
Souter, Martha C.	Indianapolis	Marion
Southard, Carl B.	Noblesville	Hamilton
Southard, James E.	Danville	Hendricks
Southworth, John W.	Madison	Jefferson-Switzerland
Sovine, Joe W.	Indianapolis	Marion
Spahr, Donald E.	Portland	Jay
Spahr, John F.	Indianapolis	Marion
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S.	Kokomo	Howard
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Gary	Lake
Speas, Robert C.	Terre Haute	Vigo
Speckman, Glenn H.	San Diego, Calif.	Marion
Spellman, Frank W.	Gary	Lake
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Spenner, Raymond W.	South Bend	St. Joseph
Spieth, William H.	Lebanon	Boone
Spigler, James F.	Terre Haute	Vigo
Spindler, Robert D.	Shelbyville	Shelby
Spinning, Alva L. (S)	Michigan City	La Porte
Spivack, Mary	Gary	Lake
Spivey, Russell J.	Indianapolis	Marion
Spolyar, Louis W.	Indianapolis	Marion
Sponder, Joseph	Gary	Lake
Spray, Page E.	Elkhart	Elkhart
Springstun, Charles E.	Tennyson	Warrick
Springstun, George	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Sputh, Carl B.	Indianapolis	Marion
Sputh, Carl B., Jr.	Indianapolis	Marion
Sroka, Alexander G.	Hammond	Lake
Sroka, Stanley J.	Hobart	Lake
Stadler, Harold E.	Indianapolis	Marion
Staff, Robert A.	Little Falls, N. J.	Parke-Vermillion
Stafford, James C.	Plainfield	Hendricks
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Kosciusko
Stamper, Joseph H.	Anderson	Madison
Stamper, Lucian A.	Richmond	Wayne-Union
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, John S.	Indianapolis	Marion
Stanton, James J. (S)	Logansport	Cass
Starks, William O.	Muncie	Delaware-Blackford
Stasick, Murray	Hammond	Lake
Staten, Jesse C.	Indianapolis	Marion
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Stauffer, Walter A. (S)	Elkhart	Elkhart
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A.	Indianapolis	Marion
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckler, Robert J.	Evansville	Vanderburgh
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Greencastle	Putnam
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Whiting	Lake
Steffen, Arthur J.	Wabash	Wabash
Steffen, Julian T.	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinkamp, Emil F. (S)	Huntingburg	Dubois
Stellner, Howard A.	Fort Wayne	Allen
Stemm, William H. (S)	North Vernon	Jennings
Stephens, Donald E.	Indianapolis	Marion
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Nathan	Indianapolis	Marion
Stern, Samuel L.	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Stevens, Edwin W.	Hammond	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stewart, J. Frank W.	Vincennes	Knox
Stewart, Milton B. (S)	Logansport	Cass
Stewart, Omer H.	Aurora	Dearborn-Ohio
Stewart, Walter E.	Terre Haute	Vigo
Sthair, Phillip L.	Marion	Grant
Stier, Paul L.	Fort Wayne	Allen
Stillwell, William R.	Richmond	Wayne-Union
Stimson, Harry R.	Gary	Lake
Stine, Marshall E.	Bremen	Marshall
Stinson, Arthur E. (S)	Rochester	Fulton
Stinson, Dean K.	Rochester	Fulton
Stiver, Daniel D.	South Bend	St. Joseph
Stocking, Bruce W.	Muncie	Delaware-Blackford
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Franklin	Johnson
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion
Stoops, Jean T.	Wabash	Wabash
Storey, D. Edmund	Indianapolis	Marion
Storey, Joseph L.	Indianapolis	Marion
Stork, Harvey K.	Huntingburg	Dubois
Stork, Urban	Evansville	Vanderburgh
Storms, Roy B.	Indianapolis	Marion

Name	City	County
Stouder, Albert E.	Kempton	Tipton
Stouder, Charles E.	Gosport	Owen-Monroe
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Stout, Richard B.	Elkhart	Elkhart
Stout, Walter M.	New Castle	Henry
Stover, Wendell C.	Boonville	Warrick
Stoycoff, Christ M.	Gary	Lake
Strange, Dempsey C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W.	Lafayette	Tippecanoe
Streck, Francis A.	Lawrenceburg	Dearborn-Ohio
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Strickland, Karl S. (S)	Princeton	Gibson
Strickland, Martha B.	Lafayette	Tippecanoe
Strong, Daniel S. (S)	Terre Haute	Vigo
Stroup, Tyler J.	Indianapolis	Marion
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Studebaker, Lloyd R.	LaGrange	LaGrange
Stultz, Quentin F.	Ligonier	Noble
Stumer, Myer	Michigan City	La Porte
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Sturgis, Donald G.	Sellersburg	Clark
Stygall, James H.	Indianapolis	Marion
Sudranski, Herbert F.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick Springs	Orange
Sullenger, Adron A.	Vincennes	Knox
Sullivan, John M.	Terre Haute	Vigo
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swan, John R.	Indianapolis	Marion
Swan, Richard C.	Anderson	Madison
Swank, L. Forrest	Elkhart	Elkhart
Sweet, Howard E.	Richmond	Wayne-Union
Swihart, Homer R.	Elkhart	Elkhart
Swihart, Leonard F.	Elkhart	Elkhart
Switzer, Robert E.	Portsmouth, Va.	Noble
Syler, Robert W.	Westville	La Porte
Symmes, Alfred T.	Indianapolis	Marion
Symon, William E.	Indianapolis	Marion
Szokolay, Joseph P.	South Bend	St. Joseph
Szynal, John S.	Indianapolis	Marion

T

Tager, Stephen N.	Evansville	Vanderburgh
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Tanner, Henry S.	Indianapolis	Marion
Taube, Jack I.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Muncie	Delaware-Blackford
Taylor, Lon S.	Elberfeld	Warrick
Taylor, Wade H. (S)	Ambia	Benton
Taylor, William R.	Richmond	Wayne-Union
Teague, Frank W.	Indianapolis	Marion
Teal, Dorothy D.	Columbus	Bartholomew-Brown
Teegarden, Joseph A.,	East Chicago	Lake
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ames R.	Mishawaka	St. Joseph
Templin, David B.	Lowell	Lake
Tennant, David L.	Fort Wayne	Allen
Tennis, George T.	Greencastle	Putnam
Teplinsky, Louis L.	East Chicago	Lake
Terflinger, Fred W. (S)	Logansport	Cass
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd	Danville	Hendricks
Terveer, John B.	Decatur	Adams
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion
Teters, Melvin S.	Middlebury	Elkhart
Tether, Joseph E., Jr.	Indianapolis	Marion
Tharpe, Ray	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jennings
Thegze, George A.	East Chicago	Lake
Theye, Richard A.	Fort Wayne	Allen
Thimlar, James W.	Fort Wayne	Allen
Thom, Julia Swain	Indianapolis	Marion
Thomas, Charles E. (S)	Leesburg	Kosciusko
Thomas, Daniel D.	Gary	Lake
Thomas, Edward P.	Indianapolis	Marion
Thomas, Everett W.	Warsaw	Kosciusko
Thomas, Fred A.	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, Alfred A. (S)	Tyner	Marshall
Thompson, Charles F.	Indianapolis	Marion
Thompson, Frank	Columbia City	Whitley
Thompson, Holland	Fort Wayne	Allen
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Indianapolis	Marion
Thompson, Naiad Mason	Bloomington	Owen-Monroe
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Will A. (S)	Liberty	Wayne-Union
Thompson, Wm. R.	Winamac	Pulaski
Thornburg, Kenneth E.	Indianapolis	Marion
Thorne, Charles E.	New Castle	Henry
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J.	South Bend	St. Joseph
Thornton, Walter E. (S)	Fort Wayne	Allen
Thrasher, John R.	New Augusta	Marion
Thurston, Harrison S. (S)	Indianapolis	Marion
Tilden, Margaret H.	Evansville	Vanderburgh
Tiley, George A.	Greenwood	Johnson
Tilka, Edward	Hammond	Lake
Tindal, Edward F. (S)	Muncie	Delaware-Blackford
Tindall, George T.	Indianapolis	Marion
Tindall, Paul R.	Shelbyville	Shelby
Tindall, William R.	Shelbyville	Shelby
Tinney, William E. (S)	Pass-A-Grille, Fla.	Marion
Tinsley, Frank W.	Indianapolis	Marion
Tinsley, Walter B.	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	South Bend	St. Joseph
Tischer, E. Paul	Indianapolis	Marion
Titus, Charles (S)	Wilkinson	Hancock
Titus, Jack L.	Rensselaer	Jasper-Newton
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tondra, John M.	Indianapolis	Marion
Topek, Nathan H.	Chicago, Ill.	Marion
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Torella, Jose A.	Indianapolis	Marion
Tosick, William A.	Indianapolis	Marion
Toumey, Fred L.	Indianapolis	Marion
Tower, Thomas K.	Campbellsburg	Washington
Tranter, William F.	Sharpsville	Tipton

Name	City	County
Traver, Perry C.	South Bend	St. Joseph
Travis, Julius C., Jr.	Logansport	Cass
Travis, Mary F.	Logansport	Cass
Tremain, Milton A. (S)	Adams	Decatur
Treon, James F. (S)	Aurora	Dearborn-Ohio
Trepagnier, Francis B.	East Chicago	Lake
Trinosky, Donald L.	Gary	Lake
Trinosky, Frank G.	Gary	Lake
Trout, Carl J.	Lafayette	Tippecanoe
Troutwine, William	Crown Point	Lake
Troy, Jack M.	Whiting	Lake
Truman, E. Michael	Brookville	Fayette-Franklin
Trusler, Harold M.	Indianapolis	Marion
Tubbs, George R. (S)	Lafayette	Tippecanoe
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Leonard C.	Wilmington, Del.	Marion
Tucker, Oral A.	Daleville	Delaware-Blackford
Tucker, Robert L.	Rochester, Minn.	Marion
Tucker, Warren S.	Indianapolis	Marion
Tully, John A. (S)	New Castle	Henry
Turgi, Robert W.	Gary	Lake
Turley, Verne L.	Fowler	Benton
Turner, Anna Goss	Madison	Jefferson-Switzerland
Turner, Harold B.	Bloomfield	Greene
Turner, Isabel B.	Evansville	Vanderburgh
Turner, Jack J.	Bloomfield	Greene
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Oakland City	Gibson
Turner, Oscar A.	Madison	Jefferson-Switzerland
Turner, Robert D.	Muncie	Delaware-Blackford
Tweedall, Daniel C.	Evansville	Vanderburgh
Tweedall, Daniel G.	Evansville	Vanderburgh
Tyler, Frank T. (S)	New Albany	Floyd
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Thomas C.	Calumet City, Ill.	Lake

U

Ulrey, Robert P.	Elwood	Madison
Urschel, Dan L.	Mentone	Kosciusko
Utterback, Arnold	Terre Haute	Vigo

V

Vagner, S. Bernard	South Bend	St. Joseph
Vail, George A.	Lawrenceburg	Dearborn-Ohio
VanArsdall, Clarence R.	Terre Haute	Vigo
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund	Lafayette	Tippecanoe
Vance, William C.	Richmond	Wayne-Union
Van de Wetering, Robert	Indianapolis	Marion
Van Den Bosch, Wallace R.	Westville	La Porte
Vandevert, Arthur C.	Sellersville	Clark
Vandivier, Robert M.	Indianapolis	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Kirk, George H. (S)	Kentland	Jasper-Newton
Van Kirk, John A.	Frankfort	Clinton
Van Kirk, John R.	Burlington	Carroll
Van Kirk, Paul P.	Frankfort	Clinton
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
VanNest, Willard A.	New Smyrna Beach, Fla.	De Kalb
VanNuys, Walter C. (S)	Indianapolis	Marion
Van Osdol, Harry A. (S)	Indianapolis	Marion
Van Rie, Leo P.	Mishawaka	St. Joseph
Van Sandt, Frank A. (S)	Bloomfield	Greene
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Van Winkle, Arthur J.	Valparaiso	Porter
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W.	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veazey, William M. (S)	Avilla	Noble
Vellios, Frank	Indianapolis	Marion
Venable, George L.	North Manchester	Wabash
Venis, Kemper N.	Muncie	Delaware-Blackford
Vermilya, Robert W.	Lafayette	Tippecanoe
Verplank, Grover L.	Gary	Lake
Viehe, Robert W.	Evansville	Vanderburgh
Vietzke, Paul C. F.	Valparaiso	Porter
Vingis, Bronie	Greenfield	Hancock
Viney, Charles L.	Logansport	Cass
Visher, John W.	Evansville	Vanderburgh
Vivian, Donald E.	New Castle	Henry
Vlaskamp, Elaine M.	Muncie	Delaware-Blackford
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Vollrath, Victor J.	Indianapolis	Marion
VonAsch, George	La Porte	La Porte
Von de Leith, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
Vore, Hugh A.	East Chicago	Lake
Vore, Louring W.	Plymouth	Marshall
Vore, Robert E.	Indianapolis	Marion
Voyles, Charles F. (S)	Indianapolis	Marion
Voyles, Harry E.	New Albany	Floyd
Vurpillat, Francis J.	South Bend	St. Joseph
Vye, James P.	Gary	Lake

W

Wachob, Tom W., Jr.	Kokomo	Howard
Wade, Alfred A.	Howe	LaGrange
Wagner, Arthur L.	Jasper	Dubois
Wagner, David G.	Goshen	Elkhart
Wagner, Richard	Huntington	Huntington
Wagoner, B. D.	Union City	Randolph
Wagoner, George W.	Delphi	Carroll
Wagoner, John R.	Delphi	Carroll
Waits, Chester L.	Colfax	Clinton
Waldo, J. Thayer	Indianapolis	Marion
Walerko, Frank	Mishawaka	St. Joseph
Walker, Adolph P.	East Chicago	Lake
Walker, Floyd B.	Fort Wayne	Allen
Walker, Frank C. (S)	Indianapolis	Marion
Walker, Jack M.	Plainfield	Hendricks
Walker, James L.	LaFontaine	Wabash
Walker, Louis	Greensburg	Decatur
Walker, Robert K.	Indianapolis	Marion
Wall, Joseph A.	Wabash	Wabash
Wallace, Hawthorne C.	Crawfordsville	Montgomery
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Eleanore	Gary	Lake
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, William M.	Indianapolis	Marion
Waltz, Frank C.	Kentland	Jasper-Newton
Wanninger, Horace	Richmond	Wayne-Union
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	New York, N. Y.	St. Joseph
Ward, Wesley C.	Indianapolis	Marion
Warfel, Frederick C. (S)	Indianapolis	Marion
Warfield, Chester H.	Fort Wayne	Allen
Warman, Alvah P.	Indianapolis	Marion

Name	City	County
Warn, William J.	Milan	Ripley
Warne, George H. (S)	Tipton	Tipton
Warner, Charles L.	Evansville	Vanderburgh
Warren, Carroll B.	Marion	Grant
Warren, Frank R. (S)	S. Pasadena, Calif.	La Porte
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L.	Osceola	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warvel, John H.	Indianapolis	Marion
Warvel, Joseph L. (S)	North Manchester	Wabash
Washburn, Will W.	Lafayette	Tippecanoe
Washington, G. Kenneth	Gary	Lake
Watson, James L.	Evansville	Vanderburgh
Watterson, Gerald T.	Connersville	Fayette-Franklin
Waymire, Elbert S.	Indianapolis	Marion
Weaver, Timothy M. (S)	Brazil	Clay
Weaver, Wm. W.	New Albany	Floyd
Webb, Harry D.	Anderson	Madison
Weber, Edgar H.	Evansville	Vanderburgh
Weber, John R.	Fort Wayne	Allen
Weber, Joseph G. S.	Terre Haute	Vigo
Weber, Norbert	Fort Wayne	Allen
Webster, Paul L.	Ligonier	Noble
Webster, Robert K.	Brazil	Clay
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H.	Michigan City	La Porte
Weems, Mallory P.	Jeffersonville	Clark
Wegner, William G. (S)	South Bend	St. Joseph
Wehrman, Jule O. (S)	Indianapolis	Marion
Weigand, Clayton G.	Indianapolis	Marion
Weil, Harry J.	Indianapolis	Marion
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinberg, Samuel	Marion	Grant
Weinland, George C.	Indianapolis	Marion
Weinsoff, Beverly	Indianapolis	Marion
Weinstein, Edwin B.	Richmond	Wayne-Union
Weinstock, Adolph	Rolling Prairie	La Porte
Weir, Dale	LaGrange	LaGrange
Weirich, Charles I.	Butler	De Kalb
Weiskopf, Henry S.	Gary	Lake
Weiss, Eugene	South Bend	St. Joseph
Weiss, Henry G.	Evansville	Vanderburgh
Weiss, Jason	Indianapolis	Marion
Weitzel, Roland	Princeton	Gibson
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Charles A.	Indianapolis	Marion
Wellpott, Jean F.	Bloomington	Owen-Monroe
Welty, Scudder G.	Fort Wayne	Allen
Werry, Leslie E.	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
West, Joseph L.	Indianapolis	Marion
Westfall, B. Kemper	Indianapolis	Marion
Westfall, George S.	Goshen	Elkhart
Westfall, John B.	Indianapolis	Marion
Westhaysen, Peter	Hammond	Lake
Whallon, Arthur J.	Richmond	Wayne-Union
Wharton, Russell O.	Gary	Lake
Whipps, Charles E.	Carlisle	Sullivan
Whisler, Frederick M.	Wabash	Wabash
Whitcomb, Roger F.	Shelbyville	Shelby
White, Donald J.	Indianapolis	Marion
White, Harvey E.	Farmland	Randolph
White, Isaac D. (S)	Clinton	Parke-Vermillion
White, James V.	Terre Haute	Vigo
White, John B.	Indianapolis	Marion
White, Philip T.	Indianapolis	Marion
Whitehead, John M.	Indianapolis	Marion
Whitlock, Francis C.	Mishawaka	St. Joseph
Whitlock, Merle E.	Mishawaka	St. Joseph
Whitmore, J. Stewart	Kansas City, Mo.	Marion
Whitmore, Janet J.	Terre Haute	Vigo
Whitsitt, Schuyler A. (S)	Madison	Jefferson-Switzerland
Wiatt, Leonard	Knightstown	Henry
Wicker, Eugene H.	Marion	Grant
Wicks, Orlando C. (S)	Gary	Lake
Wiedemann, Frank E. (S)	Terre Haute	Vigo
Wierzalis, Edward F.	Hartford City	Delaware-Blackford
Wiethoff, Clifford Allen	Seymour	Jackson
Wiggins, Dulania S. (S)	Newcastle	Henry
Wilcox, Robert F.	La Porte	La Porte
Wilder, Gordon B.	Anderson	Madison
Wildman, Roscoe E.	Peru	Miami
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelmus, C. Kenneth	Evansville	Vanderburgh
Wilhelmus, Charles M. (S)	Newburgh	Warrick
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Wm. M.	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Wilkerson, Edward L.	Terre Haute	Vigo
Wilkins, Robert W.	Fort Wayne	Allen
Wilkinson, Roger L.	Anderson	Madison
Willan, Horace R.	Martinsville	Morgan
Williams, A. Berniece	Fort Wayne	Allen
Williams, Aubrey H.	Fort Wayne	Allen
Williams, Alexander S.	Gary	Lake
Williams, Charles D.	Indianapolis	Marion
Williams, Charles E.	Huntingburg	Dubois
Williams, Clifford L.	Indianapolis	Marion
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Francis M., Jr.	Anderson	Madison
Williams, Fielding P.	Huntingburg	Dubois
Williams, Frederic N.	Mount Vernon	Posey
Williams, Gilbert E.	Milan	Ripley
Williams, Harold O.	Kendallville	Noble
Williams, Howard S., Jr.	Indianapolis	Marion
Williams, Hugh J.	Morocco	Jasper-Newton
Williams, Hugh L.	Indianapolis	Marion
Williams, John H. (S)	Muncie	Delaware-Blackford
Williams, John H.	Shipshewana	LaGrange
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Markleville	Madison
Williams, Robert E.	Lafayette	Tippecanoe
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willison, George W.	Evansville	Vanderburgh
Willner, Alan	Clarksville	Clark
Wills, Max	Auburn	De Kalb
Willson, Canby L.	Anderson	Madison
Wilmore, Ralph C.	Indianapolis	Marion
Wilson, David	Evansville	Vanderburgh
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, Guy	Bicknell	Knox
Wilson, James M.	South Bend	St. Joseph
Wilson, John D.	Evansville	Vanderburgh
Wilson, Leslie	Fort Wayne	Allen
Wilson, Oliver R.	Indianapolis	Marion
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul E.	Boonville	Warrick
Wilson, Paul H.	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Talmage L.	Bloomington	Owen-Monroe
Wilson, Wymond B.	Mentone	Kosciusko
Wimmer, Robert N.	Gary	Lake

Name	City	County
Winter, Donald K.	Logansport	Cass
Winters, Matthew	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseheart, Oscar H. (S)	North Salem	Hendricks
Wiseheart, Robert H.	Lebanon	Boone
Wiseman, V. Earle	Greencastle	Putnam
Wisener, Guthrie H.	Richmond	Wayne-Union
Wishard, Wm. N., Jr.	Indianapolis	Marion
Wisniewski, Edward M.	Newtown, Conn.	Lake
Wissman, William L.	Columbus	Bartholomew-Brown
Witham, Robert L.	Lafayette	Tippecanoe
Witt, William R.	Jeffersonville	Clark
Wixted, John F.	Mishawaka	St. Joseph
Wixted, Julia F.	Mishawaka	St. Joseph
Wohlfeld, Gerald	New Albany	Floyd
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolfe, William E.	La Porte	La Porte
Wolfe, Nelson	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Linden	Montgomery
Wood, Amelia T.	Muncie	Delaware-Blackford
Wood, Donald E.	Indianapolis	Marion
Wood, Elmer U. (S)	Columbus	Bartholomew-Brown
Wood, Opal L.	Brazil	Clay
Wood, Russell W.	Oakland City	Gibson
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, John W.	Marion	Grant
Woodcock, Charles E.	Greenwood	Johnson
Woods, Arba L.	Poseyville	Posey
Woods, Haldon C.	Markle	Huntington
Woods, James R., Jr.	Greenfield	Hancock
Woods, Wm. P. (S)	Evansville	Vanderburgh
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Work, James A., Jr.	Elkhart	Elkhart
Worley, Ansel C.	Fort Wayne	Allen
Worley, Joseph P.	Indianapolis	Marion
Worley, Henry L.	New Albany	Floyd
Worley, Richard H.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wrege, Malcolm L.	Indianapolis	Marion
Wren, W. Wilson	Indianapolis	Marion
Wright, Cecil S.	Anderson	Madison
Wright, J. William	Indianapolis	Marion
Wright, J. Wm., Jr.	Indianapolis	Marion
Wright, Wm. C.	Fort Wayne	Allen
Wurster, Herbert C.	Mishawaka	St. Joseph
Wyatt, Fred H.	Denver, Colo.	Vanderburgh
Wyatt, James L., II	Fort Wayne	Allen
Wyatt, James L., III	Fort Wayne	Allen
Wyeth, Charles (S)	Terre Haute	Vigo
Wygant, Marion D.	Mishawaka	St. Joseph
Wyland, Byron J.	Mishawaka	St. Joseph
Wynegar, David E.	Richmond	Wayne-Union
Wynn, Justice F.	Evansville	Vanderburgh
Wynne, Roland E.	Bedford	Lawrence
Wyttenbach, John E.	Indianapolis	Marion

Name	City	County
Y		
Yarling, John E. (S)	Peru	Miami
Yarrington, Chas. W. (S)	Gary	Lake
Yast, Charles J.	Gary	Lake
Yeck, Charles W.	Evansville	Vanderburgh
Yegerlehner, Roscoe S.	Kentland	Jasper-Newton
Yencer, Martin W. (S)	Richmond	Wayne-Union
Yochem, August S., Jr.	Indianapolis	Marion
Yocum, Paul S.	Gary	Lake
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, Albert C. (S)	Goshen	Elkhart
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Dewey D.	Columbus	Bartholomew-Brown
Yoder, Jonathan G.	Goshen	Elkhart
Yoder, Richard P.	Bluffton	Wells
York, Arthur F.	Anderson	Madison
Younan, Tom	Boonville	Warrick
Young, C. Curtis	Evansville	Vanderburgh
Young, George M.	Gary	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, James W.	Indianapolis	Marion
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Young, Simon J. (S)	Kendallville	Noble
Yunker, Philip E.	Howe	LaGrange
Z		
Zalac, Donald A.	Michigan City	La Porte
Zallen, Stanley G.	East Chicago	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zehr, Noah	Fort Wayne	Allen
Zeiger, Irvin	South Bend	St. Joseph
Zell, Evertson H.	McDill Field, Fla.	Marion
Zeps, E. Frances	Richmond	Wayne-Union
Zerfas, Charles P. A.	Indianapolis	Marion
Zerfas, Leon G.	Camby	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zierer, Reuben O.	Anderson	Madison
Zimmer, Henry J.	Mishawaka	St. Joseph
Zimmerman, Harold	Evansville	Vanderburgh
Zimmerman, Wm. H.	Dublin	Wayne-Union
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	Ft. Sam Houston, Tex.	Marion
Zivich, John M.	East Chicago	Lake
Zullo, Robert S.	Michigan City	La Porte
Zweig, Elmer S.	Fort Wayne	Allen
Zwerner, Paul F.	Terre Haute	Vigo
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the counties in which they reside.

(Paid up members of the Indiana State Medical Association as of June 1, 1955)

ADAMS COUNTY

Berne

Beaver, Norman E. 165 W. Water St.
Boze, Robert L. 167 N. Jefferson St.
Lehman, Harold 159 E. Main St.
Luginbill, Howard M. S. Jefferson St.

Decatur

Burk, James M. 115 N. Third St.
Carroll, John C. 134 N. First St.
Girod, Arthur H. 1004 W. Monroe St.
Kohne, Gerald J. 134 S. Third St.
Parrish, Richard K. 238 S. Second St.
Reppert, Roland L. 222 S. Second St.
Rich, Norval Madison St.
Terveer, John B. 222 S. Second St.
Zwick, Harold F. 226 S. Second St.
Hinchman, Clarence P. Geneva
Schetgen, Joseph V. Geneva

ALLEN COUNTY

Fort Wayne

A

Adams, E. Wade 710 W. Wayne
Aiken, Arthur F. 1923 E. State St. (3)
Aiken, Nevin E. 1923 E. State St. (3)
Arata, Justin E. 102 Medical Center Bldg. (2)

B

Bailey, Paul P. 206 Medical Center Bldg. (2)
Baker, Robert E. 406 W. Berry St. (2)
Baltes, Joseph H. 821 Broadway (2)
Bash, Wallace E. 2318 Fairfield Ave. (6)
Baumgartner, Jeraldine C. 515 W. Wayne St. (2)
Beams, Ralph H. 715 Medical Center Bldg. (2)
Beierlein, Karl M. 334 Medical Center Bldg. (2)
Benninghoff, Daniel R.
208 Medical Center Bldg. (2)
Bergendahl, Emil H.
629 Medical Center Bldg. (2)
Berghoff, Raymond J. 306 E. Jefferson St. (3)
Beutler, Theodore V. 527 W. Berry St.
Bichacoff, Billie D. 615 W. Wayne St. (2)
Bickel, John E. (S) 2615 S. Lafayette St. (2)
Blosser, Howard V. (S) 309 W. Main St. (2)
Bolman, Ralph M. 717 Broadway (2)
Borders, Theodore R. 1145 S. Lafayette St. (2)
Bowers, Gah T. 307 E. Jefferson St. (2)
Bowers, Jesse W. 418 Gettle Bldg.
Bridges, William L. 520 Medical Center Bldg. (2)
Brosius, Robert H. W. 1603 Wells St. (7)
Brown, Frederic W. 2301 Fairfield Ave. (6)
Bruggeman, Henry O. 1202 Washington Blvd. (2)
Bryan, Franklin A. 402 W. Washington Blvd.
Buckner, Doster 533 W. Washington Blvd. (2)
Buckner, George D. 533 W. Washington Blvd. (2)

C

Calvin, Jessie C. (S) 312 W. Wayne St. (2)
Cameron, Don F. 102 Medical Center Bldg. (2)
Carey, Willis W. (S) 2525 S. Calhoun (5)
Carlo, Ernest R. 2902 Fairfield Ave. (6)
Cartwright, Emor L. 230 Medical Center Bldg. (2)
Chambers, Alan R. 601 W. Wayne St. (2)
Chaney, George C. 520 Medical Center Bldg. (2)
Clark, William R. 3622 S. Calhoun St. (6)
Cochran, Harry A., Jr. 1301 S. Harrison St.
Conley, John E. 620 W. Berry St. (2)
Cooney, Charles J. 527 W. Berry St. (2)
Cornell, Beaumont S. 229 W. Berry St.
Culp, John E. 2902 Fairfield Ave. (6)

D

Dancer, Charles R. (S) 905 Columbia Ave. (3)
Datzman, Richard C. 525 Medical Center Bldg. (2)
Ditton, Irwin W. (S) 1214 E. Wayne St. (4)
Downing, Richard R. 3103 Bowser
Dunstone, Harry C. 502 Medical Center Bldg. (2)

E

Edlavitch, Baruch M. 716 Rockhill (2)
Elston, Lynn W. 604 Medical Center Bldg. (2)
Elston, Ralph W. 604 Medical Center Bldg. (2)
Emenhiser, John L. R. 9, Maysville Rd.

F

Ferguson, Arthur N. 2902 Fairfield Ave. (6)
Fichman, Abraham M. 323 W. Berry St. (2)
Foy, Hayward W. 1747 Wells St.

G

Garton, Harry W. 1635 Broadway
Gerding, William J. 2638½ S. Calhoun
Gladstone, Naf H. 335 W. Berry St. (2)
Glock, Homer E. (S) 324 Medical Center Bldg. (2)
Glock, Maurice E. 312 W. Wayne St. (2)
Glock, Wayne R. 2301 Fairfield Ave.
Goebel, Carl W. 2318 Fairfield Ave.
Gould, Lyman K. 3415 Fairfield Ave. (6)
Graham, George M. 1301 S. Harrison St.
Greenlee, Robert L. 1223 Stophlet
Greist, Walter D. 3024 Fairfield Ave. (6)

H

Haffner, Herman G. 202 E. Jefferson St. (2)
Haley, Alvin J. 533 W. Washington Blvd. (2)
Haller, Richard C. 410 McKinnie
Haller, Robert L. 604 W. Wayne St. (2)
Hamilton, Earl D. 1536 S. Clinton St. (2)
Hamilton, Emory D. 2405 Florida Dr. (3)
Harshman, Louis P. 2704 N. Clinton (3)
Harvey, Harry C. 1202 E. State St. (3)
Hasewinkle, August M. 1129 E. State St. (3)
Hastings, Warren C. 811 Ewing St. (2)
Hattendorf, Anton P. 725 Medical Center Bldg. (2)
Havens, Russell E. 312 Medical Center Bldg. (2)
Hiatt, Russell L. Veterans Hospital (3)
Hickman, Donald 1834 Calhoun St.
Hoffman, Arthur F. 716 Medical Center Bldg. (2)
Hoffmann, Sterling P. 234 E. Maple Grove St.
Holsinger, Robert E. 115 Medical Center Bldg. (2)
Howe, Fordyce L. 1525 Oxford St.
Humphreys, John L. 1301 S. Harrison St.

J

Jackson, John F. 519 Medical Center Bldg. (2)
Johnston, Richard M. 519 Medical Center Bldg. (2)
Jurgensen, Walter T. 3415 Fairfield Ave. (6)

K

Karol, Herbert J. 624 Medical Center Bldg. (2)
Kaufman, Julian 229 W. Berry St.
Keck, Carleton A. 2902 Fairfield Ave. (6)
Keller, Foster C. 2156½ Fairfield Ave.
Kent, Richard N. 731 Medical Center Bldg. (2)
Keyes, Robert C. 111 Esmond
Kidder, Orva T. Irene Byron Hospital (8)
Kimbrough, Robert F.
618 Medical Center Bldg. (2)

Kleifgen, William A..617 W. Washington Blvd. (2)
Knight, Lewis W.....310 Medical Center Bldg. (2)
Krueger, John E.....306 E. Jefferson St. (2)
Kruse, Edward H.....705 Lincoln Tower (2)
Kruse, Walter E.....512 Medical Center Bldg. (2)

L

Ladig, Donald S.....221 Medical Center Bldg. (2)
Land, Francis L.....116 W. Rudisill Blvd.
Leming, Ben L.....2902 Fairfield Ave. (6)
Lenk, George G.....2007 Maumee (4)
Lloyd, Robert P.....717 Broadway
Lohman, Robert M.....4017 S. Wayne St.
Lorman, James G.....520 Medical Center Bldg. (2)
Loudermilk, Jack L...520 Medical Center Bldg. (2)
Lyon, William C.....2902 Fairfield Ave. (6)

M

Mackel, Frederick O.....2301 Fairfield Ave.
Manning, George....111 Medical Center Bldg. (2)
Marshall, Caesar L.....438 E. Lewis St.
McArdle, Edward G.....2201 S. Calhoun St. (5)
McCallister, John W...424 Medical Center Bldg. (2)
McCoy, Roy R.....3701 S. Harrison St. (6)
McDowell, George A..215 Medical Center Bldg. (2)
McEachern, Cecil G...701 Medical Center Bldg. (2)
McFall, J. S. R.....1706 Sherman
McKeeman, Donald H.....633 W. Wayne St. (2)
McKeeman, Leland S..304 Medical Center Bldg. (2)
Mendenhall, Edgar...208 Medical Center Bldg. (2)
Mensch, James R...2506 Lower Huntington Rd. (6)
Mercer, Samuel R.....710 Medical Center Bldg. (2)
Meyer, Herman A.....1030 W. Wayne St. (2)
Meyer, Theodore O....228 Medical Center Bldg. (2)
Michaelis, Stephen C.....2154 Fairfield Ave. (6)
Miller, Edward D.....1117 E. State Blvd.
Miller, H. Paul.....2809 Broadway (6)
Miller, Mahlon F.....334 Medical Center Bldg. (2)
Miller, Orval J.....324 W. Berry St. (2)
Miller, Richard H.....511 Medical Center Bldg. (2)
Miller, Robert B.....714 Medical Center Bldg. (2)
Moats, Carl F.....4007 S. Wayne St. (6)
Moats, George E.....615 E. Washington Blvd.
Moeller, Victor C.....4349 S. Anthony Blvd.
Moravec, Arthur E.....705 Lincoln Tower (2)
Mortenson, Leland J..214 Medical Center Bldg. (2)
Mueller, Lawrence W.
533 W. Washington Blvd. (2)
Murdock, Harvey L...521 Medical Center Bldg. (2)

N-O

Nahrwold, Elmer W...417 Medical Center Bldg. (2)
Nill, John H.....1024 S. Barr (2)
O'Rourke, Carroll.....604 W. Berry St. (2)
Oyer, John H.....2707½ S. Calhoun St.

P

Painter, Donald S.....222 Medical Center Bldg. (2)
Parker, Carey B.....1105 S. Harrison St.
Parrot, Donald J.....2021½ Sherman
Perrin, Kermit F.....2701 S. Anthony Blvd.
Perry, Frederic G.....2902 Fairfield Ave. (6)
Pickett, Merle E.....312 Medical Center Bldg. (2)
Ponczek, Edward.....3926 Indiana
Pontius, Edwin E.....4724 Bowser Ave.
Popp, Milton F.....610 Medical Center Bldg. (2)
Powell, M. Jack.....730 W. Berry St. (2)

Q-R

Rabson, S. Milton.....730 W. Berry St. (2)
Rawles, Lyman T. (S).....3131 Fairfield Ave. (6)
Ray, Herbert A. (S)..402 Medical Center Bldg. (2)
Rice, Wilkie B.....1101 E. Pontiac (5)
Rissing, Walter J.....416 Medical Center Bldg. (2)
Rockey, Noah A.....1224 E. State (3)
Rodriguez, Juan.....2902 Fairfield Ave. (6)
Roser, Arthur J.....617 W. Washington Blvd. (2)
Rossiter, Dudley L.....103½ E. Pontiac
Rothberg, Maurice.....625 W. Berry St.
Rothschild, Charles J.
319 Medical Center Bldg. (2)
Rousseau, John W....334 Medical Center Bldg. (2)

S

Sahlmann, Hans.....1320 Broadway (2)
Salon, Harry W.....535 W. Berry (2)
Salon, Joel W.....604 W. Wayne St. (2)
Salon, Nathan L.....604 W. Wayne St. (2)
Sarver, Francis E.....304 Medical Center Bldg. (2)
Savage, Arthur R.....302 W. Berry St. (2)
Schellhouse, Earl M.....1240 W. Main St. (7)
Schlademan, Karl R..516 Medical Center Bldg. (2)
Schlegel, Edward H.....1022 University St.
Schmidt, Eugene E....312 Medical Center Bldg. (2)
Schneider, Louis A.....730 W. Berry St. (2)
Schoen, Frederic L.....902 W. Wayne St. (2)
Scoins, William H.....1301 S. Harrison St. (2)
Scott, H. Vaughn.....2902 Fairfield Ave. (6)
Senseny, Eugene F.....116 W. Rudisill Blvd.
Senseny, Herbert M...314 Medical Center Bldg. (2)
Sherwood, Clarence E.....Irene Byron Hospital (8)
Sherwood, J. Vincent....Irene Byron Hospital (8)
Shinabery, Lawerence.....1850 Broadway (6)
Short, John T.....2902 Fairfield Ave. (6)
Singer, Elmer C.....825 Oakdale Dr.
Smith, Philip L.....2902 Fairfield Ave. (6)
Smith, Roger C.....711 Medical Center Bldg. (2)
Snyderman, Sanford C.
629 Medical Center Bldg. (2)
Somers, Gerald H...2506 Lower Huntington Rd (6)
Spencer, C. Herbert..519 Medical Center Bldg. (2)
Stauffer, Richard C...618 Medical Center Bldg. (2)
Stellner, Howard A.....324 W. Berry St.
Stier, Paul L.....721 Broadway

T

Tennant, David L.....1832 S. Calhoun (6)
Terrill, Richard W.....455 Lincoln Tower (2)
Theye, Richard A.....312 Medical Center Bldg. (2)
Thimlar, James W.....602 E. Lewis (2)
Thompson, Holland.....Irene Byron Hospital (8)
Thornton, Walter E. (S)
Lincoln Nat'l Life Ins. Co.

V-W

Vogel, Lloyd A., Jr.....116 W. Rudisill
Walker, Floyd B.....3505 S. Monroe
Ward, Gerald F.....206 Medical Center Bldg. (2)
Warfield, Chester H.....730 W. Berry St. (2)
Weber, John R.....710 W. Wayne St.
Weber, Norbert.....233 E. Jefferson St.
Welty, Scudder G.....2702½ S. Calhoun St. (6)
Wilkins, Robert W.....2902 Fairfield Ave. (6)
Williams, A. Berneice..3526 N. Wshington Rd. (6)
Williams, Aubrey H.....2902 Fairfield Ave. (6)
Wilson, Leslie.....Veterans Hospital (3)
Wilson, Roland B.....1207 S. Lafayette (2)
Worley, Ansel C.....317 Medical Center Bldg. (2)
Wright, William C....621 Medical Center Bldg. (2)
Wyatt, James L., III.....310 E. Washington St.
Wyatt, James L., II.....233 E. Jefferson (2)

X-Y-Z

Zehr, Noah.....301 W. Creighton (6)
Zweig, Elmer S.....344 W. Berry St. (2)

Emme, Richard W.....Harlan
Cutshaw, James A.....Monroeville
Harless, Fred.....Monroeville
Dahling, Clemens W.....New Haven
Hoetzer, Eldore M.....New Haven
Rice, Clayton L.....New Haven
Smith, Grover A.....New Haven
Stumpf, Edwin E.....New Haven
Emenhiser, Donald C.....R. R. 2, Woodburn
Moser, Edward (S).....Woodburn

Draper, Merlin H.
59 Dolphin Dr., St. Petersburg, Fla. (6)

Duemling, Arnold H.
3400 W. Washington, Chicago, Ill.
Havice, Jay F. Box 56, Lake Lure, N. Carolina
Lehner, John J.
1525 Nix Professional Bldg., San Antonio, Tex.
Prentiss, Nelson H. V. A. Hospital, Oteen, N. C.

BARTHOLOMEW-BROWN COUNTIES

Columbus

Adler, David L. Bartholomew County Hospital
Beggs, Lowell F. 832 Washington St.
Dagley, Hubert R. 1027 Franklin
Davis, Marvin R. 908 Washington St.
Echsner, Herman J. 1813 25th St.
Fisher, Walter S. 422 Ninth St.
Hart, Robert B. 712 Washington St.
Hawes, James K. (S) 725 Washington St.
Hawes, Marvin E. 633 Washington St.
Henry, Alvin L. 621 Franklin St.
Krueger, Robert B. 814 Washington St.
Macy, George W. 718 Washington St.
Marr, Griffith 741 Washington St.
McCullough, Henry G. Columbus
Mohler, Floyd W. 726 Seventh St.
Norton, Harold J. 911 Washington St.
O'Bryan, Richard B. 326 16th St.
Overshiner, Lyman 1001 Fifth St.
Reid, Robert M. 725 Washington St.
Ritteman, George W.
Bartholomew County Hospital
Rothring, Howard E. 2120 Washington St.
Ryan, William J. 911 Washington St.
Schmitt, Richard K. 423 Ninth St.
Sigmund, William B. 522 Seventh St.
Smith, Don C. 911 Washington St.
Teal, Dorothy D. 728 Franklin St.
Williams, Everett W. 2225 Central Ave.
Wissman, William L. 2225 Central Ave.
Wood, Elmer U. (S) 2012 Washington St.
Yoder, Dewey D. 415½ Seventh St.
Zaring, Byron K. 718 Washington St.

Dudding, Joseph E. Hope
Schneider, Kenneth D. Nashville

BENTON COUNTY

Taylor, Wade H. (S) Ambia
Atkinson, Charles W. (S) Boswell
Leak, Robert H. Boswell
Coddens, Avery L. Earl Park
Altier, William H. Fowler
Miller, Dan T. Fowler
Turley, Verne L. Fowler
McCabe, James E. (S) Otterbein
Rutherford, Charles E. Otterbein
Smith, Charles G. Otterbein
Scheurich, Virgil Oxford

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Riley, Frank H. (S) Jamestown
Schaaf, Alvin D. Jamestown

Lebanon

Ball, Robert S. 424 N. Meridian St.
Beck, Herma A. (S) Boone State Bank Bldg.
Coons, John D. Boone State Bank Bldg.
Coons, Ritchie 303 W. Washington St.
Headley, Lloyd M. 1111 N. Lebanon St.
Honan, Paul R. 820 N. East St.
Kern, Clarence G. 110½ W. Washington St.
Porter, Jack 209 W. North St.
Rainey, Everett A. (S) 912 N. Meridian St.
Spieth, William H. 303 N. Lebanon St.
Weddle, Charles O. 905 N. Lebanon St.
Wiseheart, Robert H. 905 N. Lebanon St.

Bassett, Clancy (S) Thorntown
Bassett, Margaret A. Thorntown
Gregg, Edwin E. Thorntown
Bailey, Lawrence S. Zionsville
Harvey, Ralph J. Zionsville
Lovett, Harvey D. Whitestown

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Van Kirk, John R. Burlington
Kennedy, Eva N. Camden
Lemon, Herbert K. (S) R. 1, Camden
Wise, Charles L. Camden

Delphi

Byrne, John M. Union St.
Crampton, Charles C. (S) 115 E. Main St.
Seese, Robert M. 101 W. North St.
Wagoner, George W. Front & Union Sts.
Wagoner, John R. 111 E. Franklin St.

Adams, Max R. Flora
McLaughlin, James R. Flora

CASS COUNTY

Dutchess, C. Toney Galveston

Logansport

Adamski, Michael 408 North St.
Bailey, Earl W. 212 Fifth St.
Ballard, Charles A. 325½ E. Market St.
Cooper, Thomas L. 408 North St.
Davis, John C. Masonic Temple
Fitzgerald, Brice E. 126 Fourth St.
Glendening, Richard L. 422 North St.
Hall, Bernard R. 415 North St.
Hedde, Eugene L. 211 S. Third St.
Hillis, Lowell J. 203 S. Third St.
Hochhalter, Marian 402 Barnes Bldg.
Hogle, Frank D. Logansport State Hosp.
Holloway, William A. (S) 201 S. Third St.
Jewell, Earl B. 3019 S. Penn. St.
Jones, J. Carl 422 North St.
Killian, E. Camille 211 S. Third St.
Larson, John A. Logansport State Hosp.
Maschmeyer, Robert H. Logansport State Hosp.
Maxwell, John B. (S) 1119 High St.
Morrical, Russell J. 212 Fifth St.
Pfuetze, Max Logansport State Hosp.
Schenck, Foss (S) Logansport State Hosp.
Shultz, Henry M. (S) 412 Fourth St.
Slimp, Thomas E. 216 Ninth St.
Stanton, James J. (S) 220 S. Sixth St.
Stewart, Milton B. (S) 1515 Broadway
Terflinger, Fred W. (S) 2607 Broadway
Travis, Julius C., Jr. 408 North St.
Travis, Mary F. Logansport State Hosp.
Viney, Charles L. Masonic Temple
Wilson, Paul H. 422 North St.
Winter, Donald K. 422 North St.

Newcomb, William K. Royal Center
Flanagan, Estle P. Walton
Lybrook, Daniel E. Young America

CLARK COUNTY

Bottorff, David C. Charlestown
Buckman, Robert J. Charlestown
Duffield, John R. Charlestown
Hover, Galen Charlestown

Goodman, Eli S. Charlestown
Shina, Heskel Charlestown
Willner, Alan Clarksville
Wolverton, George M. Clarksville
Borders, Clinton L. Henryville
Greene, William R. Henryville

Jeffersonville

Adair, Samuel L. 201 E. Market St.
Baldwin, John H. (S) 425 Meigs Ave.
Bizer, Mier A. 1206 Spring St.
Bruner, Ralph W. 437 Spring St.
Buehler, George M. 414 Wall St.
Carlberg, Dale L. 226 E. Maple
Carney, Joel T. 344 Spring St.
Clark, William B., Jr. 437 Spring St.
Dare, Lee A. 209 E. Maple St.
Forsee, Norman E. 437 Wall St.
Havens, A. Lyle 205 Lindley Bldg.
Huoni, John S. Voight Bldg.
Isler, Nathaniel C. 519 Spring St.
Reeder, Henry H. 140 High St.
Roby, Alma L. 201 E. Market St.
Weems, Mallory P. 404 Spring St.
Witt, William R. Pfifer Bldg.

Regan, George L. Sellersburg
Sturgis, Donald G. Sellersburg
Vandevert, Arthur C. Sellersburg

CLAY COUNTY

Brazil

Maurer, J. Frank 111 N. Walnut St.
Maurer, Robert M. 111 N. Walnut St.
McCormick, Wilbur R. R. 2
Mehne, Richard G. 1½ E. National Ave.
Palm, John M. Brazil Trust Bldg.
Shattuck, John C. 1½ E. National Ave.
Weaver, Timothy M. (S) Brazil Trust Bldg.
Webster, Robert K. Brazil Trust Bldg.
Wood, Opal L. 111 N. Walnut St.

Moon, Charles E. Center Point
Bond, Walter C. Clay City
Glosson, Jack R. Clay City
Muncie, Henry L. (S) Cloverland

CLINTON COUNTY

Waits, Chester L. Colfax

Frankfort

Applegate, Albert E. 51 E. Walnut St.
Beardsley, John 52 S. Hoke Ave.
Burroughs, Carroll A. 59 S. Main St.
Carrel, Francis E. 214 Ross Bldg.
Dykhuizen, Theodore A. 59 S. Main St.
Erdel, Milton W. 59 S. Main St.
Flora, Fred 59 S. Main St.
Hammersley, George K. 361 E. Clinton St.
Hedgcock, Robert A. 259 E. Clinton St.
Holmes, Claude D. 9½ W. Clinton St.
Jones, William W. 9½ W. Clinton St.
Kneidel, John H. Clinton County Hospital
Stout, Harry T., Jr. 361 E. Clinton St.
Van Kirk, John A. 204 W. Washington St.
Van Kirk, Paul P. 204 W. Washington St.
Work, Bruce A. 47½ S. Jackson St.

Ballard, Robert J. Kirklin
Carlyle, Ivan E. Michigantown
Lind, Jaap J. Mulberry
Grove, Robert H. Rossville
Ketcham, John S. Rossville
Compton, Charles B.
4251 Seventh Ave., Los Angeles, Calif.

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Rohrer, James R. Elnora

Loogootee

Chattin, Robert E. 102 Wood
Gootee, Francis H. 206 W. Main St.
Lett, Emory B. 408 E. Main

McCracken, Jacob O. (S) Montgomery
Sears, Don Odon
Coleman, Henry G. Odon
Gilkison, William L. (S) Shoals

Washington

Arthur, Nora M. (S) R. R. 4
Blazey, Arthur G. 7 E. Walnut St.
Chattin, Vance J. 514 E. Main St.
Farris, John J. 514 E. Main St.
Fox, C. Philip 305 Peoples Bank Bldg.
Lindsay, Hamlin B. 511 E. Main St.
Lloyd, Claude A. 107 N. E. Second St.
McKittrick, Jack Peoples Bank Bldg.
McNaughton, Lawrence M. 400 E. Hefron St.
Norton, Horace 511 E. Hefron St.
Rang, Arthur A. 211 N. E. Ninth St.
Rang, Robert H. 1312 Bedford Rd.
Schafer, William C. 1312 Bedford Rd.
Schroeder, Henry R. 101 N. E. First St.
Seat, Marshall H. 101 N. E. First St.
Shields, Harry A. 106 E. Main St.
Smoot, Emory B. 507 E. Main St.

DEARBORN-OHIO COUNTIES

Aurora

Baker, Leslie M. 223 Mechanic St.
Jackson, John K. 223 Mechanic St.
Olcott, Charles W. 203 Main St.
Stewart, Omer H. 432 Second St.
Treon, James F. (S) 505 Fifth St.

McNeely, Matthew J. Dillsboro
Elliott, John C. (S) Guilford

Lawrenceburg

Fagaly, William J. 238 Short St.
Houston, Fred D. 30 W. High St.
Pfeifer, James M. 319 Front St.
Streck, Francis A. 326 Walnut St.
Vail, George A. 28 Oakey Ave.

Fessler, Gordon S. Rising Sun

DECATUR COUNTY

Tremain, Milton A. (S) Adams

Greensburg

Acher, Robert P. 216 E. Washington St.
Callaghan, Winship C. 403 Bates Bldg.
Dickson, Dale D. Bates Bldg.
Miller, James C. 205 Bates Bldg.
Morrison, James T. 207 N. Franklin
Overpeck, Charles Dalmbert Bldg.
Sallee, William T. Bates Bldg.
Shaffer, William R. Taylor Bldg.
Walker, Louis 215 N. Franklin

Harkcom, Harry E. St. Paul
Porter, Robert A. Westport

DE KALB COUNTY

Herr, John W. Ashley

Auburn

Covell, Harry M. 127 W. Seventh St.
Geisinger, Lewis N. (S) Auburn
Hines, Archie V. Auburn
Hippensteel, Harland V. 208 W. Seventh St.
Nugen, Harold 223 W. Seventh St.

Rogers, Evered E. 212 W. Sixth St.
Sanders, Jesse A. Auburn
Souder, Bonnell M. Auburn
Wills, Max 127 W. Seventh St.

Hathaway, Clayton B. Butler
Weirich, Charles I. Butler

Garrett

Jinnings, Loren E. 200 S. Randolph
Kantzer, Floyd B. 200 S. Randolph
Nason, Robert A. 123 E. King
Novy, Charles A. 200 S. Randolph
Reynolds, D. Monroe (S) 600 E. King
Reynolds, Russell P. 215 S. Randolph

Coleman, Floyd B. Waterloo
Showalter, John P. Waterloo
Van Nest, Willard A.
501 Magnolia St., New Smyrna Beach, Fla.

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D. Albany
Puterbaugh, Karl E. Albany
Hurley, John R. Daleville
Tucker, Oral A. Daleville
Ko, Richard Eaton
Downard, Leland F. Gaston
Langsdon, Fred R. Gaston

Hartford City

Dando, George H. (S) Hartford City
Dodds, James U. 227 W. Main St.
Jackson, Dean B. 401 W. Washington St.
Owsley, Guy A. 214 N. High St.
Parks, George 302 N. High St.
Weldy, Bryce P. 227 W. Franklin St.
Werry, Leslie E. 218 W. Washington St.
Wierzalis, Edward F. Rural Loan Bldg.

Burns, Paul E. Montpelier
Douglas, William T. Montpelier

Muncie

Adams, William B. Ball Memorial Hosp.
Alvey, Charles R. 307 Western Reserve Bldg.
Ball, Clay A. (S) 303 W. Adams St.
Ball, Phillip 420 W. Washington St.
Beno, Thomas J. 420 W. Washington St.
Bibler, Henry E. 311 W. Adams St.
Botkin, Clyde G. 508 W. Jackson St.
Botkin, Thomas 417 N. Martin St.
Brown, Leland G. 206 S. High St.
Brown, Thomas M. 206 S. High St.
Burwell, Stanley W. 424 W. Jackson St.
Butterfield, Robert M. 315 W. Jackson St.
Clark, Robert M. 115 N. Cherry St.
Clauser, Eldo H. M. 315 S. Jefferson St.
Clevenger, Joseph H. 424 W. Jackson St.
Cochran, Robert B. 420 W. Washington St.
Covalt, Wendell E. 305 Western Reserve Bldg.
Cullison, John L. 1600 W. Jackson St.
Cure, Elmer T. 122 W. Jackson St.
Davis, Edgar C. 107 Plaza Bldg.
Deutsch, William 309 Johnson Bldg.
Dunn, Ferrell W. 2210 Janney Ave.
Funk, John W. 217 W. Charles St.
Galliher, Marjorie J. 115 S. Liberty St.
Garling, Luvern C. 420 W. Washington St.
Geckler, Charles E. 203 Western Reserve Bldg.
Gill, Thomas A. 808 W. Jackson St.
Greiber, Marvin F. 420 W. Washington St.
Gustafson, Milton 808 W. Jackson St.
Hall, Orville A. 514 Wysor Bldg.
Hayes, Theodore R. 210 S. High St.
Henderson, Ramon A. 806 W. Main St.
High, Ralph L. 420 W. Washington St.
Hill, Howard E. 402 W. Jackson St.
Hill, Robert E. 215 W. Jackson St.
Hostetter, Irwin S. 115 N. Cherry St.
Hurley, Anson G. 1111 W. Jackson St.
Imhof, Joseph D. 206 Western Reserve Bldg.
Kammer, Grace C. 420 W. Washington St.
Kammer, Walter F. 420 W. Washington St.
Kern, Charles B. (S) 31 Mann
Kirshman, Forrest E. 211 S. High St.
Kuder, Howard V. 420 W. Washington St.
LaDuron, Jules F. 615 S. Liberty St.
McClintock, James A. 316 W. Adams St.
McCoy, George E. 806 W. Jackson St.
McDowell, Fletcher W. 315 S. Jefferson St.
Mahuron, Boyd L. 216 S. Celia Ave.
Molloy, William J. (S) 619 E. Charles St.
Montgomery, Lall G. Ball Memorial Hosp.
Moore, Thomas C. 100 N. Cherry St.
Moore, Will C. 110 N. Cherry St.
Morris, Jean W. 247 Johnson Bldg.
Owens, Richard R. 406 Western Reserve Bldg.
Owens, Thomas R. 202 Western Reserve Bldg.
Peacock, Robert C. 124 S. High St.
Quick, William J. 314 E. Washington St.
Rathkey, Arthur S. 420 W. Washington St.
Rettig, Arthur C. 314 W. Jackson St.
Rivers, Glynn A. 625 W. Adams St.
Saperstein, Morris 2327 S. Madison St.
Schulhof, Maurice G. 420 W. Washington St.
Smith, James S. 501 Kirby
Stanley, John R. 310 W. Jackson St.
Starks, William O. 420 W. Washington St.
Stocking, Bruce W. Ball Memorial Hosp.
Stout, Francis E. 303 Western Reserve Bldg.
Taylor, James A. Delco Remy Plant
Tindal, Edward F. (S) 214 Wysor Bldg.
Tomlin, Hugh M. 420 W. Washington St.
Turner, Robert D. 217 S. Liberty St.
Venis, Kemper N. 108 N. Liberty St.
Vlaskamp, Elaine M. 401 W. Main St.
Williams, John H. (S) 306 E. Jackson St.
Wood, Amelia T. 2004 Petty Rd.
Young, Gerald S. 316 W. Jackson St.

Moss, Mavor J. Yorktown
Brunoehler, Carl J.
U. S. Soldiers Home Hosp., Washington, D. C.
Silver, Richard A. 1217 Winston St., Savannah, Ga.

DUBOIS COUNTY

Backer, Henry G. Ferdinand

Huntingburg

Amini, Sohrab Huntingburg
Bretz, John M. 302 Fourth St.
Scales, Alfred B. 532 Fourth St.
Steinkamp, Emil F. (S) 302 Walnut St.
Stork, Harvey K. 532 Fourth St.
Williams, Charles E. 215 W. Walnut St.
Williams, Fielding P. 215 W. Walnut St.

Jasper

Blessinger, Paul J. 325 E. Sixth St.
Gootee, Thomas H. 101-4 Central Bldg.
Greenburg, Rolland 738 W. 13th St.
Heck, Martin C. 801 Newton
Held, George A. 716 W. Ninth St.
Klamer, Charles H. Metzger Bldg.
Lukemeyer, St. John 109 W. 12th St.
Ploetner, Edward J. Sixth & Newton Sts.
Salb, John P. Jasper
Salb, Leo A. 304 E. Sixth St.
Wagner, Arthur L. 801 Newton St.

ELKHART COUNTY

Horswell, Richard G. Bristol
Neidballa, Edward G. Bristol

Elkhart

Arlook, Theodore D. 912 W. Franklin St.
Bender, Robert L. 411 S. Third St.

Benson, James E. 405 S. Second St.
Billings, Elmer R. 405 S. Third St.
Bloom, George R. 506 S. Second St.
Bolin, Robert S. 209 S. Second St.
Bowdoin, George E. 515 S. Second St.
Compton, Walter A. 2225 Greenleaf Blvd.
Conklin, Raymond L. 1906 E. Jackson Blvd.
Cormican, Herbert L. 316 S. Fourth St.
Crandall, Latham A. Miles-Ames Laboratory
DeDario, Leonard M. 123 W. Marion St.
Dovey, Edward G. 405 S. Second St.
Elliott, Lloyd A. 405 S. Second St.
Elliott, Thomas A. 405 S. Second St.
Fleming, Claude F. (S) 121 W. Marion St.
Fleming, Justus M. 123 W. Marion St.
Futterknecht, James O. 405 S. Second St.
Gattman, George B. 427 S. Second St.
Hull, Arthur W. 506 S. Second St.
Ivy, John H. 405 S. Second St.
Kintner, Burton E. 506 S. Second St.
Kistner, Arthur W. 400 Equity Bldg.
Koehler, Elmer G. 416 W. Lexington Ave.
Leasure, Kenneth 1000 W. Marion St.
Lehman, Waldo J. 411 S. Third St.
Logan, Richard S. 1200 W. Marion St.
Lundt, Milo O. 521 S. Second St.
Markel, Ivan J. 215 W. Franklin St.
McArt, Bruce A. 314 Equity Bldg.
Mendez, Carlos 116 W. Marion St.
Miller, Galen R. 903 W. Franklin St.
Miller, Hugh A. 115 S. Third St.
Miller, Samuel T. 506 S. Second St.
Mininger, Edward P. 413 W. Franklin St.
Mishkin, Irving 209 S. Second St.
Norris, Allen A. (S) 208 W. Marion St.
Paff, William A. 515 S. Second St.
Paine, George E. 329 Meisner Ave.
Pancost, Vernon K. 200 Equity Bldg.
Parshall, Dale B. Elkhart General Hosp.
Patrick, Glenn B. 427 S. Second St.
Rouen, Robert 114 Monger Bldg.
Rupe, Lloyd O. 209 Equity Bldg.
Schlosser, Herbert C. 116 W. Marion St.
Sears, Murray M. (S) 304 Equity Bldg.
Spray, Page E. 316 Fourth St.
Stauffer, Walter A. (S) 701 Strong Ave.
Stout, Richard B. 1501 Greenleaf Blvd.
Stubbins, William M. 412 S. Second St.
Swank, L. Forrest 315 Equity Bldg.
Swihart, Homer R. 124 W. Marion St.
Swihart, Leonard F. 214 W. Marion St.
Wilson, Orley E. 217 N. Main St.
Work, James A., Jr. 133 Monger Bldg.
Yoder, C. Richard 413½ W. Franklin St.

Goshen

Amstutz, Henry C. 521 W. High Park
Bartholomew, Mary L. 317 E. Lincoln
Bender, Cecil K. 320 S. Fifth St.
Bigler, Frederick W. 314 S. Fifth St.
Bosler, Howard A. . . . Waterford Mills, mail Goshen
Chandler, Leon H. 412 S. Fifth St.
Eby, Ida L. 131 S. Main St.
Freeman, Floyd M. 109 W. Washington St.
Hostetler, Carl M. 304 E. Lincoln
Kelly, William R. 210 N. Main St.
Martin, Floyd S. 127 E. Lincoln
Miller, Malcolm E. 112 E. Madison St.
Simmons, Lloyd H. 208 E. Lincoln
Turner, John P. 115 E. Washington St.
Wagner, David G. 307 S. Seventh St.
Westfall, George S. 214 E. Lincoln
Yoder, Albert C. (S) 113 S. Fifth St.
Yoder, Jonathan G. 314 E. Lincoln
Young, Ralph H. 113 E. Madison

Massanari, Walter Millersburg
Norris, Ernest B. Middlebury
Teters, Melvin S. Middlebury

Nappanee

Fleetwood, Raymond A. 357 N. Nappanee
Kendall, Forest M. 252 W. Market St.
Price, Douglas W. 162 E. Market St.
Roose, Lisle W. 357 N. Nappanee
Slabaugh, Jancy S. (S) 111 N. Main St.

De Fries, John J. New Paris
Abel, Robert Wakarusa
Amick, Charles L. Wakarusa
Hannah, Jack W. Wakarusa
Dewey, Fred N. (S) . 1216 River Rd., Maumee, Ohio

FAYETTE-FRANKLIN COUNTIES

Brookville

Foreman, Walter A. Brookville
Peters, Elmer E. Brookville
Seal, Perry F. 901 N. Main St.
Smith, Herbert N. 812 Main St.
Truman, E. Michael 814 Main St.

Connersville

Cavitt, Robert F. 210 W. 12th St.
Dale, Maxwell H. 818 Grand
Ellis, George M., Jr. 108 E. 10th St.
Entner, Charles L. 117 E. Sixth St.
Fruth, Rodney B. 634 Eastern Ave.
Fruth, Virgil J. 634 Eastern Ave.
Gregg, Albert F. 124 E. Sixth St.
Hudson, Arlington M. 716 Grand Ave.
Kemp, William A. 122 W. Seventh St.
Kerrigan, William F. 718 Central Ave.
Lockhart, Jack M. 520 Eastern Ave.
Mountain, Francis B. 930 Central Ave.
Neukamp, Frank H. 621 Central Ave.
Sanders, Bertram W. 634 Eastern Ave.
Smelser, Herman W. 823 Central Ave.
Steinem, Joseph L. 812 Grand Ave.
Watterson, Gerald T. 1910 Virginia Ave.

Philips, William R. (S) Glenwood
Poston, Clement L. R. R. 2, Laurel

FLOYD COUNTY

Engleman, Harry K. (S) Georgetown

New Albany

Allen, Frederick K. 1207 E. Spring St.
Baker, Avey M. 811 E. Spring St.
Baxter, James W. 1201 E. Spring St.
Baxter, Samuel M. 1201 E. Spring St.
Briscoe, Clarence E. (S) 1413 E. Spring St.
Brown, Kenneth H. 410 E. Spring St.
Byrn, Howard W. 415 Elsby Bldg.
Cannon, Daniel H. 1203 E. Spring St.
Davis, Parvin M. 601 E. Spring St.
Edwards, William F. Floyd County Bank Bldg.
Garner, William H., Jr. 919 E. Spring St.
Garner, William H. 919 E. Spring St.
Gentile, John P. 101 Adams St.
Geyer, Joseph Silvercrest Sanitarium
Hauss, Augustus P. 212 Elsby Bldg.
Hess, Paul P. Floyd Co. Bank Bldg.
Higgins, John R. 700 E. Spring St.
LaFollette, Donald 500 E. Spring St.
LaFollette, Robert E. 500 E. Spring St.
McCullough, James Y. 624 E. Spring St.
Murphy, Edgar W. 1824 State St.
Paris, John M. 602 E. Spring St.
Pierce, Gene S. R. R. 21
Robertson, Addis N. 820 E. Spring St.
Roggenkamp, Milton W. 1516 State St.
Ruoff, William Silvercrest Sanitarium
Sloan, Herbert P. 1207 E. Spring St.
Streepey, Jefferson I. 1102 E. Spring St.
Tyler, Frank T. (S) 420 Vincennes St.
Voyles, Harry E. 213 Elsby Bldg.
Weaver, William W. 1104 E. Spring St.

Wohlfeld, Gerald.....Silvercrest Sanitarium
Wolfe, Nelson.....1117 E. Spring St.
Worley, Henry L.....1104 E. Spring St.

FOUNTAIN-WARREN COUNTIES

Attica

Fisher, John E.....Masonic Bldg.
Maris, Lee J.....201 Brady
Petrich, Peter R.....401 S. Perry St.
Pierce, Emmett, Jr.....401 S. Perry St.
Raymundo, Vivencio F.....401 S. Perry St.

Stephens, Lowell R.....Covington
Suzuki, Tsutomu T.....Covington
Priebe, Fred H.....Hillsboro
Smith, Byron J.....Kingman
McCord, Carl B.....Veedersburg
Person, Theodore C.....Veedersburg
Rusk, Hubert M.....Wallace
Nelson, Carl A.....West Lebanon
Crain, James W.....Williamsport

FULTON COUNTY

Herrick, Charles L.....Akron
Miller, Virgil C.....Akron
Dielman, Franklin C. (S).....Fulton
Kelsey, Lawrence E.....Kewanna
Kraning, Kenneth K.....Kewanna

Rochester

Glackman, John C. (S).....912 Main St.
Herendeen, Elbie V.....120 W. Ninth St.
Johnson, Frank P.....1109 E. 9th St.
Knotts, Slater.....328 Clay St.
Richardson, Charles L.....121 W. Eighth St.
Rowe, Howard H.....705 Jefferson St.
Stinson, Arthur E. (S).....816 Main St.
Stinson, Dean K.....816 Main St.

GIBSON COUNTY

Geick, Raymond G.....Fort Branch
Hollis, Walter H.....Fort Branch
Marchand, Edwin V.....Haubstadt
Petitjean, Harold G.....Haubstadt
Chappell, Harold R.....Oakland City
Ropp, Eldon R.....Oakland City
Turner, Maurice A.....Oakland City
Wood, Russell W.....Oakland City
Geller, Samuel.....Owensville

Princeton

Carpentier, Harry F.....105 E. Broadway
Folck, John K.....115 N. Prince St.
Graves, Orville M.....117 S. Hart St.
McCarty, Virgil.....113 S. Main St.
McElroy, Robert S.....116 S. Main St.
Peck, James F.....218 Broadway
Strickland, Karl S. (S).....230 W. Broadway
Weitzel, Roland.....112 S. Hart St.

GRANT COUNTY

Grant, M. Arthur.....Fairmount
Garrison, Leon J.....Gas City
Koontz, William A.....Gas City
Baskett, Russell J.....Jonesboro

Marion

Abell, Charles F.....321 Marion Nat'l Bank Bldg.
Alderfer, Henry.....131 N. Washington St.
Ayres, Wendell W.....303 Glass Block
Bailey, Douglas A.....107 E. 31st St.
Bloom, Asa W.....724 W. Third St.
Boyer, Grace B.....605 Locust St.
Braunlin, Robert F...711 Marion Nat'l Bank Bldg.
Braunlin, William H.
709-15 Marion Nat'l Bank Bldg.
Brown, Robert M.....520 Marion Nat'l Bank Bldg.
Comeau, William J.....Marion General Hosp.
Cunningham, Robert D.....510 Glass Block
Daniels, Erle O.....708 Marion Nat'l Bank Bldg.
Daniels, George R. (S).....324 Glass Block
Davis, Joseph B.....131 N. Washington St.
Davis, Merrill S.....131 N. Washington St.
Davis, Richard.....131 N. Washington St.
Diamond, Leo L.....413 Marion Nat'l Bank Bldg.
Eckert, Russell A.....131 N. Washington St.
Fisher, Henry.....1502 S. Washington St.
Ganz, Max.....930 S. Adams
Gustafson, Carl J.....Veterans Hospital
Hummel, Russel M...317 Marion Nat'l Bank Bldg.
Jarrett, John C.....131 N. Washington St.
Lahr, Richard E.....1121 W. Third St.
Lavengood, Russell W.....225 Glass Block
Long, Max R.....803 S. Boots St.
Love, V. Logan.....131 N. Washington St.
MacNamee, D. Hugh.....131 N. Washington St.
Miller, H. Allison.....320 Glass Block
Nowak, Henry J.....Veterans Hospital
Powell, J. Paxton.....501 Glass Block
Renbarger, Lester L.....1531 W. Second
Rhorer, John G.....201 S. D St.
Simmons, Frederick H.....525 Glass Block
Skomp, Claud E.....302 Marion Nat'l Bank Bldg.
Sthair, Phillip L.....506 Glass Block
Warren, Carroll B.....511 Glass Block
Weinberg, Samuel.....104 W. Third St.
Wicker, Eugene H.....Marion General Hospital
Wojcik, Ladislas D.....131 N. Washington St.
Woodbury, John W.....131 N. Washington St.
Young, Robert G.....2927 S. Washington St.

King, Peter C.....Swayzee
Burge, Aaron D. (S).....Sweetzer
Taylor, Everett C.....Upland
Rifner, Eugene S.....Van Buren

GREENE COUNTY

Bloomfield

Graf, Jerome A.....Bloomfield
Mount, Mathias S.....55 N. Franklin St.
Turner, Harold B.....8 East Main St.
Turner, Jack J.....8 East Main St.
Van Sandt, Frank A. (S).....110½ E. Main St.

Porter, Carl M.....Jasonville
Rotman, Harry G.....Jasonville
Rotman, Sam I.....Jasonville
Bailey, Edwin B.....Linton
Broshears, Kenneth P.....Linton
Craft, William F.....Linton
Raney, Ben B.....Linton
Tomak, Milton E.....Linton
Woner, John W.....Linton
Hamilton, M. Luther (S).....Newberry
Fender, Asa H.....Worthington
Moses, George E.....Worthington
Moses, Robert E.....Worthington

HAMILTON COUNTY

Hicks, Joseph (S).....Arcadia
Karlick, Joseph Arcadia
McDaniel, Franklin P.....Atlanta
Donahue, Claude M.....Carmel
Ralston, John D.....Carmel
Snyder, Parker M.....R. R. 2, Box 271, Carmel
Havens, Oscar Cicero

Noblesville

Ambrose, Jesse C.....298 N. Ninth Street
Campbell, Sam W.....952 Maple St.
Harris, Robert F.....120 N. 11th St.
Hash, John S.....139 S. 10th St.

Hooke, Samuel W. 307 N. Ninth St.
Kraft, Haldon C. 195 S. 10th St.
Shanks, Ray W. 104 S. 10th St.
Shonk, Harold W. 1084 Clinton St.
Southard, Carl B. 55 S. 16th St.

Griffith, James W. Sheridan
Newby, Eugene Sheridan
Reck, John L. Sheridan
Connoy, Andrew F. Westfield
Connoy, Leo F. Westfield

HANCOCK COUNTY

Scott, Robert S. Charlottesville
Ferrell, Mars B. Fortville
Manifold, Harold W. Fortville
Navin, Hugh K. Fortville

Greenfield

Endicott, Wayne 940 N. State St.
Gibbs, Charles M. (S) 203 E. North St.
Gill, Dee D. 1001 N. State St.
Henn, R. Anthony 211 W. Main St.
Kinneman, Robert E. 114 N. State St.
Kirby, Ted C. 114 N. State St.
Smith, John H. 726 N. State St.
Vingis, Bronie 23½ W. Main St.
Woods, James R., Jr 11 N. State St.

Larrabee, William H. (S) New Palestine
Pierson, Thomas A. New Palestine
Kuhn, Robert W. Wilkinson
Titus, Charles R. (S) Wilkinson
Hunter, Donn 4112 N. 48th Ave., Glendale, Ariz.

HARRISON-CRAWFORD COUNTIES

Amy, William E. (S) Corydon
Blessinger, Louis H. Corydon
Brockman, Wilfred Corydon
Dillman, Carl E. Corydon
Baker, Guy D. Crandall
Gobbel, Novy E. English
Seipel, Stanley Lanesville
Benz, Jesse Marengo
Lynch, Otis R. Marengo
Mathys, Alfred (S) Mauckport
Davis, Claude E. Milltown
Neely, Alonzo S. (S) New Middletown
Johnson, Jerome M Palmyra

HENDRICKS COUNTY

Foltz, Lloyd E. Brownsburg
Scudder, Arthur N. Brownsburg
Ellett, John, Jr. Coatesville

Danville

Frantz, Mount E. Danville
Hibner, Kermit 25 W. Marion St.
Koch, Elmer L. 18 E. Marion St.
Southard, James E. 138 W. Marion St.
Terry, Lloyd 138 W. Marion St.

Ellis, Lyman H. Lizton
Wiseheart, Oscar H. (S) North Salem
Scamahorn, Malcolm O. Pittsboro
Scamahorn, Oscar T. Pittsboro

Plainfield

Aiken, Milo M. 140 N. Center St.
Cohen, Irving 115 E. Main St.
Johnston, Alan 115 E. Main St.
Stafford, James C. 107 W. Main St.
Stafford, William C. 107 W. Main St.
Walker, Jack M. Plainfield

HENRY COUNTY

Call, Earle B. Knightstown
McNabb, Richard C. Knightstown
Wiatt, Leonard Knightstown
Scheetz, Marion R. Lewisville
Dragoo, Farrol Middletown
Hammer, Jay W. Middletown
Stauffer, George E. Mooreland
Marshall, Lloyd C. Mt. Summit

New Castle

Amos, Robert L. 1219½ Race St.
Bitler, Clyde C. 1319 Church St.
Bledsoe, James G. 319 S. 14th St.
Burnett, Arthur B. 106 N. Main St.
Canaday, Clifford E. (S) 1411 Church St.
Craig, Alexander F. M R 13, Crescent Dr.
Davies, Robert 1319 Church St.
Fisher, John E. 409 Burr Bldg.
Foster, Ray T Chrysler Corp.
Grant, Phyllis Epileptic Village
Harrison, Benjamin L. 118 Jennings Bldg.
Heilman, William C. 1319 Church St.
Hill, Kenneth G. 1319 Church St.
Iterman, George E. 1319 Church St.
Kennedy, Walter U. 208 Union Block
Life, Homer L. 101 S. 11th St.
McDonald, Frank C. 527 S. Main St.
McElroy, James S. 1319 Church St.
McKee, Roy G. 1417 Church St.
Mosier, Jack M. Epileptic Village
Saint, William K. 1219½ Race St.
Stout, Walter M. 1319 Church St.
Thorne, Charles E. 200 N. 12th St.
Tully, John A. (S) 502 S. Main St.
Vivian, Donald E. Henry County Hospital
Wiggins, Dulania S. (S) 219 S. 12th St.

Robertson, William S. Spiceland

HOWARD COUNTY

Denton, Larkin D. Greentown
Shoup, Homer B. Greentown

Kokomo

Adams, Charles J. 618 Armstrong-Landon Bldg.
Alward, John H. 401 W. Walnut St.
Ault, Carl H. 421 W. North St.
Boughman, Joe D. 322 Armstrong-Landon Bldg.
Bowers, Copeland C. 210 W. Mulberry St.
Bowers, Garvey B. 210 W. Mulberry St.
Bowers, John A. 210 W. Mulberry St.
Bruegge, Theodore J. 630 Armstrong-Landon Bldg.
Cattell, Lee M. 214 E. Mulberry St.
Clarke, Elton R. 304 W. Taylor St.
Conley, Thomas M. 520 Union Bank Bldg.
Craig, Reuben A. 608 Armstrong-Landon Bldg.
Craig, Reuben 610 Armstrong-Landon Bldg.
Crawford, Theodore R. 416 W. Sycamore St.
Earl, Max M. 409 W. Taylor St.
Ferry, Paul W. 406 Union Bank Bldg.
Golper, Marvin N. 1907 W. Sycamore St.
Good, Richard P. 308 Armstrong-Landon Bldg.
Halfast, Richard W. 214 E. Mulberry St.
Hutto, William H. 408 Armstrong-Landon Bldg.
Jewell, George M. 508 Armstrong-Landon Bldg.
Knepple, LaMarr R. (S) 534 W. Sycamore St.
Kremers, George A. 522 Armstrong-Landon Bldg.
Lung, Bruce D. 410 Union Bldg.
McClure, Warren N. 407 W. Taylor St.
McIndoo, Ralph E. 304 W. Walnut St.
Meiner, Joseph A. (S) 924 S. Washington St.
Mendelson, Stanley M. 117 W. Markland
Morrison, William R. 504 Union Bank Bldg.
Murray, Ernest C. 501 N. Washington St.
Paris, Durward W. 614 Armstrong-Landon Bldg.
Phares, Robert W. 905 W. Mulberry St.

Prather, Philip E. 117 W. Markland
Rhorer, Herbert M. 210 W. Mulberry St.
Rudicel, Max 1907 W. Sycamore St.
Schwartz, Frederick C.
518 Armstrong-Landon Bldg.
Shenk, Earl M. 208½ N. Main St.
Smith, Gloster J. 105½ E. Sycamore St.
Sorenson, Raymond .. 522 Armstrong-Landon Bldg.
Spangler, Jesse S. 215 E. Taylor St.
Wachob, Tom W., Jr.
516 Armstrong-Landon Bldg.

Fosgate, Orville E. Russiaville

HUNTINGTON COUNTY

Huntington

Brubaker, Harold S. 42 W. Park Dr.
Casey, Stanley M. 408 E. Market St.
Clunie, William A. 323 W. Park Dr.
Cope, Stanton E. 1022 N. Jefferson St.
Erehart, Mark G. 232 W. Market St.
Eviston, John B. 34 E. Washington St.
Galbreath, Russell S. 16 W. Washington St.
Gray, Paul M. 340 E. Market St.
Grayston, Wallace S. (S) 303 E. Market St.
James, Thomas, Jr. 202 U. B. Publishing Bldg.
Johnston, Robert G. 339 E. Market St.
Marks, Howard H. 248 W. Park Dr.
Meiser, Robert D. 612 N. Jefferson St.
Mitman, Floyd B. 210 W. Park Dr.
Nie, Grover M. 650 Cherry St.
Omstead, Trevalyn W. 244 E. Washington St.
Wagner, Richard 1355 Guilford

Woods, Halden C. Markle
Bennett, J. B. Warren
Black, Claude S. (S) Warren

JACKSON COUNTY

Cummings, David J. (S) Brownstown
Gillespie, Garland R. Brownstown
Shields, Jack E. Brownstown
Adair, William K. Crothersville
Bard, Frank B. Crothersville
Butler, Joe B. Crothersville
Scharbrough, William Medora

Seymour

Baxter, Harry R. 326 N. Walnut St.
Black, Joe M. 502 W. Second St.
Bobb, Kenneth E. 311 Lee Blvd.
Bosch, Ralph 625 W. Second St.
Day, William D. C. 510 W. Sixth St.
Elsner, Lawrence W. 503 W. Sixth St.
Gillespie, Charles E. (S) 109½ N. Chestnut St.
Graessle, Harold P. 304 W. Second St.
Kamman, George H. (S) 300 N. Chestnut St.
Martin, Guy 105 N. Walnut St.
Miller, Harold E. Vehslage Bldg.
Osterman, Louis H. 315 S. Second St.
Ripley, John W. 321 Bruce St.
Shortridge, Wilbur H. 313 Carter Blvd.
Wiethoff, Clifford A. 217 W. Second St.

JASPER-NEWTON COUNTIES

Pippenger, Wayne G. Brook
Coursey, James O. Goodland
Holland, Charles E. Goodland
Smith, Marsh H. Goodland
Paul, Daniel F. Kentland
Van Kirk, George H. (S) Kentland
Waltz, Frank C. Kentland
Yegerlehner, Roscoe S. Kentland
Merchant, Raymond Lake Village
Larrison, Glenn D. Morocco
Williams, Hugh J. Morocco
Hartsough, Ralph I. Remington
Schantz, Richard Remington
Beaver, Ernest R. Rensselaer
Johnson, Cecil E. Rensselaer
Kresler, Leon Rensselaer
Ockerman, Kenneth R. Rensselaer
O'Neill, Martin J. Rensselaer
Titus, Jack L. Rensselaer
Gwin, Merle D. (S)
2111 Regatta Ave., Miami Beach, Fla.

JAY COUNTY

Garber, Edwin C. Dunkirk
Hall, Emory H. Dunkirk
Heller, Nelson L. R. Dunkirk
Shroyer, Herbert Dunkirk
Hiestand, Harley J. Pennville

Portland

Badders, Ara C. 226 W. Main St.
Cring, George V. 210 W. Walnut St.
Cripe, William 116 W. Walnut St.
Fitzpatrick, James S. 603 W. Arch St.
Gillum, Eugene M. Main and Meridian Sts.
Hammond, Stanley M. Weiler Bldg.
Keeling, Forrest E. 116 W. Walnut St.
Lyon, Florence M. 127 E. North St.
Moran, Mark M. Portland
Morrison, George C. Weiler Bldg.
Schenck, Ralph E. 603 W. Arch St.
Spahr, Donald E. 615 W. Arch St.
Steffy, Ralph M. 116 W. Walnut St.

Lansford, John Redkey

JEFFERSON-SWITZERLAND COUNTIES

Robertson, David W. (S) Deputy
Henning, Carl (S) Hanover

Madison

Alcorn, Merritt O., Jr. 428 E. Main St.
Beetem, Luther F. 425 W. Main St.
Childs, A. G. W. (S) 412 E. Main St.
Childs, Wallace E. 412 E. Main St.
Denny, Fred C. Odd Fellows Bldg.
Haney, William 104 E. Third St.
Hare, Francis W., Jr. 722 W. Main St.
Jolly, Lewis E. 722 W. Main St.
May, George A. 426 E. Main St.
McAtee, Otto B. Madison State Hospital
Modisett, Jackson W. 722 W. Main St.
Modisett, Marcella S. 722 W. Main St.
Moore, Martha Madison State Hospital
Murray, William W. Madison State Hospital
Petway, Allen P. 426 E. Main St.
Prenatt, Francis Madison State Hospital
Shuck, William A. Odd Fellows Bldg.
Southworth, John W. Madison State Hospital
Turner, Anna L. 104 E. Third St.
Turner, Oscar A. 602 E. Second St.
Whitsitt, Schuyler A. (S) 722 W. Main St.
Zink, Robert O. 722 W. Main St.

Bear, Lowery H. (S) Vevay
Ellerbrook, George E. Vevay
Graves, Noel S. Vevay
Hamilton, Antha A. Vevay

JENNINGS COUNTY

Daubenheyer, Miles F. (S) Butlerville
Meyer, Hans
Muscatatuck State School, Butlerville

North Vernon

Calli, Louis 408 S. State St.
Green, John H. 163 E. Walnut St.
Johnson, William A. 45 N. Madison Ave.

Matthews, Dennis W. (S).....North Vernon
Stemm, William H. (S).....121 E. Walnut St.
Thayer, Benet W.....25 S. Jackson St.

JOHNSON COUNTY

Lutes, David L.....Edinburg
Michaels, Joseph F. (S).....Edinburg

Franklin

Chappel, Alfred T.....100 N. Main St.
Deppe, Charles F.....301 E. Jefferson St.
Ferrara, Joseph F.....25 E. Madison St.
Foster, Robert.....301 E. Jefferson St.
Hibbs, William G.....R. R. 1, Box 138
Jones, Charles A.....251 E. Jefferson St.
Murphy, Harry E.....150 N. Main St.
Portteus, Walter L.....34 N. Water St.
Province, Oran A. (S).....100 N. Main St.
Province, William D.....100 N. Main St.
Records, Arthur W.....198 E. Jefferson St.
Stogsdill, Willis.....176 E. Jefferson St.

Greenwood

Barnes, Helen Beall.....201½ W. Pearl St.
Brown, George E.....400 S. Madison Ave.
Eaton, Lyman D.....R. R. 1
Sheek, Kenneth I.....188 Madison Ave.
Tiley, George A.....41 N. Madison Ave.
Woodcock, Charles E.....224 S. Madison Ave.

Machledt, John H.....Whiteland

KNOX COUNTY

Bicknell

Byrne, Robert J.....517 N. Main St.
Fox, Richard H. (S).....418 N. Main St.
Meade, Walter W.....403 N. Main St.
Wilson, Guy H.....120 W. Third St.

Hodges, William A.....Oaktown
Springstun, George H.....Oaktown

Vincennes

Anderson, John B.....301 LaPlante Bldg.
Anderson, Richard M.....301 LaPlante Bldg.
Arbogast, Paul B.....915 Main St.
Barrett, Thomas L.....Vincennes
Beckes, Ellsworth W.....220 N. Fifth St.
Chattin, Herbert O.....729 Main St.
Coffel, Melvin H.....424 LaPlante Bldg.
Corsentino, Bart.....Good Samaritan Hospital
Cullison, Charles W.....410 S. Seventh St.
Curtner, Myron L.....222 N. Sixth St.
Edwards, Edward T., Jr...1045 Washington Ave.
Ewing, Nathaniel D.....14 N. Third St.
Fox, Maurice S.....616 Shelby St.
Green, Carl L.....1004 Main St.
Hendrix, Charles E.....603 Busseron
Hoffman, Doris.....720 Perry St.
Humphreys, Joe E.....1516 N. Second St.
McCormick, Hubert D.....325 LaPlante Bldg.
McDowell, Mordecai M.....611 Dubois St.
McMahan, Virgil C.....609 Dubois St.
Meyer, Raymond C.....Second Street Rd.
Moore, Robert G.....21 N. Third St.
Reilly, James F.....401 Buntin St.
Richards, David H. (S).....904 Busseron
Schulze, William.....810 Buntin St.
Shaffer, Kenneth L.....404 LaPlante Bldg.
Stewart, J. Frank W.....Hillcrest Hospital
Smith, Ralph O.....603 Busseron
Smith, S. Joseph.....301 LaPlante Bldg.
Spencer, Frederic.....429 S. Sixth St.
Sullenger, Adron A.....605 Busseron
Vaughn, Walter R.....615 Dubois St.
Von de Leith, William C.....14 N. Third St.
Welch, Norbert M.....615 Dubois St.

Keezer, William S.
P. O. Box 88, Carson City, Nev.

KOSCIUSKO COUNTY

Thomas, Charles E. (S).....Leesburg
Urschel, Dan L.....Mentone
Wilson, Wymond B.....Mentone
Rheinheimer, Floyd L.....Milford
Stalter, Gaylord W.....North Webster
Schuldt, Theodore S.....Pierceton
Clark, Fred.....Syracuse
Craig, Robert A.....Syracuse
Fosbrink, Ephraim L.....Syracuse

Warsaw

Baum, John R.....212 S. Indiana
DuBois, Charles C. (S).....800 E. Center St.
Haymond, George M.....402 S. Buffalo
Hillery, John L.....212 S. Indiana
Murphy, Harold O.....212 S. Indiana
Richer, Orville H.....212 E. Market St.
Roesch, Ryland.....High St.
Schlemmer, George H.....Murphy Medical Center
Thomas, Everett W.....212 S. Indiana

LAGRANGE COUNTY

Wade, Alfred A.....Howe
Yunker, Philip E.....Howe

LaGrange

Benedict, Charles D.....203 W. Wayne St.
Flannigan, Harley F.....213 W. Lafayette
Studebaker, Lloyd R.....219 S. Sherman
Weir, Dale.....220 S. Poplar

Williams, John H.....Shipshewana
Hildebrand, William O. (S).....Topeka
Lehman, Kenneth M.....Topeka

LAKE COUNTY

Bolin, John T. (S).....Cedar Lake
King, Robert W.....Cedar Lake
Miller, Donald C.....Cedar Lake
Misch, William.....Cedar Lake
Reilly, Richard W.....Cedar Lake

Crown Point

Becker, Philip H....Lake County Tuberculosis San.
Birdzell, John P.....124 N. Main St.
Carroll, Mary E.....124 N. Main St.
Doherty, Raymond J.....R. R. 5, Box 495
DuSold, Donald D.....123 N. Court St.
Gray, Daniel E.....235 S. Main St.
Horst, William N.....123 N. Court St.
Klaus, Julius M.....224 S. Court St.
MacLeod, Donald F.
Lake County Tuberculosis San.
Seyler, Anna G....Lake County Tuberculosis San.
Steele, Everett B.....124 N. Main St.
Troutwine, William R.....224 S. Court

Adler, Edmund R.....Dyer

East Chicago

Arnold, Marion F.....4239 Magoun Ave.
Bacevich, Andrew J.....3406 Guthrie St.
Barron, Elmer A.....3406 Guthrie St.
Beam, Vernon B.....5215 Kennedy Ave.
Beilke, Clifford A.....815 W. Chicago Ave.
Benchik, Frank A.....4712 Magoun Ave.
Benedek, Tibor.....3406 Guthrie St.
Bonaventura, Angelo P.....3701 Main St.
Boyd, Charles S.....4739 Melville Ave.
Boys, Fay F.....722 W. Chicago Ave.
Braun, Benjamin D.....St. Catherine's Hospital
Broomes, Edward L.....2301 Broadway
Callahan, Richard H.....3704 Main St.
Campagna, Ettro A.....3406 Guthrie St.
Carleton, Edward H.....Inland Steel Co.
Cole, Arthur V.....3406 Guthrie St.
Cotter, Edward R.....723 W. Chicago Ave.

Dainko, Alfred J. 823 W. Chicago Ave.
Ernst, Helmuth C. 4219 Baring Ave.
Fleischer, Jacob C. 3902 Guthrie St.
Gardiner, H. Glenn 3210 Watling
Geronimo, Manuel M. 3502 Main St.
Geronimo, Rita R. V. 3502 Main St.
Govorchin, Alexander 724 W. Chicago Ave.
Grosso, William G. 720 W. Chicago Ave.
Gustaitis, John W. 815 W. Chicago Ave.
Hayes, Jesse D. 4742 Melville
Irish, Wilbur J. 806 W. Chicago Ave.
Johns, David R. 724 W. Chicago Ave.
Kamen, Jack M. 3406 Guthrie St.
Komoroske, John E. 723 E. Chicago Ave.
Levin, Eli 3700 Main St.
McGuire, Desmond F. 3429 Michigan Ave.
Marks, Ora L. 815 W. Chicago Ave.
Nicosia, John B. 3701 Main St.
Pascale, Luke R. 3406 Guthrie St.
Payne, Arthur C. 2020 Broadway
Shapiro, Joseph 3701 Main St.
Shulruff, Harry I. 3701 Main St.
Teegarden, Joseph A., Jr. 1919 E. Columbus Dr.
Teegarden, Joseph A. 1919 E. Columbus Dr.
Teplinsky, Louis L. 3701 Main St.
Thegze, George A. 4712 Magoun Ave.
Trepagnier, Francis B. 3616 Main St.
Vore, Hugh A. Inland Steel Co.
Walker, Adolph P. 3701 Main St.
Zallen, Stanley G. 720 W. Chicago Ave.
Zivich, John M. 3701 Main St.

Gary

Abramson, Allan L. 3807 Washington St.
Almquist, Carl O. 504 Broadway
Armalavage, Leon J. 2717 Wabash
Baitinger, Herbert M. 504 Broadway
Behn, Walter M., Jr. 504 Broadway
Behn, Walter M. 504 Broadway
Bendler, Carl H. 738 Broadway
Bills, Robert N. 504 Broadway
Boardman, Carl (S) 504 Broadway
Borak, Walter J. 6151 W. 25th Ave.
Borenstein, Herschel 11 W. Seventh Ave.
Brady, Samuel G. 765 Broadway
Brandman, Harry 504 Broadway
Brauer, Abraham A. 8124 Locust St.
Brink, Calvin C. 504 Broadway
Brincko, John 504 Broadway
Bringas, Irineo B. 858 Broadway
Brown, David B. 504 Broadway
Brown, Leo R. 3855 Broadway
Bullard, Mattie J. 475 Broadway
Burcham, James B. 738 Broadway
Burger, Robert A. Methodist Hospital
Burkart, Oswald G. Mercy Hospital
Carberry, George A. 738 Broadway
Carbone, Joseph A. 504 Broadway
Carmody, Raymond F. 504 Broadway
Chen, Hsi-Sheng Yue Methodist Hospital
Chevigny, Julius J. 504 Broadway
Coles, Alfred L. 1906 Broadway
Collins, Le Roy 1903 Broadway
Cooper, Leo K. 504 Broadway
Corrao, Gaetano 355 Hobart St.
Crossland, Steward H. 560 Hayes St.
Daniel, Robert A. Mercy Hospital
Danieleski, Ladislaus J. 738 Broadway
Darling, Dorothy 1600 W. Sixth Ave.
Davis, Neal 1600 W. Sixth Ave.
Dian, August J. 729 Broadway
Dian, Julia G. 584 Garfield
Dierolf, Edward J. 504 Broadway
Donchess, Joseph C. 215 Broadway
Duncan, John S. 2165 W. 11th St.
Eades, Ralph C. 757 Broadway
Elliott, Ralph A. 504 Broadway
English, Hubert M. 673 Broadway
Espy, Theodore R. 1903 Broadway
Gannon, George W. (S) 602 Broadway
Goldberg, Harold B. 738 Broadway
Goldstone, Adolph 757 Broadway
Goldstone, Joseph 757 Broadway
Goldstone, Sidney R. 757 Broadway
Grant, Benjamin F. 1706 Broadway
Gregoline, Amadeo F. 729 Broadway
Hall, James L. 1706 Broadway
Hedrick, James T. 1901 Broadway
Hodurski, Zigfield 4319 Broadway
Holmes, George W. 504 Broadway
Ibarra, Jesus 860 Broadway
Jahns, Albin A. 504 Broadway
Jannasch, Maurice C. 2717 Wabash Ave.
Johnson, Lonnie B. 123 W. 21st St.
Kendrick, Frank J. 504 Broadway
Khaton, Odessa M. 1903 Broadway
Kilmer, Warren L. 3792 Central, East Gary
Kobrin, Meyer W. 729 Broadway
Kolettis, George J. 860 Broadway
Kopcha, Joseph E. 504 Broadway
Korn, Jerome M. 738 Broadway
Lebioda, Henry S. 8 W. Ridge Rd.
Lewis, George N. 504 Broadway
Lorenty, Thaddeus B. 504 Broadway
Lovell, Martin H. 1606 Broadway
Lutz, Georgianna 504 Broadway
McGue, Frank J. 427 S. Lake
McMath, Samuel B. 1903 Broadway
Majsterek, Stanley L. 1902 W. 11th Ave.
Marcus, Morris C. 738 Broadway
Marshall, Millard R. 504 Broadway
Mather, J. Winford 3543 Central, East Gary
May, Richard M. 583 Broadway
Minczewski, Richard C. 517 Marshall St.
Molengraft, Cornelius J. 527 Broadway
Monroe, F. Bruce 4537 Harrison St.
Moore, Edwin G. 1606 Broadway
Morris, Hyman 504 Broadway
Moswin, Jack A. 504 Broadway
Nelson, Walfred A. 559 S. Lake St.
Neuwelt, Frank 504 Broadway
Nilges, Richard G. 2717 Wabash Ave.
Ornelas, Joseph P. 673 Broadway
Palmer, Russel H. 2006 W. 4th Place
Parratt, Louis W. 708 Broadway
Poracky, Bernard F. 504 Broadway
Pruitt, J. Edward 4119 Broadway
Reynolds, James S. 504 Broadway
Richter, Samuel 504 Broadway
Robinson, Walter K. 504 Broadway
Rosenbloom, Philip J. 504 Broadway
Roth, Leo 2801 W. Seventh Place
Rubin, Simon S. 504 Broadway
Ryan, Hubert J. 504 Broadway
Sagel, Jacob 504 Broadway
Sala, Joseph J. 504 Broadway
Sala, Walter R. 504 Broadway
Senese, Thomas J. 504 Broadway
Shellhouse, Michael 3811 Washington St.
Shevick, Alexander 504 Broadway
Slama, George F. 3520 Polk St.
Slama, John T. 4481 Broadway
Spears, John M. 1110 Harrison St.
Spellman, Frank W. 401 S. Lake
Spivack, Mary 504 Broadway
Sponder, Joseph 1518 Broadway
Stimson, Harry R. 504 Broadway
Stoycoff, Christ M. 844 Broadway
Thomas, Daniel D. 738 Broadway
Thomas, Gerald J. 504 Broadway
Trinosky, Donald L. 504 Broadway
Trinosky, Frank G. 504 Broadway
Turgi, Robert W. 504 Broadway
Verplank, Grover L. 527 Broadway
Vye, James P. 607 Broadway
Walters, Eleanore 607 Broadway
Washington, G. Kenneth 1606 Broadway
Weiskopf, Henry S. 504 Broadway

Wharton, Russell O.....6559 Ash Place
Wicks, Orlando C. (S).....560 Van Buren
Williams, Alexander S.....436 W. 25th St.
Williams, Edwin D.....436 W. 25th St.
Wimmer, Robert N.....9 W. Sixth St.
Yarrington, Charles W. (S).....607 Broadway
Yast, Charles J.....504 Broadway
Yocum, Paul S., Jr.....738 Broadway
Yocum, Paul S.....738 Broadway
Yocum, William S.....583 Broadway
Young, George M.....3776 Broadway
Young, Robert L.....504 Broadway

Griffith

Hazinski, Robert T.....401 N. Broad
Lundeberg, Ralph A.....109 N. Broad
Purcell, Richard J.....145 N. Griffith
Siekierski, Joseph M.....145 N. Griffith

Hammond

Allegretti, Michael L.....837 169th St.
Amberg, Edward A.....5618 Calumet
Arbeiter, Herbert I.....5231 Hohman Ave.
Arrowsmith, James L.....5231 Hohman Ave.
Beconovich, Robert.....839 169th St.
Bernardi, Hugh.....6827 Kennedy Ave.
Bethea, Dennis A.....1021 Fields St.
Black, Charles E.....6338 Garfield
Carlo, Joseph F.....5305 Hohman Ave.
Chael, Thomas C.....5246 Hohman Ave.
Chidlaw, Benjamin W. (S).....5141 Hohman Ave.
Clancy, James F.....6219 Hohman Ave.
Cook, George M.....5231 Hohman Ave.
Davis, Alice L.....264 Highland St.
Eggers, Ernest L.....5141 Hohman Ave.
Eggers, Henry W.....30 Douglas St.
Elledge, Ray.....30 Douglas St.
Fischer, Burnell.....49 Ind-Ill
Fox, Jack.....5231 Hohman Ave.
Friedman, Isadore E.....5246 Hohman Ave.
Gevirtz, Milton B.....5246 Hohman Ave.
Hanson, Arthur H.....5252 Hohman Ave.
Hickman, A. Lee.....30 Douglas St.
Hofmann, Andrew (S).....445 State St.
Hopkins, Joseph R.....5231 Hohman Ave.
Howard, William H.....5231 Hohman Ave.
Husted, Robert G.....5248 Hohman Ave.
Jones, Eli S.....30 Douglas St.
Kelly, Paul S.....820 Highland
Kenney, Francis D.....5231 Hohman Ave.
Kolanko, Leon A.....5435½ Hohman Ave.
Koransky, David S.....5231 Hohman Ave.
Kretsch, Russell W.....5231 Hohman Ave.
Kuhn, Hedwig S.....112 Rimbach St.
Kuhn, Hugh A.....112 Rimbach St.
LaFollette, Forrest L.....7016 Indianapolis Blvd.
Larrabee, James F.....St. Margaret's Hospital
Lautz, Herbert A.....112 Rimbach St.
Lazo, Vicente R.....5446 Calumet Ave.
Lipsey, Alfred J.....5252 Hohman Ave.
Long, Keith.....137 Rimbach St.
McLean, James S.....229 Dyer
McVey, Clarence A.....5231 Hohman Ave.
Marcus, Emanuel.....5252 Hohman Ave.
Marks, Salvo P.....30 Douglas St.
Mason, Richard L.....132 Rimbach St.
Matthews, Charles B. (S).....5252 Hohman Ave
Modjeski, Joseph R.....5451½ Hohman Ave
Modjeski, Raymond J.....5231 Hohman Ave.
Morec, George J.....7325 Delaware Ave.
Morrison, Lindsey (S).....109 Rimbach St.
Musacchio, Frederick A.....334 City Hall
Neal, Leonard W.....6223 Hohman Ave.
Nodinger, Louis.....540 165th St.
Panares, Solomon V.....5434 Hohman Ave.
Peck, Edward A.....422 Conkey St.
Peiffer, Geraldine M.....5252 Hohman Ave.
Pilot, Jean.....5231 Hohman Ave.
Premuda, Franklin F.....6727 Kennedy Ave.
Ramker, Daniel T.....7040 Kennedy Ave.
Rasch, George C., Jr.....5231 Hohman Ave.
Rawlins, Carolyn M.....422 Conkey St.
Rebhun, Joseph.....5231 Hohman Ave.
Remich, Antone C.....30 Douglas St.
Rendel, Donald T.....5231 Hohman Ave.
Rhind, Alexander W.....5145 Hohman Ave.
Rosenthal, Carl.....5252 Hohman Ave.
Rosevear, Henry J.....30 Douglas St.
Row, Perrie Q.....1706 Hohman Ave.
Rudolph, Franklin G.....5231 Hohman Ave.
Santare, Vincent J.....5231 Hohman Ave.
Schlesinger, Daniel J.....6010 Columbia Ave.
Schlesinger, Jacob.....6010 Columbia Ave.
Schulfer, Richard J.....7134 Calumet Ave.
Shanklin, Eldridge M. (S).....54 Ruth
Skrentny, Stanley.....5231 Hohman Ave.
Sroka, Alexander G.....5305 Hohman Ave.
Stasick, Murray.....60 Douglas St.
Stern, Samuel L.....5231 Hohman Ave.
Stevens, Edwin W.....30 Douglas St.
Tilka, Edward.....7134 Calumet Ave.
Westhaysen, Peter.....6223 Hohman Ave.

Highland

Hamilton, Robert C.....9014 Kennedy
Markey, Richard J. P.....2805 Highway Ave.

Hobart

Bjorklund, C. Ray.....295 S. Wisconsin St.
Friedrich, Louis M. (S).....614 E. Third St.
Gill, John R.....447 E. Third St.
Markle, Joseph G.....201 Main St.
Parker, Harry C.....831 Garfield St.
Pike, Warren H.....447 E. Third St.
Reed, John.....520 E. Fourth St.

Lowell

Combs, Loyal W.....308 E. Commercial
Mirro, John A.....E. Commercial
Templin, David B.....E. Commercial

Munster

Campbell, Guy C.....211 Ridge Rd.
Sroka, Stanley J.....8227 Hohman Ave.

Whiting

Apter, Julia T.....1902 Indianapolis Blvd.
Best, Robert C.....1900 Indianapolis Blvd.
Ferry, John L.....1902 Indianapolis Blvd.
Frankowski, Clementine E.....1907 New York Ave.
Greisen, Jack G.....1902 Indianapolis Blvd.
Jones, Clifford M.....1902 Indianapolis Blvd.
Kaiser, George D.....1900 Indianapolis Blvd.
Kudele, Louis T.....1321 119th St.
McCarthy, Jeremiah A.....1341 119th St.
Martin, Clement G.....1900 Indianapolis Blvd.
Rudser, Donald H.....1902 Indianapolis Blvd.
Silvian, Harry A.....1400 119th St.
Smith, Theodore J.....1900 Indianapolis Blvd.
Stecy, Peter.....1902 Indianapolis Blvd.
Steen, Lowell H.....1900 Indianapolis Blvd.
Troy, Jack M.....1900 Indianapolis Blvd.
Weinberg, Benjamin A.....1346 119th St.

Bechtol, Lavon D.
Ethicon, Inc., New Brunswick, N. J.
Dassel, Paul M.
201 Metz Bldg., Grand Rapids 2, Mich.
Dest, Paul.....18139 Torrence Ave., Lansing, Ill.
Detrick, Herbert W.....Box 203, Alamo, Texas
Doty, James R.....9 Orange Ave., Rockledge, Fla.
Egnatz, Nicholas.....4019 Carlisle, Baltimore
Goralka, Joseph J.
Sutter General Hospital, Sacramento, Calif.
Howard, William F.
Jefferson Davis Hospital, Houston, Texas
Justen, Jerome W.....Ft. Monroe, Va.
Kahan, Harry L.
1748 E. Second St., No. 1, Tuscon, Arizona

Kobrak, Heinrich G.
8551 Allen Rd., R. R. 2, Clarkston, Mich.
Kopanko, Bernard F.
V. A. Hospital, Clarksburg, W. Va.
Kron, R. Vincent
314 Upper Shore Drive, Bremerton, Wash.
Moore, E. Gregory
Letterman Army Hospital, San Francisco, Calif.
Murphy, Joseph F....3508 Ridge Rd., Lansing, Ill.
O'Connor, James J.
924 E. Main St., Alhambra, Calif.
Radigan, Leo R.
National Heart Institute, Bethesda 14, Md.
Shafer, Sid J...55 E. Washington St., Chicago, Ill.
Tyrrell, Thomas C.
800 State Line, Calumet City, Ill.
Wisniewski, Edward M.
Fairfield State Hospital, Newton, Conn.

LA PORTE COUNTY

Oak, David, Jr.....Hanna
Oak, David D.....LaCrosse

La Porte

Carter, Fred S.....912 Indiana Ave.
Cartwright, Jack D.....806 Madison St.
Durham, Lowell J.....1012 Harrison St.
Elshout, Clem H.....1004 Indiana Ave.
Fargher, Robert A.....811 Jefferson Ave.
Farnsworth, Samuel A.....1012 Michigan Ave.
Feinn, Harry S.....1013 Indiana Ave.
Fischer, Carlton N.....1001 Maple Ave.
Jones, John C.....801 Madison St.
Jones, Robert B.....808 Michigan Ave.
Kelsey, Robert M.....702 Maple Ave.
Kepler, Robert W.....708 Harrison St.
Kistler, James J.....911 Maple Ave.
Kring, Gerald G.....704 Jefferson Ave.
Larson, Goyt O.....1110 Indiana Ave.
Linn, Elbert E.....809 Jefferson St.
Martin, William B.....812 Michigan Ave.
Mead, Frank E.....810 Madison St.
Muhleman, Charles E.....901 Indiana Ave.
Philbrook, Seth S.....705 Harrison St.
Predd, Adolph C.....909 Madison St.
Richter, John C.....808 Michigan Ave.
Ross, Wilbur W. (S).....1201 Maple Ave.
Scott, John S.....806 Maple Ave.
Simon, Arthur R.....806 Maple Ave.
Von Asch, George.....912 Monroe St.
Wilcox, Robert F.....808 Maple Ave.
Wolf, William E.....1406 Lincoln Way

Michigan City

Armstrong, Thomas D.....120 W. Ninth St.
Arney, Amos.....125 E. Fifth St.
Baker, Warren.....427 Warren Bldg.
Bankoff, Milton L.....125 E. Fifth St.
Bergan, Joseph A.....Warren Bldg.
Bernoske, Daniel G.....731 Pine St.
Brooks, Harry L.....100 Beverly Court
Burris, Floyd L.....731 Spring St.
Carlson, Norman R.....912 Wabash St.
Cleveland, John B.....117 W. Seventh St.
Fargher, Francis M.....907 Washington St.
Flaherty, Walter T.....1016 Washington St.
Frost, Robert J.....817 Pine St.
Gardner, Melvin D.....801 Washington St.
Gardner, Russell A.....801 Washington St.
Gilmore, Robert W.....304 Warren Bldg.
Gilmore, Russell A.....304 Warren Bldg.
Henderson, Norman C.....131 E. Eighth St.
Hillenbrand, Charles.....128 W. 10th St.
Hoover, Ammon W.....125 E. Fifth St.
Jones, King S.....328½ Franklin St.
Kemp, John T.....122 E. Seventh St.
Kerrigan, Robert L.....916 Washington St.
Kling, Victor F.....723 Franklin St.
Kohrman, Benjamin M.....125 E. Fifth St.
Krieger, George M.....701 Washington St.
Kubik, Francis J.....902 Pine St.
Marske, Robert L.....311-13 Warren Bldg.
Meyer, Milo G.....801 Washington St.
Milne, Walter S.....916 Washington St.
Olson, William H.....P. O. Box 41
Paul, Leonard G.....125 E. Fifth St.
Piazza, Leonard F.....907 Washington St.
Pilecki, Peter J.....125 E. Fifth St.
Plank, C. Robert.....732 E. Pine St.
Reed, Nelle C.....3210 Tilden Ave.
Roberts, Thomas K.....1602 Washington St.
Rohr, Joseph H.....P. O. Box 41
Rudisill, Robert.....125 E. Fifth St.
Shortall, James P.....917½ Franklin St.
Spinning, Alva L. (S).....Kenwood Place
Stumer, Myer.....811 Pine St.
Walters, William H.....Warren Bldg.
Weeks, Patrick H.....119 E. Sixth St.
Zalac, Donald A.....723 Pine St.
Zullo, Robert S.....Warren Bldg.

Weinstock, Adolph.....Rolling Prairie
Moosey, Louis.....Union Mills
Benz, Owen.....Wanatah

Westville

Cole, Versa V.....Beatty Memorial Hospital
Hetman, Mitchell J.....Westville
Hoyt, John M.....Beatty Memorial Hospital
Johnston, Donald D.....Beatty Memorial Hospital
Oster, Jack H.....Beatty Memorial Hospital
Sennett, Cecil M.....Beatty Memorial Hospital
Shriner, Richard L.....Beatty Memorial Hospital
Syler, Robert W.....Beatty Memorial Hospital
Van Den Bosch, Wallace R.
Beatty Memorial Hospital

Feerer, Donald J.
2205 16th St., Corpus Christi, Texas
Grott, Bruce F.....165 N. Canal St., Chicago, Ill.
Molenda, Robert V.,
A. A. F. Base (Station Infirmary) Sedalia, Mo.
Potter, Brian.....Armed Forces Institute of Pathology, Washington (25), D. C.
Warren, Frank R. (S)
1323 Oak St., S. Pasadena, Calif.

LAWRENCE COUNTY

Bedford

Allen, L. Howard.....1622 24th St.
Austin, Richard P....209 Citizens Nat'l Bank Bldg.
Benham, Lawrence E...310 Stone City Bank Bldg.
Bridwell, Edgar.....1317 L St.
Duncan, Raymond.....1317 L St.
Dusard, Joseph C....304 Citizens Nat'l Bank Bldg.
Edmonds, Kendrick.....1303 15th St.
Emery, Charles B.....1027 15th St.
Fountaine, Thomas J.....1501 J St.
Hammel, Howard T.....1501½ J St.
Hawkins, Richard D.....1021 15th St.
Kastings, Gerald....206 Citizens Nat'l Bank Bldg.
Kerr, Donald M.....1317 L St.
Meyer, Orlando L.....1210 15th St.
Newland, Arthur E.....Masonic Temple
Noe, William R.....1317 L St.
Scherschel, John P.....1711 H St.
Smallwood, Robert B.
206 Citizens Nat'l Bank Bldg.
Wohlfeld, Julius B.....1222 15th St.
Woolery, Richard H.....1501 J St.
Wynne, Roland E.....301 Citizens Nat'l Bank Bldg.

Hamilton, James R.....Mitchell
Oswalt, James T.....Mitchell
Robinson, William H.....Mitchell
Dollens, Claude.....Oolitic

MADISON COUNTY

Alexandria

Carpenter, John L.....313 N. Harrison St.
Gaunt, Everett W.....214 E. John St.
Keller, Frank G. (S).....419 N. Harrison St.
Leroy, Alvin G.....310 N. Harrison St.
McClelland, Harry N.....118 E. Church St.
Overpeck, George H.....313 N. Harrison St.
Shafer, Richard H.....111 S. Harrison St.

Anderson

Aagesen, Walter J.....702 Citizens Bank Bldg.
Armington, Charles L...655 Anderson Bank Bldg.
Armington, John C. (S)..657 Anderson Bank Bldg.
Armington, Robert L.....1504 Broadway
Ashcraft, John R.....1424 E. 8th St
Austin, Charles E.....2108 Nichol
Austin, Maynard A. (S).....238 W. 12th St.
Ayres, Kenneth D.....2210 Meridian St.
Baughn, William L.....Guide Lamp
Beeler, Franklin K.....1010 Jackson St.
Benoit, Merrill P.....Delco Remy
Bixler, Donald P.....1010 Jackson St.
Blassaras, Chris.....2005 Broadway
Bowers, Charles R.....207 Anderson Loan Bldg.
Brauchla, Carl H.....117 W. 17th St.
Bridges, Alvin.....1524 Madison Ave.
Brock, Earl E.....931 Meridian St.
Brown, James M.....12 W. 29th St.
Buckles, David L.....St. John's Hospital
Dixon, Rex W.....934 W. 8th St.
Doenges, James L.....631 Citizens Bank Bldg.
Donaldson, Frank C.....300 Anderson Loan Bldg.
Drake, John C.....604 Anderson Bank Bldg.
Dulin, Basil B.....St. John's Hospital
Ellis, Seth W.....717 Anderson Bank Bldg.
Elsten, Aubrey W.....704 Anderson Bank Bldg.
Erehart, Archie D.....714 Anderson Bank Bldg.
Fischer, Warren E.....119 W. 19th St.
Gante, Henry W.....111 N. Meridian St.
Hart, William D.....515 Citizens Bank Bldg.
Hensler, Benton M.....1709 Nichol Ave.
Irwin, Seth.....2209 Cedar St.
Jarrett, Paul E.....R. R. 5, Box 289-A
Jones, Albert T.....530 Citizens Bank Bldg.
Jones, Horace E.....1110 Meridian St.
Kelly, Wendell C.....704 E. Eighth St.
Kiely, John T.....655 Citizens Bank Bldg.
King, Joseph W.....1110 N. Meridian St.
Kopp, Otis A.....333 Jackson St.
Lamey, James L.....447 Citizens Bank Bldg.
Lamey, Paul T.....423 Citizens Bank Bldg.
Larmore, Joseph L.....612 Anderson Bank Bldg.
Larmore, Sarah H.....1301 Winding Way
Litzenberger, Sam W.....622 Citizens Bank Bldg.
Long, Paul L.....710 Anderson Bank Bldg.
McDonald, Vergil G.....1110 Meridian St.
Maxson, Roy V.....713 Anderson Bank Bldg.
Meister, Doris (S).....403 Citizens Bank Bldg.
Metcalf, George B.....931 Meridian St.
Miley, Weir M.....717 Madison St.
Morris, Robert A.....320 Citizens Bank Bldg.
Neale, Alfred E.....234 Citizens Bank Bldg.
Nelson, Paul L.....330 W. Seventh St.
Nesbit, Leonard L.....415 Citizens Bank Bldg.
Patterson, William K.....713 Anderson Bank Bldg.
Polhemus, Warren C.....1803 Pearl St.
Quickel, Daniel S. (S)....709 Anderson Bank Bldg.
Reed, Roger R.....412 Anderson Bank Bldg.
Rosenbaum, Lloyd E.....647 Citizens Bank Bldg.
Ross, Guy E.....661 Citizens Bank Bldg.
Rozelle, Clarence V.....611 Citizens Bank Bldg.
Sharp, William L.....449 Citizens Bank Bldg.
Stamper, Joseph H.....412 Anderson Bank Bldg.
Stamper, Robert J.....412 Anderson Bank Bldg.
Swan, Richard C.....Delco Remy
Webb, Harry D.....321 Citizens Bank Bldg.
Wilder, Gordon B.....338 W. Eighth St.
Wilkinson, Roger L.....1 E. 37th St.
Williams, Francis M.....1132 Central Ave.
Williams, Robert H.....1132 Central Ave.
Willson, Canby L.....315 Anderson Bank Bldg.
Wright, Cecil S.....523 Citizens Bank Bldg.
York, Arthur F.....602 Citizens Bank Bldg.
Zierer, Reuben O.....1211 Van Buskirk Rd.

Elwood

Buechler, William F.....1817 S. A St.
Drake, Marion C.....1201 Main St.
Fitzpatrick, Harry W.....1309 S. Anderson St.
Hanson, Martin F.....1102 S. Anderson St.
Hoppenrath, Wesley M.....1300 Main St.
Hoppenrath, William H. (S).....1300 Main St.
Lanning, R. Adrian.....1428 Main St.
Laudeman, Walter A.....1515 N. A St.
Oldag, George E.....1301½ Main St.
Ploughe, Ralph R.....517 S. Anderson St.
Scea, Wallace A.....1300 Main St.
Ulrey, Robert P.....1201 Main St.

Bishop, Harry A.....Frankton
Ridgway, Alton H.....Lapel
Rinne, John I.....Lapel
Williams, Robert D.....Markleville
Dickey, William M.....Pendleton
Leahy, Howard J.....Pendleton
McLaughlin, Calvin P.....Pendleton
Van Ness, William C.....Summitville

MARION COUNTY

Fosgate, Harold L.....Acton

Beech Grove

Berger, Morley.....902 Main St.
Gard, Daniel A.....1151 Southern Ave.
Kim, Young D.....136 N. 17th St.
Ramage, Walter F.....244 S. First St.
Rhea, James C.....801 Main St.
Scott, George E.....St. Francis Hospital

Hade, Frederick, L.....Bridgeport
Zerfas, Leon G.....R. R. 1, Camby
Garrison, James L.....Cumberland

Indianapolis

A

Abreau, Benedict E.
Pitman-Moore Co., 1200 Madison Ave. (6)
Addleman, Robert H.....General Hospital (7)
Adkins, Harold C.....409 E. 30th St. (5)
Adkins, Onan C.....2625 Watson Rd. (5)
Albertson, Frank P.....3544 W. 16th St. (22)
Aldrich, Harry D.....501 Hume Mansur Bldg. (4)
Aldrich, Howard.....4316 E. Washington St. (1)
Alexander, Ezra D.....617 Indiana Ave. (2)
Allen, Robert K.....3202 N. Meridian St. (8)
Alvis, Edmond O.....320 Hume Mansur Bldg. (4)
Anderson, John T.....2033 N. Harding St. (2)
Anderson, Wendell C.
Indiana State Board of Health, 1330 W. Michigan St. (7)
Appel, Richard H.....320 Hume Mansur Bldg. (4)
Arbogast, John L.....I. U. Medical Center (7)
Arbuckle, William E.....1156 Lee St. (21)
Arnold, Aaron L.....607 E. Maple Rd. (5)
Arnold, Robert D.....3419 E. 10th St. (1)
Aronson, Sidney S.....618 Hume Mansur Bldg. (4)
Avery, George O.....2117 W. Washington St. (22)

B

Bachmann, Arnold J.....3440 N. Meridian St. (8)
Bailey, Orville T.
Larue D. Carter Hospital, 1315 W. 10th St. (7)
Bakemeier, Otto H...5503 E. Washington St. (19)
Balch, James F.....709 Hume Mansur Bldg. (4)
Ball, Joseph E.....4312 E. 10th St. (1)
Banister, Revel F.....2958 Central Ave. (5)

Banks, Horace M. Methodist Hospital (7)
Barry, M. Joseph, Sr. 508 Doctors' Bldg. (4)
Bartlett, Donald T. General Hospital (7)
Bartley, Max D. 803 Hume Mansur Bldg. (4)
Batman, Gordon W. ... 723 Hume Mansur Bldg. (4)
Battersby, J. Stanley I. U. Medical Center (7)
Batties, Paul A. 617 Indiana Ave. (2)
Bauer, Thomas B. 408 Hume Mansur Bldg. (4)
Baum, Harry
V.A. Regional Office, 36 S. Pennsylvania St. (4)
Baumeister, Herbert E. 3375 Forest Manor (18)
Baxter, Earle G. I. U. Medical Center (7)
Beach, Robert R. 2630 E. 10th St. (1)
Beamer, Parker R. I. U. Medical Center (7)
Bean, Joseph S. 1425 Berwick Ave. (22)
Beasley, Thomas J. (S) 112 Berkley Rd. (8)
Beaver, Howard W. 11 E. Raymond St. (25)
Beck, Evart M. 633 E. Maple Rd. (5)
Becker, Harry G. 6060 College Ave. (20)
Beeler, John W. 712 Hume Mansur Bldg. (4)
Beeler, Raymond C. 712 Hume Mansur Bldg. (4)
Behnke, Roy H. I. U. Medical Center (7)
Belt, James H. 6202 College Ave. (20)
Berman, Edward J. 807 Hume Mansur Bldg. (4)
Berman, Jacob K. 807 Hume Mansur Bldg. (4)
Beverland, Malon E. .. 3036 E. Washington St. (1)
Bibler, Lester D. 811 Underwriters Bldg. (4)
Bird, Charles R. (S) .. 301 Hume Mansur Bldg. (4)
Blackford, Florence 5909 E. 10th St. (19)
Blackford, Ralph E. 5909 E. 10th St. (19)
Blatt, A. Ebner 3209 N. Meridian St. (8)
Bloemker, Edward F. 2729 Shelby St. (3)
Boaz, John J. (S) 302 K. of P. Bldg. (4)
Boggs, Eugene F. 2901 N. Meridian St. (8)
Bohner, Caryle B. 822 Hume Mansur Bldg. (4)
Boling, Grover C., Jr. 1440 E. 46th St. (5)
Bond, George S. 1221 N. Delaware St. (2)
Bond, Virginia 3236 W. 34th St. (22)
Bond, William H. I. U. Medical Center (7)
Bonsett, Charles A.
V. A. Hospital, 1481 W. 10th St. (7)
Booher, Norman R. 447 E. Maple Rd. (5)
Booher, Olga Bonke 447 E. Maple Rd. (5)
Booth, Boynton H. 910 Hume Mansur Bldg. (4)
Bowers, Don D. 711 Underwriters Bldg. (4)
Bowman, George W. General Hospital (7)
Boyer, Edward B. 725 Hume Mansur Bldg. (4)
Boyer, Floyd A. 442 N. Drexel Ave. (1)
Boyer, Philip A.
Pitman-Moore Co., 1200 Madison Ave. (6)
Brady, Thomas A. 818 Hume Mansur Bldg. (4)
Brayton, John R. 704 Underwriters Bldg. (4)
Brayton, Lee 3342 N. Illinois St. (8)
Briggs, Robert W. 406½ N. Senate Ave. (4)
Brodie, Donald W. 817 C. of C. Bldg. (4)
Brown, Archie E. 1220 S. Belmont Ave. (21)
Brown, David E. 520 Hume Mansur Bldg. (4)
Brown, DeWitt W. 920 Hume Mansur Bldg. (4)
Brown, Edward A. (S)
201 Fountain Sq. Theatre Bldg. (3)
Brown, Frances T. 2126 N. Talbot Ave. (2)
Brown, Wendell E. 3426 N. Meridian St. (8)
Browning, James S. 3209 N. Meridian St. (8)
Browning, William M. 3740 Central Ave. (5)
Brownley, Emma J. I. U. Medical Center (7)
Bruce, Reginald A. 820 W. Michigan St. (2)
Bruetsch, Walter L. Central State Hospital (22)
Bunde, Carl A.
Pitman-Moore Co., 1200 Madison Ave. (6)
Burdette, Harold F. 5733 Broadway (20)
Burghard, Rolla D. 3760 N. Sherman Dr. (18)
Butler, John O. 234 E. Southern Ave. (25)
Butler, Robert M. 3426 N. Meridian St. (8)
Buttz, Rose J. P. (S) 112 E. 13th St. (2)

C

Cahn, Hugh M. 418 E. 30th St. (5)
Caldwell, Marilyn R. Riley Hospital (7)
Call, Herbert F. 321 Hume Mansur Bldg. (4)
Campbell, John A. I. U. Medical Center (7)
Canaday, James W. (S) 1229 Prospect St. (3)
Canganelli, Vincent G. 1800 E. 10th St. (1)
Caplin, Irvin 3120 N. Meridian St. (8)
Caplin, Samuel S. 111 E. 30th St. (5)
Carlin, James F. 1800 E. 10th St. (1)
Carson, Wayne 1011 Hume Mansur Bldg. (4)
Carter, Oren E. 668 E. Maple Rd. (5)
Chambers, Pauline D. Riley Hospital (7)
Chattin, William R. 1502 N. Emerson Ave. (19)
Chen, Ko Kuei
Eli Lilly & Co., 740 S. Alabama St. (6)
Chernish, Stanley M. General Hospital (7)
Chivington, Paul V. 3120 N. Meridian St. (8)
Christian, William A.
V. A. Hospital, 1481 W. 10th St. (7)
Chroniak, Walter 5703 E. Washington St. (19)
Clark, Cecil P. 922 Hume Mansur Bldg. (4)
Clark, George A. General Hospital (7)
Clark, Lawson J. 3736 N. Delaware St. (5)
Clevinger, William G. 1610 Auburn St. (24)
Close, W. Donald 809 Hume Mansur Bldg. (4)
Coble, Ralph R. (S) 3311 N. Meridian St. (8)
Coggeshall, Warren E.
1007 Hume Mansur Bldg. (4)
Cohn, Alvin F. 1130 Southview Dr. (27)
Collins, Hubert L. 985 N. Arlington Ave. (19)
Collins, James N. 712 Hume Mansur Bldg. (4)
Conley, Joseph L. 2443 E. Washington St. (1)
Conway, Chester C. 4402 E. New York St. (1)
Conway, Glenn 1620 S. East St. (25)
Copeland, Samuel J. (S)
427 Bankers Trust Bldg. (4)
Cornacchione, Matthew 814 S. East St. (25)
Cortese, James V. 435 S. East St. (25)
Cortese, Thomas A. 435 S. East St. (25)
Countryman, Frank W. ... 3233 N. Meridian St. (8)
Cox, Clifford E. R. R. 14, Box 811 (20)
Craft, Kenneth L. 1002 Hume Mansur Bldg. (4)
Crawford, John A. 301 Hume Mansur Bldg. (4)
Culbertson, Clyde G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Cullen, Paul K. 422 Hume Mansur Bldg. (4)
Culloden, William G. 710 E. 46th St. (5)
Cure, Charles W. 208 Hume Mansur Bldg. (4)
Currie, Robert W. 512 E. 57th St. (20)
Curry, R. Louis 3375 Forest Manor (18)
Cuthbert, Marvin P. ... 607 Hume Mansur Bldg. (4)
Czenkusch, Helen G. 5101 W. 13th St. (24)

D

Dalton, John E. 708 Hume Mansur Bldg. (4)
Dalton, William W. 422 Hume Mansur Bldg. (4)
Daly, Joseph M. 234 E. Southern Ave. (25)
Daniel, John C. 1008 Hume Mansur Bldg. (4)
Davidson, Dale A. I. U. Medical Center (7)
Davidson, N. Cort 3008 Clifton St. (23)
Davis, John A. 2719 E. Michigan St. (1)
Davis, Sam J. 908 Hume Mansur Bldg. (4)
Deal, Eleanor H. .. 4904 W.11th St., Speedway (24)
Dearmin, Robert M. 3233 N. Meridian St. (8)
DeArmond, Murray ... 723 Hume Mansur Bldg. (4)
Deever, John W. 4131 Shelby St. (3)
DeMotte, C. Bowen 808 C. of C. Bldg. (4)
Dennison, Alfred D., Jr.
1005 Hume Mansur Bldg. (4)
Denny, Forrest L. 3351 W. 10th St. (22)
Denny, James W. 5504 E. Washington St. (19)
Des Jean, Paul A. 4301 E. 38th St. (18)
DeWees, Dwight L. 302 N. Bradley Ave. (1)
Dill, Charles W. 3655 S. Sherman Dr. (3)
Dill, Myron K. 3120 N. Meridian St. (8)
Dilts, Robert L. 2521 E. 38th St. (18)
Dintaman, Paul G. 432 Bankers Trust Bldg. (4)
Donato, Albert M. 1429 Shelby St. (3)
Donovan, William H. General Hospital (7)
Doran, J. Hal 720 Hume Mansur Bldg. (4)
Dorman, Willis L. 5508 E. Washington St. (19)

Doughty, Samuel R., Jr....I. U. Medical Center (7)
Dowd, Joseph A.....6177 College Ave. (20)
Dryden, Gale E.....5835 N. Tacoma Ave. (20)
Dugan, Thomas J. (S)
2540 W. Washington St. (22)
Dugan, William M.....410 Hume Mansur Bldg. (4)
Dunbar, Colin V.....424 Hume Mansur Bldg. (4)
Dunning, Lehman M.....2103 Central Ave. (2)
Dupes, Lowell E.
V. A. Hospital, 2601 Cold Springs Rd. (22)
Dyar, Edwin W.....3202 N. Meridian St. (8)
Dyke, Richard W.....General Hospital (7)

E

Eades, R. Charles.....3541 N. LaSalle St. (18)
Earp, Evanson B.....717 Hume Mansur Bldg. (4)
Eastman, Joseph R.
514 Merchants National Bank Bldg. (4)
Eaton, Edwin R.....1221 N. Delaware St. (2)
Ebert, J. Wayne.....509 Lincoln St. (3)
Eberwein, John H.....5346 Washington Blvd. (20)
Egbert, Herbert L.....504 Hume Mansur Bldg. (4)
Eicher, Palmer O.....3209 N. Meridian St. (8)
Eikenberry, Hugh W...616 Bankers Trust Bldg. (4)
Eldridge, Gail E.....1440 E. 46th St. (5)
Elkins, James P.....234 E. Southern Ave. (25)
Ellis, William N.....1402 N. Olney St. (1)
Emhardt, John T.....1621 S. East St. (25)
Emhardt, John W. A.....512 E. Minnesota St. (25)
Ensminger, Leonard A. (S)
1321 N. Meridian St. (2)
Enzor, Ora K.....4216 College Ave. (5)
Evans, Frederick H.....17½ W. 22nd St. (2)
Evans, Paul V.....General Hospital (7)
Everly, Ralph V.....668 E. Maple Rd. (5)

F

Failey, Robert B., Jr.....57 E. 57th St. (20)
Farrell, John J., Jr.....St. Vincent's Hospital (7)
Farrell, Joseph T.....2807 E. Michigan St. (1)
Fausset, C. Basil.....2901 N. Meridian St. (8)
Ferry, Francis A.....1429 Shelby St. (3)
Finfrock, James D.....St. Vincent's Hospital (7)
Finneran, Joseph C.
V. A. Hospital, 1481 W. 10th St. (7)
Fisch, Charles.....3120 N. Meridian St. (8)
Fischer, Albert A.....1745 Howard St. (21)
Fitzgerald, William J.
313 Fountain Square Theatre Bldg. (3)
Flanagan, Paul M.....St. Vincent's Hospital (7)
Flanigan, Meredith B.....2920 W. 33rd St. (22)
Fleischl, Herbert.....Central State Hospital (22)
Flick, John J.....1443 N. Pennsylvania St. (2)
Flora, Joseph O.....4317 W. Washington St. (21)
Folkening, Norval C.....234 E. Southern Ave. (25)
Foreman, Harry L.....60 W. 30th St. (8)
Forry, Frank.....I. U. Medical Center (7)
Foster, Lee N.....St. Vincent's Hospital (7)
Fouts, Paul J.....522 Hume Mansur Bldg. (4)
Franklin, William L....508 Hume Mansur Bldg. (4)
Frazier, Jack L.....3470 N. Meridian St. (8)
Frazin, Bernard
V. A. Hospital, 1481 W. 10th St. (7)
Freeman, Leslie W.....I. U. Medical Center (7)
Freeman, Max E.....1745 Howard St. (21)
Freymuth, Hans W.....Central State Hospital (22)
Fromhold, Willis A....611 Bankers Trust Bldg. (4)
Fry, Robert D.....517 Hume Mansur Bldg. (4)
Fullerton, Robert L.....3663 N. Illinois St. (8)
Funkhouser, Elmer....702 Underwriters Bldg. (4)
Furgason, Paul C.....1008 Hume Mansur Bldg. (4)

G

Gabe, William E.....612 Hume Mansur Bldg. (4)
Gaddy, Euclid T.....2602 W. Washington St. (22)
Gaddy, Nelson D.....General Hospital (7)
Gambill, William D...1019 Hume Mansur Bldg. (4)
Gammieri, Robert L.....3326 Clifton St. (23)
Garber, J. Neill.....806 Hume Mansur Bldg. (4)
Garceau, George J.....508 Hume Mansur Bldg (4)
Gardiner, Sprague H...314 Hume Mansur Bldg. (4)
Gardner, Buckman.....St. Vincent's Hospital (7)
Garfield, Martin D.....3705 College Ave. (5)
Garner, William (S).....2911 E. 10th St. (1)
Garner, W. Stanley.....2911 E. 10th St. (1)
Garrett, John D. (S)..1455 N. Pennsylvania St. (2)
Garrett, Robert A.....I. U. Medical Center (7)
Gastineau, David C.....I. U. Medical Center (7)
Gastineau, Frank M....407 Hume Mansur Bldg. (4)
Gatch, Willis D.....605 Hume Mansur Bldg. (4)
Geider, Roy A.....1443 Prospect St. (3)
Genovese, Pasquale
V. A. Hospital, 1481 W. 10th St. (7)
George, Charles L.....507 E. 34th St. (5)
Gibson, Greta Maxine.5744 Broadway Terrace (20)
Gick, Herman H.....2705 E. Michigan St. (1)
Gifford, Fred E.....710 Hume Mansur Bldg. (4)
Gillespie, Charles F.....3209 N. Meridian St. (8)
Gillespie, Jacob E.....523 Hume Mansur Bldg. (4)
Glass, Robert L.....608 Hume Mansur Bldg. (4)
Glendening, John L.....3134 N. Delaware St. (5)
Goldman, Samuel.....1204 Oliver Ave. (21)
Goodwin, Caroline J.....1220 Pickwick Pl. (8)
Gormley, Joseph J.....General Hospital (7)
Gosman, James H.....2901 N. Meridian St. (8)
Graves, John W.....943½ N. Bancroft Ave. (1)
Green, Harrison.....1011 Hume Mansur Bldg. (4)
Green, Oscar.....3120 N. Meridian St. (8)
Greene, Morgan E.....1621 S. East St. (25)
Gregory, Charles F....508 Hume Mansur Bldg. (4)
Greist, John H.....2901 N. Meridian St. (8)
Griffith, Harold R.
V. A. Hospital, 1481 W. 10th St. (7)
Griffith, Richard S.
Lilly Clinic, General Hospital (7)
Griffith, Ross E.....401 E. 34th St. (5)
Grimes, Hubert N.....947 N. Keating Ave. (1)
Grisell, Ted L.....504 Hume Mansur Bldg. (4)
Gruber, Charles M.
Lilly Clinic, General Hospital (7)

H

Habich, Carl.....702 Hume Mansur Bldg. (4)
Hadley, David.....809 Hume Mansur Bldg. (4)
Hadley, Murray N. (S)
809 Hume Mansur Bldg. (4)
Haggard, Edmund B..806 Board of Trade Bldg. (4)
Hahn, E. Vernon.....912 Hume Mansur Bldg. (4)
Hall, Frank M.....141 S. Meridian St. (25)
Hamer, Homer G. (S)....1711 N. Capitol Ave. (7)
Hammond, James B.
Lilly Clinic, General Hospital (7)
Hampshire, Donald R..1443 N. Pennsylvania St. (2)
Hampton, Hollis E., Jr.....Methodist Hospital (7)
Hancock, John G.....2226 W. Michigan St. (22)
Hann, Eldon C.....2901 N. Meridian St. (8)
Hanna, Duke E.....2901 N. Meridian St. (8)
Hanna, Thomas A.....1608 N. Lynhurst Dr. (24)
Hansell, Robert M.....7 N. Euclid Ave. (1)
Harcourt, Allan K.....812 C. of C. Bldg. (4)
Harding, M. Richard...308 Hume Mansur Bldg. (4)
Harding, Myron S.....308 Hume Mansur Bldg. (4)
Hare, Earl H...V. A. Hospital, 1481 W. 10th St. (7)
Hare, Laura.....404 Hume Mansur Bldg. (4)
Harger, Robert W.....804 Hume Mansur Bldg. (4)
Harold, Albert H. (S)....7510 Allisonville Rd. (44)
Harold, Norris E. (S).....3545 N. Denny St. (18)
Harris, Carl B.....319 Hume Mansur Bldg. (4)
Harris, Jackson.....I. U. Medical Center (7)
Harris, Paul N.
Eli Lilly & Co., 740 S. Alabama St. (6)
Hasewinkel, Carroll W.....Methodist Hospital (7)
Haslinger, Clarence J....2151 E. New York St. (1)
Hatfield, Benjamin F.....802 C. of C. Bldg. (4)
Hatfield, Jack J.....802 C. of C. Bldg. (4)
Hatfield, Nicholas W.....2032 N. Rural St. (18)
Hawk, James H.....3736 N. Delaware St. (5)
Haymond, Joseph L.....3769 College Ave. (5)

Hays, Everett L. 2607 Manker Ave. (3)
Hedrick, Philip W. 652 E. 54th St. (20)
Heimburger, Robert F. I. U. Medical Center (7)
Heinrichs, Harry H. . . . 434 Bankers Trust Bldg. (4)
Hellerstein, Stanley Riley Hospital (7)
Hemsworth, Dorothy N. 1830 E. 10th St. (1)
Henderson, Francis G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Henderson, Roscoe C. . 3131 Northwestern Ave. (23)
Hendricks, John W. 911 Hume Mansur Bldg. (4)
Henry, Russell S. 725 Hume Mansur Bldg. (4)
Hepburn, C. Keith 524 Hume Mansur Bldg. (4)
Hershberger, Philip I. U. Medical Center (7)
Hetherington, Arthur M. (S)
4121 E. New York St. (1)
Hetherington, John A. . 822 Hume Mansur Bldg. (4)
Heubi, John E. 668 E. Maple Rd. (5)
Hickman, Walter F. 1210 Oliver Ave. (21)
Hicks, Murwyn L. I. U. Medical Center (7)
Hilldrup, Don G. 5672 N. Illinois St. (8)
Himebaugh, James R. S. 2502 English Ave. (1)
Himler, James M. 809 Underwriters Bldg. (4)
Hine, Ulis B. 4808 E. Michigan St. (1)
Hines, Don C.
Eli Lilly & Co., 740 S. Alabama St. (6)
Hinko, Edward N.
Larue D. Carter Hospital, 1315 W. 10th St. (7)
Hodges, Fletcher (S)
V. A. Regional Office, 36 S. Pennsylvania St. (4)
Hoffman, Herman 2439 Central Ave. (5)
Hofmann, J. William . . 323 Hume Mansur Bldg. (4)
Hollingsworth, Albert A. (S)
4032 E. Washington St. (1)
Holman, Jerome E. 3315 E. 10th St. (1)
Holman, Jerome E., Jr. 3315 E. 10th St. (1)
Hood, Ainslee A. 3205 Shelby St. (27)
Horwitz, Thomas 424 Hume Mansur Bldg. (4)
Howell, Joseph D. 760 Bankers Trust Bldg. (4)
Howell, Robert D. 900 Underwriters Bldg. (4)
Hoyt, Lester H. Methodist Hospital (7)
Hoyt, Millard L. I. U. Medical Center (7)
Huber, Carl P. I. U. Medical Center (7)
Huckleberry, Carl D.
Larue D. Carter Hospital, 1315 W. 10th St. (7)
Huddle, John R. 2963 N. Sherman Dr. (18)
Hudson, Foster J. 3440 N. Meridian St. (8)
Hughes, William F. (S) . . . 4025 N. Meridian St. (8)
Hull, Ronald H. 723 Hume Mansur Bldg. (4)
Hummons, Francis D. 729½ N. West St. (2)
Hummons, Henry L. 729½ N. West St. (2)
Hurt, Laverne B. 635 E. Kessler Blvd. (20)
Huse, William M. 703 Hume Mansur Bldg. (4)
Hynes, Roy T. 633 E. Maple Rd. (5)

I

Irwin, Glenn W., Jr. I. U. Medical Center (7)
Iske, Paul G. 1015 Hume Mansur Bldg. (4)

J

Jackson, Frederick E. (S) . . . 510 Doctors' Bldg. (4)
Jackson, James W. (S)
Indiana State Board of Health,
1330 W. Michigan St. (7)
Jackson, Jesse L. 3001 E. 10th St. (1)
Jaeger, Alfred S. (S) . . 430 Bankers Trust Bldg. (4)
Jaquith, Orville S. (S) 261 Blue Ridge Rd. (8)
Jay, Arthur N. 3233 N. Meridian St. (8)
Jeffries, Kenneth I. (S) 807 Virginia Ave. (3)
Jenkins, Robert E. 3311 N. Meridian St. (8)
Jennings, Frank L.
V. A. Hospital, 2601 Cold Springs Rd. (22)
Jewett, Joe H. 3120 N. Meridian St. (8)
Jinks, Clifford H. 4216 College Ave. (5)
Jobes, James E. . . . 305 Traction Terminal Bldg. (4)
Jobes, Norman E. (S)
305 Traction Terminal Bldg. (4)
Johnson, Harold V. General Hospital (7)
Johnson, Thomas W. . . . 529 Bankers Trust Bldg. (4)
Johnson, William F. 2121 N. Harding St. (2)
Jones, Allen W. 6058 College Ave. (20)
Jones, David E. 828 C. of C. Bldg. (4)
Jones, Francis P. 4214 E. Michigan St. (1)
Jones, Roland W. 707 Hume Mansur Bldg. (4)
Joseph, Rex M. 1615 S. East St. (25)
Jowitt, Richard H. 1502 N. Emerson (19)

K

Kahle, Dan B. General Hospital (7)
Kahler, Maurice V. 2338 W. Michigan St. (22)
Kahn, Alexander J. 3120 N. Meridian St. (8)
Kahn, Howard L. 3120 N. Meridian St. (8)
Kalb, Everett L. 356 S. Emerson Ave. (19)
Kammen, Leo 3202 W. 16th St. (22)
Kammen, Robert 3202 W. 16th St. (22)
Kauffman, Nelson N. 2901 N. Meridian St. (8)
Kauffman, Sidney A. 633 E. Maple Rd. (5)
Keenan, George B. 1743 Shelby St. (3)
Keenan, Reid L. 615 Hume Mansur Bldg. (4)
Keever, Charles H. 5214 College Ave. (20)
Keiser, Venice D. 5709 Broadway (20)
Kelly, Don E. 702 Underwriters Bldg. (4)
Kelly, Walter F. (S) . . 6016 E. Washington St. (19)
Kelly, William M. 5438 E. Washington St. (19)
Kempf, Gerald F. 2605 E. Riverside Dr. (23)
Kendrick, William M. 1829 E. 46th St. (5)
Kennedy, Hall 2152 N. Meridian St. (2)
Kennedy, Hunter F. 1105 Prospect St. (3)
Kennedy, Joseph T. I. U. Medical Center (7)
Kerr, Harry R. 2817 E. Washington St. (1)
Ketcham, Jane M. (S) . 514 Hume Mansur Bldg. (4)
Kilgore, Byron W. 3133 E. 38th St. (18)
Kime, Edwin N. 711 Underwriters Bldg. (4)
King, William E. 811 Hume Mansur Bldg. (4)
King, William F. (S) 509 Blue Ridge Rd. (8)
Kingsbury, John K. . . . 5462 E. Washington St. (19)
Kinzel, Robert J. W. 3120 N. Meridian St. (8)
Kirkhoff, Paul J. 1517 N. Emerson Ave. (19)
Kirklin, Oren L. 202 Hume Mansur Bldg. (4)
Kirtley, William R.
Eli Lilly & Co., 740 S. Alabama St.
Kiser, Edgar F. (S) . . . 226 Hume Mansur Bldg. (4)
Kitterman, Harry E. . . 510 Hume Mansur Bldg. (4)
Klain, Benjamin V. 4157 College Ave. (5)
Knight, Lewis W. I. U. Medical Center (7)
Knight, Robert E. 3233 N. Meridian St. (8)
Knowles, Charles Y. 5045 E. 10th St. (1)
Knowles, Robert P. 2901 N. Meridian St. (8)
Kohlstaedt, Karl C.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kohlstaedt, Kenneth G.
Lilly Clinic, General Hospital (7)
Kooiker, John E. 401 E. 34th St. (5)
Koons, Karl M. 923 Hume Mansur Bldg. (4)
Kopecky, Robert R. 4131 Shelby St. (27)
Kornafel, L. H. 608 K. of P. Bldg. (4)
Kraft, Bennett 760 Bankers Trust Bldg. (4)
Kriel, William B. 5630 W. Washington St. (21)
Kuntz, Herman W. 501 Hume Mansur Bldg. (4)
Kurtz, Fred B. (S) 5520 N. Illinois St. (8)
Kurtz, Philip L.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kwitny, Isadore J. 3209 N. Meridian St. (8)

L

LaDine, Clarence B. 2508 Station St. (18)
Lamb, Emmett B. 205 Hume Mansur Bldg. (4)
Lamb, Russell W. 205 Hume Mansur Bldg. (4)
Lambert, Chet K. 914 Hume Mansur Bldg. (4)
Landis, Charles I. U. Medical Center (7)
Landwehr, Alfons Sunnyside Sanitorium (26)
Langdon, Harry K. (S)
3264 N. Pennsylvania St. (5)
Laramore, Ward 5835 N. Keystone Ave. (20)
Larkin, Bernard J. 305 Hume Mansur Bldg. (4)
Lawler, George F. 3834 E. 10th St. (1)
Lawrence, Edwin A. I. U. Medical Center (7)
Leasure, J. Kent. 611 Hume Mansur Bldg. (4)

Leatherman, Harter L.....1531 Broadway (2)
Leedy, Gladys J.....Central State Hospital (22)
Leff, Abe H.....712 E. 52nd St. (5)
Leffel, James M.....3209 N. Meridian St. (8)
Leffler, William T.....2141 E. 52nd St. (5)
LeMaster, Theodore R..805 Hume Mansur Bldg. (4)
Leonard, Henry S. (S).303 Hume Mansur Bldg. (4)
Leser, Ralph U.....3233 N. Meridian St. (8)
Levi, Leon.....40 W. Maple Rd. (8)
Levin, Ralph T.....3209 N. Meridian St. (8)
Libbert, Edwin L.
V. A. Regional Office, 36 S. Pennsylvania St. (4)
Libbert, Edwin L., Jr.....6142 Park Ave. (20)
Lichtenberg, Melvin.....535 E. Maple Rd. (5)
Lidikay, Edward C.....621 Hume Mansur Bldg. (4)
Lingeman, Raleigh E...411 Hume Mansur Bldg. (4)
Lingeman, Roger E.....2081 N. Emerson Ave. (18)
Link, Goethe (S).....608 K. of P. Bldg. (4)
Little, John W. (S).....2735 E. 10th St. (1)
Little, William J.....712 Hume Mansur Bldg. (4)
Littlefield, Paul A.....3202 Medford Ave. (22)
Lloyd, Frank P.....2229 Northwestern Ave. (23)
Lochry, Ralph L.....6150 Crow's Nest Dr. (8)
Loehr, William M.....I. U. Medical Center (7)
Loh, Wei-Ping.....General Hospital (7)
Long, William H.....R. R. 18, Box 534
Loomis, Norman S.....5230 N. Kenwood Ave. (8)
Lord, Glenn C.....104 E. Maple Rd. (5)
Louden, Robert W.....8545 Westfield Blvd. (20)
Love, George N.....1644 N. Delaware St. (2)
Lovelace, Daniel D.....Methodist Hospital (7)
Ludwig, Oscar D. (S).....5433 Madison Ave. (3)
Lukemeyer, George T.....I. U. Medical Center (7)
Lurie, Paul R.....I. U. Medical Center (7)
Luros, J. Theodore.....2901 N. Meridian St. (8)
Lybrook, William B...3731 N. Keystone Ave. (18)

M

McBride, James S.....810 Hume Mansur Bldg. (4)
McCallum, Joseph T. C.....237 W. 46th St. (8)
McCartney, Donald H. 918 Hume Mansur Bldg. (4)
McCaskey, Carl H. (S).....608 Guaranty Bldg. (4)
McClain, Edwin S.....414 Hume Mansur Bldg. (4)
McCormick, Charles O..621 Hume Mansur Bldg. (4)
McCormick, Charles O., Jr.
621 Hume Mansur Bldg. (4)
McCown, Percy E.....521 Hume Mansur Bldg. (4)
McCoy, Melvin H.....428 Bankers Trust Bldg. (4)
McDevitt, Daniel R.....3202 N. Meridian St. (8)
McGrath, Michael F.....1929 E. 38th St. (18)
McGuff, Paul E.....605 E. Maple Rd. (5)
McIntyre, Charles J. (S)
414 Hume Mansur Bldg. (4)
McIntyre, James M.....2901 N. Meridian St. (8)
McKinley, A. David.....I. U. Medical Center (7)
McKinstray, Homer R. (S)
707 Underwriters Bldg. (4)
McMillan, Frederick G. (S)
1110 Odd Fellows Bldg. (4)
McQuiston, Ralph J.....608 Guaranty Bldg. (4)
McTurnan, Robert W.....5646 N. Illinois St. (8)
Mackey, Harry S.....4309 Central Ave. (5)
Mackey, John E.....3209 N. Meridian St. (8)
Madtson, A. Ricks.....822 Hume Mansur Bldg. (4)
Magennis, Herbert L..468½ W. Washington St. (4)
Mahank, Camiel.....General Hospital (7)
Manalan, Maurice M...5831 E. Washington St. (19)
Manion, Marlow W.....601 Hume Mansur Bldg. (4)
Mann, Mortimer.....323 Hume Mansur Bldg. (4)
Manning, K. Randolph 723 Hume Mansur Bldg. (4)
Manzie, Michael W.....General Hospital (7)
Marks, Maurice I.....2901 N. Meridian St. (8)
Marsh, Carl M.....635 E. Maple Rd. (5)
Marshall, Albert L., Jr.
Indiana State Board of Health,
1330 W. Michigan St. (7)
Marshall, Cavins R.....43 W. 30th St. (8)
Martin, Hugh E.
Pitman-Moore Co., 1200 Madison Ave. (6)
Martin, Loren H.....2626 W. Washington St. (22)
Martz, Bill L.....Lilly Clinic, General Hospital (7)
Martz, Carl D.....508 Hume Mansur Bldg. (4)
Marvel, Robert J.....3311 N. Meridian St. (8)
Masters, John M.....805 Hume Mansur Bldg. (4)
Masters, Robert J.....805 Hume Mansur Bldg. (4)
Mather, Robert L.....I. U. Medical Center (7)
Matthew, W. Burleigh.520 Hume Mansur Bldg. (4)
Matthews, Bernard J.....4612 E. 10th St. (1)
Matthews, William M.....4612 E. 10th St. (1)
Meador, Eric B.....Riley Hospital (7)
Megenhardt, Dennis S.
1015 Hume Mansur Bldg. (4)
Meiks, Lyman T.....Riley Hospital (7)
Melloh, Ardis F.....2821 E. 10th St. (1)
Mendenhall, Clarence D.
4502 E. Washington St. (1)
Mentendiek, Maurice H.
205 Hume Mansur Bldg. (4)
Mericle, Earl W.....920 Hume Mansur Bldg. (4)
Merrell, Paul.....912 Hume Mansur Bldg. (4)
Mertz, Henry O.....1711 N. Capitol Ave. (7)
Mertz, John H. O.....1711 N. Capitol Ave. (7)
Middleton, Harvey N.....1828 N. Illinois St. (2)
Miller, Frank H.....424 Hume Mansur Bldg. (4)
Miller, J. Don 514 Hume Mansur Bldg. (4)
Miller, John D.....Sunnyside Sanitorium (26)
Miller, Raleigh S.....6211 College Ave. (20)
Miller, Wallace E.....510 Hume Mansur Bldg. (4)
Millis, Arthur B.....I. U. Medical Center (7)
Mitchell, Earl H.....1023 King Ave. (22)
Mitchell, Edward O....5704 N. Keystone Ave. (20)
Modjeski, Gerald S.....I. U. Medical Center (7)
Moenning, Walter P.....618 K. of P. Bldg. (4)
Molt, William F. (S).....2315 N. Talbot Ave. (5)
Montgomery, William F.
904 Hume Mansur Bldg. (4)
Moore, Ben B.....414 Hume Mansur Bldg. (4)
Moore, Richard B.....5005 N. Illinois St. (8)
Moore, Harold T.....3220 N. Sharon Ave. (22)
Morchan, Samuel.....3769 College Ave. (5)
Morgan, Margaret E.
Larue D. Carter Hospital, 1315 W. 10th St. (7)
Mori, Victor M.....General Hospital (7)
Moriarty, John R.....5602 Madison Ave. (3)
Morrison, Lewis E.....603 Hume Mansur Bldg. (4)
Morton, Walter P.....623 Hume Mansur Bldg. (4)
Moser, Rollin H.....400 Hume Mansur Bldg. (4)
Moss, Bobby L.....4533 E. 21st St. (18)
Moss, Harlan B.....1849 Nowland Ave. (1)
Mothersill, Mark H.....3650 College Ave. (5)
Moulton, Lillian G....1327 N. Pennsylvania St. (2)
Mouser, Robert W.....6047 N. Meridian St. (20)
Mueller, Lillian B.....General Hospital (7)
Muller, Lullus P.....3120 N. Meridian St. (8)
Muller, Paul F.....3311 N. Meridian St. (8)
Muller, Victor H.....3731 N. Keystone Ave. (18)
Mumford, E. Bishop (S).....812 C. of C. Bldg. (4)
Myers, Charles W.....R. R. 18, Box 256 (24)
Myers, Roy V.....1904 N. Rural St. (18)

N

Nafe, Cleon A.....822 Hume Mansur Bldg. (4)
Nagan, Robert F.....606 Hume Mansur Bldg. (4)
Nay, Richard M.....1007 Hume Mansur Bldg. (4)
Need, Louis T.....1927 S. Meridian St. (25)
Nester, Henry G.....307 City Hall (4)
Neucks, Howard C.....I. U. Medical Center (7)
Nicholas, Dennis.....2425 E. 38th St. (18)
Nie, Louis W.....2901 N. Meridian St. (8)
Noble, Thomas B.....19 W. 56th St. (8)
Nohl, John M.....975 N. Emerson Ave. (19)
Nolting, Henry F.....261 W. 40th St. (8)
Norman, William H....908 Hume Mansur Bldg. (4)
Norris, Howard L..... 704 Hume Mansur Bldg. (4)
Norris, Max S..... 514 Hume Mansur Bldg. (4)
Nourse, Myron H.....1711 N. Capitol Ave. (7)
Nugent, Edwin J.....Allison Div. GMC (6)

O

O'Brian, Earl J. 2605 Shelby St. (3)
Ochsner, Harold C. Methodist Hospital (7)
O'Dell, Thomas A. 3627 N. Pennsylvania St. (5)
Offutt, Andrew C. .. Indiana State Board of Health, 1330 W. Michigan St. (7)
Olson, John R. 313 Hume Mansur Bldg. (4)
Olvey, Ottis N. 3769 Park Ave. (5)
O'Malley, Martha A. Ind. St. Bd. of Health 1330 W. Michigan St. (7)
Orders, Clark E. (S) .. 440 Bankers Trust Bldg. (4)
Otten, Claude F. 812 C. of C. Bldg. (4)
Ottinger, Ross C. 1008 Hume Mansur Bldg. (4)
Owen, John E. 605 Hume Mansur Bldg. (4)
Owens, Tracy C. 2823 N. Meridian St. (8)

P

Pandolfo, Harry 234 E. Southern Ave. (25)
Park, Byron J. St. Vincent's Hospital (7)
Parker, George F., Jr. .. 1502 N. Emerson Ave. (19)
Parker, John F. 1706 E. Washington St. (1)
Parker, Portia 2226 W. Michigan St. (22)
Parr, Robert L. 3043 E. 38th St. (18)
Patton, Martin T. 107 W. 30th St. (8)
Paulissen, George T. 741 Markwood Ave. (27)
Pearson, John S. American United Life Ins. Co., 30 W. Fall Creek Parkway (6)
Pearson, Lyman R. 311 Hume Mansur Bldg. (4)
Pebworth, Aubrey C. (S) .. 1625 W. Morris St. (21)
Peck, Franklin B.
Eli Lilly & Co., 740 S. Alabama St. (6)
Peirce, James D.
Eli Lilly & Co., 740 S. Alabama St. (6)
Pennington, Walter E. .. 214 Hume Mansur Bldg. (4)
Permer, Erwin 136 E. 30th St. (5)
Perucca, Leo G. Indianapolis
Petranoff, Theodore V. 515 N. Tibbs Ave. (22)
Pettijohn, Fred L. (S) 2460 Central Ave. (5)
Pfaff, Dudley A.
V. A. Regional Office, 36 S. Pennsylvania St. (4)
Phillips, David L. 3561 N. Pennsylvania St. (5)
Pickett, Robert D. 400 Hume Mansur Bldg. (4)
Pilcher, Jack E. 201 Hume Mansur Bldg. (4)
Pinsky, Sheldon T. General Hospital (7)
Plautz, Geraldine Z. 4131 N. Campbell Ave. (26)
Pollock, Anthony J.
Larue D. Carter Hospital, 1315 W. 10th St. (7)
Popplewell, Arvine G. .. Sunnyside Sanitorium (26)
Price, Francis W. 550 E. Edgewood Ave. (27)
Price, James O. 512 Hume Mansur Bldg. (4)
Pryor, Richard C. 6111 College Ave. (20)

Q

Quigley, Joseph B. 817 Hume Mansur Bldg. (4)

R

Rabb, Frank M. 624 Hume Mansur Bldg. (4)
Rabb, Harry S. 3139 E. 10th St. (1)
Raber, Robert M. 408 Hume Mansur Bldg. (4)
Rader, George S. 1010 Hume Mansur Bldg. (4)
Ragsdale, Harrison C. .. 2950 N. Moreland Ave. (22)
Ramsey, Frank B. 201 Hume Mansur Bldg. (4)
Reed, Philip B. 1800 E. 10th St. (1)
Rees, Russel C. 6114 E. Washington St. (19)
Reid, Charles A. 2445 Shelby St. (3)
Reisler, Simon 318 Bankers Trust Bldg. (4)
Rhodes, Theodore D. R. R. 12, Box 241R
Rice, Frederic A. 7017 Pendleton Pike (26)
Rice, Raymond M.
Eli Lilly & Co., 740 S. Alabama St. (6)
Richardson, Thad T. 513 S. Sherman Dr. (3)
Richter, Arthur B. 720 Hume Mansur Bldg. (4)
Ricketts, Joseph W. 2901 N. Meridian St. (8)
Ridgeway, Ora W. (S) 411 E. 16th St. (2)
Rigg, John F. 421 Hume Mansur Bldg. (4)
Rinker, Earl B. 22 E. 57th St. (20)
Ritchey, James O. 608 Hume Mansur Bldg. (4)
Ritter, Wayne L. 404 Hume Mansur Bldg. (4)
Robb, John A. 238 Hume Mansur Bldg. (4)
Robertson, Ray B. 6118 E. Washington St. (19)
Rodriguez, Raimundo W. .. I. U. Medical Center (7)
Rogers, Donald L. 3426 N. Meridian St. (8)
Rohn, Robert J. 420 Hume Mansur Bldg. (4)
Roll, John W. 2120 E. 10th St. (1)
Roller, Charles W. (S) 1437 Shelby St. (3)
Romberger, Floyd T., Jr. .. 3440 N. Meridian St. (8)
Rosenak, Bernard D. .. 226 Hume Mansur Bldg. (4)
Rosenbaum, David
V. A. Hospital, 1481 W. 10th St. (7)
Rosenbaum, Irving, Jr. 401 E. 34th St. (5)
Ross, Alexander T. I. U. Medical Center (7)
Roth, Bertram S. 6378 College Ave. (20)
Row, D. Hamilton 906 Hume Mansur Bldg. (4)
Rubin, Gerald S. 624 Hume Mansur Bldg. (4)
Ruddell, Karl R. 3202 N. Meridian St. (8)
Rudesill, Cecil L. 405 Hume Mansur Bldg. (4)
Rudesill, Robert L. 405 Hume Mansur Bldg. (4)
Rupel, Ernest 419 Hume Mansur Bldg. (4)
Russell, John R. I. U. Medical Center (7)
Rust, Byron K. 3740 Central Ave. (5)
Ruth, Martin L. 4304 E. Washington St. (1)
Rutherford, Cyrus W. (S)
4601 N. Pennsylvania St. (5)
Ryan, Glen V. 2428 W. 16th St. (22)

S

Sage, Russell A. 505 Hume Mansur Bldg. (5)
Salb, Max C. 826 C. of C. Bldg. (4)
Salzman, Morris 1119 S. Meridian St. (25)
Sanders, Harry M. 3760 N. Sherman Dr. (18)
Sandorf, Marvin H. 1102 Prospect St. (3)
Schaefer, C. Richard (S) 20 Doctors' Bldg. (4)
Schaefer, William C.
V. A. Hospital, 1481 W. 10th St. (7)
Schaffer, Edward V. 806 Hume Mansur Bldg. (4)
Schechter, John S. 3209 N. Meridian St. (8)
Scheier, Emil W. 1542 Prospect St. (3)
Schlaegel, Theodore F., Jr.
624 Hume Mansur Bldg. (4)
Schlegel, Donald M. 1015 Hume Mansur Bldg. (4)
Schmidt, Leon H. I. U. Medical Center (7)
Schmidt, Loren F. 605 Hume Mansur Bldg. (4)
Schmidt, Richard H. 268 Blue Ridge Rd. (8)
Schmidt, Rudolph G. I. U. Medical Center (7)
Schneider, Carl J. 1008 N. Beville Ave. (1)
Schuchman, Abe 3763 Broadway (5)
Schuchman, Gabriel 3451 College Ave. (5)
Schulze, Hans A. 1119 S. Meridian St. (25)
Schuster, Dwight W. .. 723 Hume Mansur Bldg. (4)
Scott, I. Winfield 3209 N. Meridian St. (8)
Scott, John R. 508 E. Maple Rd. (5)
Scott, Robert P. 209 Hume Mansur Bldg. (4)
Scott, Samuel L. 6325 Guilford Ave. (20)
Seaman, Charles F. 1010 Hume Mansur Bldg. (4)
Sedam, Herbert L. 4548 College Ave. (5)
Segar, Louis H. 633 E. Maple Rd. (5)
Seitz, Philip F. D. 401 E. 34th St. (5)
Sellmer, George W. 8545 Westfield Blvd. (20)
Sexson, Hiram T. 1301 College Ave. (2)
Shafer, Marion R. 614 Hume Mansur Bldg. (4)
Shanafelt, Donald K. Methodist Hospital (7)
Sheehan, Francis G. 6016 E. Washington St. (19)
Shelley, Richard Methodist Hospital (7)
Sherster, Harry 1135 S. Meridian St. (25)
Shively, John A. General Hospital (7)
Shoptaugh, A. Glenn, Jr.
3216 N. Pennsylvania St. (5)
Shrigley, Edward W. I. U. Medical Center (7)
Shullenberger, Wendell A. 3740 Central Ave. (5)
Shumacker, Harris B., Jr. .. I. U. Medical Center (7)
Sicks, Okla W. 606 Hume Mansur Bldg. (4)
Sidebottom, Earl W. .. 507 Hume Mansur Bldg. (4)
Siersdorfer, Theodore N. (S)
6003 W. Washington St. (21)
Sigmond, Harvey W. .. 301 Hume Mansur Bldg. (4)
Simmons, James E. 1949 E. 11th St. (1)
Simms, J. Leon 2453 Northwestern Ave. (23)
Simpson, William D. .. 1121 N. Arlington Ave. (19)

Sims, J. Lawrence....809 Hume Mansur Bldg. (4)
Sluss, David H.....808 C. of C. Bldg. (4)
Sluss, John W. (S).....808 C. of C. Bldg. (4)
Smith, Charles F.....712 Hume Mansur Bldg. (4)
Smith, David Joe.....L. S. Ayres & Co. (9)
Smith, David L.....2901 N. Meridian St. (8)
Smith, Edward B.....I. U. Medical Center (7)
Smith, E. Rogers.....822 Hume Mansur Bldg. (4)
Smith, Francis C.....983 N. Arlington Ave. (19)
Smith, Lester A.....238 Hume Mansur Bldg. (4)
Smith, Roy Lee.....707 Underwriters Bldg. (4)
Smith, Wilbur F.....3424 College Ave. (5)
Smith, William B....2229 Northwestern Ave. (23)
Snapp, Richard A.....3120 N. Meridian St. (8)
Snider, Byron.....2717 S. East St. (3)
Solomon, Reuben A....414 Hume Mansur Bldg. (4)
Soper, Hunter A.....I. U. Medical Center (7)
Souter, Martha C.....3360 N. Meridian St. (8)
Sovine, Joe W.....922 Hume Mansur Bldg. (4)
Spahr, John F., Jr.....902 Hume Mansur Bldg. (4)
Spalding, Joseph J.....706 Hume Mansur Bldg. (4)
Sparks, Alan L.....1024 Hume Mansur Bldg. (4)
Speckman, Glenn H.....2120 E. 10th St. (1)
Spivey, Russell J.....2616 N. Pennsylvania St. (5)
Spolyar, Louis W...Indiana State Board of Health, 1330 W. Michigan St. (7)
Sputh, Carl B.....301 Doctors' Bldg. (4)
Sputh, Carl B., Jr.....301 Doctors' Bldg. (4)
Stadler, Harold E.....5508 E. Washington St. (19)
Stanley, John S.....Sunnyside Sanitorium (26)
Staten, Jesse C.....Chevrolet Body Div., GMC, 340 White River Pkwy., W. Dr. S. (22)
Stayton, Chester A....313 Hume Mansur Bldg. (4)
Stayton, Chester A., Jr. 313 Hume Mansur Bldg. (4)
Stephens, Donald E.....6332 Guilford Ave. (20)
Stephens, Kuhrman H..501 Hume Mansur Bldg. (4)
Stern, Nathan.....3637 N. Illinois St. (8)
Stevens, Sydney L.....303 Hume Mansur Bldg. (4)
Stoelting, Vergil K.....I. U. Medical Center (7)
Stone, Alvin T.....6202 College Ave. (20)
Stone, David F.....Indiana State Board of Health, 1330 W. Michigan St. (7)
Storey, D. Edmund....813 Broad Ripple Ave. (20)
Storey, Joseph L.....3434 N. Illinois St. (8)
Storms, Roy B.....5041 Central Ave. (5)
Strange, Dempsey C...201 Hume Mansur Bldg. (4)
Stroup, Tyler J.....216 K. of P. Bldg. (4)
Stucky, Elsworth K.....1349 Madison Ave. (25)
Stump, Thomas A.....I. U. Medical Center (7)
Stygall, James H.....1221 N. Delaware St. (2)
Sudranski, Herbert F...824 Hume Mansur Bldg. (4)
Sutton, William E.....419 Hume Mansur Bldg. (4)
Swan, John R.....915 Hume Mansur Bldg. (4)
Symmes, Alfred T.....625 E. Maple Rd. (8)
Symon, William E.....I. U. Medical Center (7)
Szynal, John S.....633 E. Maple Rd. (5)

T

Talbott, Dan E.....1020 Hume Mansur Bldg. (4)
Tanner, Henry S.....301 Hume Mansur Bldg. (4)
Taylor, Clifford C.....St. Vincent's Hospital (7)
Taylor, Frederic W.....400 Hume Mansur Bldg. (4)
Teague, Frank W.....918 Hume Mansur Bldg. (4)
Teixler, Victor A.....224 Hume Mansur Bldg. (4)
Test, Charles E.....1002 Hume Mansur Bldg. (4)
Teter, George V.....401 E. 34th St. (5)
Tether, Joseph E.....915 Hume Mansur Bldg. (4)
Tharpe, Ray.....3202 N. Meridian St. (8)
Thatcher, Hugh K., Jr.....4548 College Ave. (5)
Thom, Julia S.....V. A. Regional Office, 36 S. Pennsylvania St. (4)
Thomas, Edward P.....820 W. Michigan St. (2)
Thomas, Fred A.....St. Vincent's Hospital (7)
Thomas, Lowell I.....1008 Hume Mansur Bldg. (4)
Thomas, Morris E.....715 Underwriters Bldg. (4)
Thompson, Charles F..818 Hume Mansur Bldg. (4)
Thompson, John V.....1221 N. Delaware St. (2)
Thompson, Paul D...404 Hume Mansur Bldg. (4)
Thompson, Wayne H.....General Hospital (7)
Thornburg, Kenneth E. 1015 Hume Mansur Bldg. (4)
Thornton, Harold C.....3769 College Ave. (5)
Thurston, Harrison S. (S)....2503 Prospect St. (3)
Tindall, George T.....6002 Windsor Dr. (18)
Tinsley, Frank W.....603 K. of P. Building (4)
Tinsley, Walter B., Jr.....3605 W. 30th St. (22)
Tinsley, Walter B.....603 K. of P. Bldg. (4)
Tischer, E. Paul.....208 Hume Mansur Bldg. (4)
Tondra, John M.....408 Hume Mansur Bldg. (4)
Torrella, Jose A.....5324 W. 16th St. (24)
Tosick, William A.....General Hospital (7)
Toumey, Fred L.....3209 N. Meridian St. (8)
Trusler, Harold M.....408 Hume Mansur Bldg. (4)
Tuchman, Joseph H.....1154 Hawks Lane (20)
Tucker, Warren S.....414 Hume Mansur Bldg. (4)
Tyner, Harlan H.....3202 N. Meridian St. (8)

U-V

Van de Wetering, Robert Larue D. Carter Hospital, 1315 W. 10th St. (7)
Vandivier, Robert M...209 Hume Mansur Bldg. (4)
Van Dorn, Myron J.....3626 Clifton St. (23)
Van Fleet, Josephine.....V. A. Hospital 2601 Cold Springs Rd. (22)
Van Meter, C. Powell.....3419 E. 10th St. (1)
Van Nuys, Walter C. (S)....Continental Hotel (4)
Van Osdol, Harry A. (S).....828 C. of C. Bldg. (4)
Van Tassel, Charles J..709 Hume Mansur Bldg. (4)
Van Vactor, Helen D...226 Hume Mansur Bldg. (4)
Vellios, Frank.....I. U. Medical Center (7)
Vollrath, Victor J.....5205 N. Illinois St. (8)
Von Der Haar, Gerard....4016 E. Michigan St. (1)
Vore, Robert E.....General Hospital (7)
Voyles, Charles F. (S).715 Underwriters Bldg. (4)

W

Waldo, J. Thayer.....610 Hume Mansur Bldg. (4)
Walker, Frank C. (S)..414 Hume Mansur Bldg. (4)
Walker, Robert K.....413 E. 34th St. (5)
Walther, Joseph E.....3202 N. Meridian St. (8)
Walton, William M.....General Hospital (7)
Ward, Wesley C.....116 E. 49th St. (5)
Warfel, Frederick C. (S).....4817 Broadway (5)
Warman, Alvah P.....1363 E. Maple Rd. (5)
Warriner, James B.....1012 N. Emerson Ave. (19)
Warvel, John H.....614 Hume Mansur Bldg. (4)
Waymire, Elbert S.....1827 College Ave. (2)
Wehrman, Jule O. (S).....410 N. Meridian St. (4)
Weigand, Clayton G.....Eli Lilly & Co., 740 S. Alabama St. (6)
Weil, Harry J.....2040 E. Michigan St. (1)
Weinland, George C.....Larue D. Carter Hospital, 1315 W. 10th St. (7)
Weinsoff, Beverly.....421 Lansing St. (2)
Weiss, Jason.....4914 W. 16th St. (24)
Weller, Charles A.....3720 N. Delaware St. (5)
West, Joseph L.....6220 W. Washington St. (21)
Westfall, B. Kemper.....2901 E. 38th St. (18)
Westfall, John B.....I. U. Medical Center (7)
White, Donald J.....502 Bankers Trust Bldg. (4)
White, John B.....812 C. of C. Bldg. (4)
White, Philip T.....I. U. Medical Center (7)
Whitehead, John M.....2201 Nowland Ave. (1)
Whitmore, J. Stewart.....I. U. Medical Center (7)
Wilkens, Irvin W.....1743 Shelby St. (3)
Williams, Charles D.....2405 Station St. (1)
Williams, Clifford L....Central State Hospital (22)
Williams, Howard S.....115 E. 16th St. (2)
Williams, Hugh L.....812 C. of C. Bldg. (4)
Williams, Paul D.....V. A. Regional Office, 36 S. Pennsylvania St. (4)
Wilmore, Ralph C.....I. U. Medical Center (7)
Wilson, Fred M.....I. U. Medical Center (7)
Wilson, Oliver R.....3519 Washington Blvd. (5)
Winters, Matthew.....508 E. Maple Rd. (5)

Wise, William R.....120 E. 22nd St. (2)
Wishard, William N.....1711 N. Capitol Ave. (7)
Wolfram, Don J.....208 Hume Mansur Bldg. (4)
Wood, Donald E.....6235 Guilford Ave. (20)
Woodard, Abram S.....668 E. Maple Rd. (5)
Woolling, Kenneth R...718 Hume Mansur Bldg. (4)
Worley, Joseph P.....5839 E. Washington St. (19)
Worley, Richard H....5929 E. Washington St. (19)
Wrege, Malcolm L.....1502 N. Emerson Ave. (19)
Wren, W. Wilson.....Larue D. Carter Hospital, 1315 W. 10th St. (7)
Wright, J. William, Jr..301 Hume Mansur Bldg. (4)
Wright, J. William.....301 Hume Mansur Bldg. (4)
Wyttenbach, John E....503 Hume Mansur Bldg. (4)

Y

Yochem, August S.....Larue D. Carter Hospital, 1315 W. 10th St. (7)
Young, James W.....6302 Guilford Ave. (20)
Young, John E.....812 C. of C. Bldg. (4)
Young, John M.....3209 N. Meridian St. (8)

Z

Zerfas, Charles P. A.....2605 Shelby St. (3)
Zerfas, Phyllis K.....2605 Shelby St. (3)

Bartle, James L.....Lawrence
Lewis, Robert J.....Lawrence
Asher, Ernest O.....New Augusta
Asher, James W.....New Augusta
Thrasher, John R...R. R. 1, Box 362, New Augusta
Miller, Joseph A.....Oaklandon
Paynter, Morris B.....Southport
Jones, George L.....Wanamaker
Ball, John R....Hartford Hospital, Hartford, Conn.
Berton, William M.....2035 S. Horne St., Oceanside, Calif.
Blackwell, Milforde.....National Hospital, London, England
Champion, John P.....Blodgett Memorial Hospital, Grand Rapids, Mich.
Coleman, John H. 1421 Taylor N.W., Washington, D.C.
Deer, Blan F...312 Fordham Dr., Lake Worth, Fla.
Dester, Herbert E.....Jagdeeshpur Via Raipur, C. P. India
Dirks, Kenneth R.....U. S. Army Hospital, Fort Ord, Calif.
Fisher, Gerald..1120 Chester Ave., Cleveland 14, O.
Freeborn, Warren S., Jr.....150 5th Ave., New York 11, N. Y.
Gillette, Edward P.....Box 61, 5005th USAF Hosp., APO 942, Seattle, Wash.
Graf, John E. (S).....4332 N. Kilbourne Ave., Chicago 41, Ill.
Guthrie, James U.....Nellis AFB, Nevada
Harvey, Verne K.....39 River Road Terrace, Alexandria, Va.
Hatfield, Margaret.....500 15th Ave. S., Acqualine Shores, Naples, Fla.
Jennings, F. Lamont.....950 E. 59th St., Chicago 37, Illinois
Katterjohn, James C...Walter Reed Army Hospital, Washington, D. C.
Kelly, John F.....470 N. W. 131st St., Miami, Fla.
Kenoyer, Wilbur L.....3810th USAF Hospital, Maxwell A. F. B., Ala.
Kersten, Randall M., 1700 Waterman Ave., San Bernadino, Calif.
Jewett, Robert E.....911 Linwood Blvd., Kansas City 3, Mo.
Langdon, J. Ray.....Medfield State Hospital, Harding, Mass.
Lindenborg, Paul G.....Naval Annex 218, Stockton, Calif.
MacDonald, John A. (S).....Interlaken, New York
Murray, James S.....606 N. Roxbury, Beverly Hills, Calif.
Nelson, John W.....Brooke Med. Center, Ft. Sam Houston, Tex.
Norris, Mary Alice.....c/o Col. J. F. Surratt, Ft. Monroe, Va.
Nielson, Juul C.....500 15th Ave. S., Acqualine Shores, Naples, Fla.
Osborne, Harry S. (S).....1107 Lime St., Leesburg, Fla.
Porter, Dale.....University Hospitals, Ann Arbor, Mich.
Robinson, Frank C.....290 W. Foothill Blvd., Arcadia, Calif.
Rogers, Thomas P.....U. S. N. Hospital, San Diego 331, Calif.
Ruddell, Keith R....2822 S. Moreland, Cleveland, O.
Rudolph, Stephen J., Jr.....3310th USAF Hospital, Scott Field, Ill.
Shugart, Joseph A...5520 St. Charles, El Paso, Tex.
Taube, Jack I.....Sch. of Aviation Medicine, Randolph Field, Texas
Tinney, William E. (S).....P. O. Box 1186, Pass-A-Grille, Fla.
Topek, Nathan H.....2537 Prairie, Chicago, Ill.
Tucker, Leonard C.....216 W. 18th St., Wilmington, Del.
Tucker, Robert L.....705 14th St. N. E., Rochester, Minn.
Zell, Evertson H.....McDill Field, Tampa, Fla.
Ziperman, H. Haskell...Brooke Army Med. Center, Ft. Sam Houston, Tex.

MARSHALL COUNTY

Kelly, Frank.....Argos
Sheller, Thomas G.....Argos
Connell, Vactor O.....Bourbon
Marshall, George L.....Bourbon
Bowen, Otis R.....Bremen
Burket, Cecil R.....Bremen
Cripe, Earl P.....Bremen
Schreiner, John E.....Bremen
Stine, Marshall E.....Bremen
Baker, Milan D.....Culver
McIlwain, Eleanor E.....Culver
McIlwain, Robert E.....Culver
Reed, Donald Culver
Reese, Lawrence W.....Culver

Plymouth

Connell, Paul S.....Plymouth
Danielson, Harry E., Jr.....N. Walnut St.
Klingler, Maurice O.....213 W. LaPorte St.
Kubley, James D.....223 W. Washington St.
Pomeroy, Rex K.....121 E. Garro St.
Reed, Robert G., Jr.....109 N. Walnut St.
Robertson, James S.....223 W. Washington St.
Vore, Louring W.....121 E. Garro St.

Thompson, Alfred A. (S).....Tyner

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Shrock, Ethan E.....Amboy
Line, Homer E.....Chili
Malott, Fred R.....Converse
Hill, Lloyd.....Denver
Sennett, William K.....Macy
Rendel, Harold E.....Mexico

Peru

Barnett, Ralph E.....65 N. Miami St.
Berkebile, John B.....15 W. Sixth St.
Burrous, Evert L.....27 W. Sixth St.
Carlson, Edward A. (S).....11½ W. Main St.
Damiana, Pasquale G.....11 W. Fifth St.
Ferrara, Donald W.....16 W. Fifth St.

Ferrara, Samuel J.....16 W. Fifth St.
Herd, Cloyn R.....15 S. Wabash
Johnson, Owen.....269 E. Main St.
Lewis, Leonard D.....111 N. Fremont St.
Lynn, Frank M. (S).....258 Main St.
Malouf, Stephen D.....53 S. Broadway
Wildman, Roscoe E.....27 W. Sixth St.
Yarling, John E. (S).....15 S. Wabash

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville

Alexander, Stephen J.....306 Ben Hur Bldg.
Ball, Thomas Z. (S).....401 S. Washington St.
Burks, Jess E.....411 Ben Hur Bldg.
Cooksey, Thomas L. (S)..109½ S. Washington St.
Cornell, Robert A.....219 Ben Hur Bldg.
Daugherty, Fred N.....120 W. Pike St.
Dodds, Wemple.....Culver Hospital
Eggers, Richard.....120 W. Pike St.
Haller, Thomas C.....411 Tinsley Ave.
Humphreys, John W.....312 Jones Ave.
Kinnaman, Howard A.....206 Ben Hur Bldg.
Kirtley, James M.....416 Ben Hur Bldg.
Lingeman, Byron N.....419 Ben Hur Bldg.
Millis, Robert J.....408 S. Grant Ave.
Mount, William M.....413 Ben Hur Bldg.
Peacock, Norman F.....219 Ben Hur Bldg.
Pierson, Robert H.....305 E. Main St.
Shannon, Wesley.....901 Cottage Ave.
Sharp, John L.....219 Ben Hur Bldg.
Wallace, Hawthorne C.....411 Tinsley Ave.

Otten, Ralph E.....Darlington
Blix, Fred M.....Ladoga
Denny, Frank T.....Ladoga
Wong, Norman F.....Linden
Davis, William.....New Market
Kindell, Hurschell D.....New Richmond
Hendrix, Claude A.....Waveland
Johnson, Frank D.....Waynetown
Parker, Carl B.....Wingate

MORGAN COUNTY

Martinsville

Alexander, Percy M.....Martinsville Sanitarium
Eisenberg, David A.....310 N. Main St.
Gibbs, Joseph W.....Home Lawn Sanitarium
Gray, Leon.....171 E. Washington St.
Miller, Ray D.....290 E. Washington St.
Pitkin, Edward M.....195 E. Washington St.
Pitkin, McKendree C.....440 E. Washington St.
Van Wienen, John.....60 W. Morgan
Willan, Horace R.....109 S. Jefferson St.

Murphy, Maurice G.....Morgantown
Seibel, Robert.....Morgantown

Mooresville

Bivin, James H.....130 N. Indiana
Carmichael, Lynn P.....130 N. Indiana
Comer, Charles W.....130 N. Indiana
Comer, Kenneth E.....130 N. Indiana
Karpel, Bernard.....137 W. Washington
Van Bokkelen, Robert W.....31 S. Indiana

Farr, James C.....Paragon

NEWTON COUNTY

(See Jasper-Newton)

NOBLE COUNTY

Bowman, Charles M.....Albion
Nash, Justin R.....Albion
Mattmiller, Everette D.....Avilla
Sneary, Kenneth D.....Avilla
Veazey, William M. (S).....Avilla

Kendallville

Bryan, Robert E.....129 E. Main St.
Goodwin, Columbus B. (S).....Kendallville
Gutstein, Richard R.....120 Diamond
Hepner, Herman.....101½ N. Main St.
Lawson, Isaac H.....125½ S. Main St.
Messer, Frank W.....115 E. Rush St.
Munk, Cleorie E.....236 S. Grant St.
Stallman, Carl F.....104½ N. Main St.
Williams, Harold O.....115 E. Rush St.
Young, Simon J. (S).....109 S. State St.

Ligonier

Schutt, James B.....404 S. Cavin St.
Stultz, Quentin F.....401 S. Cavin St.
Webster, Paul L.....321 S. Cavin St.

Fipp, August L.....Rome City
Pulskamp, Bertrand H.....Wolcottville
Luckey, Harold A.....Wolf Lake
Luckey, Robert C.....Wolf Lake
Roth, James R.....Wolf Lake
Switzer, Robert E.
U. S. Naval Hospital, Portsmouth, Va.

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Keseric, Nicholas E.....French Lick Springs
Sugarman, Benjamin E.....French Lick Springs
Baker, Robert E. (S).....Orleans
Hodgin, Philip T.....Orleans
Schoolfield, William E.....Orleans
Clark, Ivan A.....Paoli
Hammond, Keith.....Paoli
Spears, John K.....Paoli
Miller, Henderson L. (S).....West Baden Springs

OWEN-MONROE COUNTIES

Bloomington

Baxter, Neal E.....306 E. Fifth St.
Bidney, Evelyn B.....321 S. Jordan Ave.
Borland, Raymond M.....R. R. 3
Buckingham, Richard E.....344 College Ave.
Culmer, Walter N. (S).....432 S. College Ave.
Estes, Ambrose C.....300½ E. Fifth St.
Fowler, Richard R.....108 S. Washington St.
Geiger, Dillon D.....300 E. Kirkwood
Hardtke, Eldred F.....Indiana University
Hepner, Herman S.....312 N. Walnut St.
Holland, Deward J. (S).....313 N. College Ave.
Holland, Philip T.....108 W. 7th St.
Karsell, William A.....306 E. Kirkwood
Link, William C.....110 E. Fourth St.
Lundblad, Wilfred M.....Indiana University
Lyons, Robert E.....321 E. Fifth St.
Marchant, Clarence H.....350 S. College Ave.
McIntire, Clarence B.....Bloomington Hospital
McLelland, Mary Rhamy.....R. R. 2
Middleton, Thomas O.....404 E. Seventh St.
Miller, John M.....Indiana University
Owen, Abraham M.....200 S. Washington St.
Owen, Margaret A.....200 S. Washington St.
Pizzo, Anthony.....Bloomington Hospital
Poolitson, George C.....407 N. Walnut St.
Quarles, E. Bryan.....Indiana University
Ramsey, Hugh S.....307 E. Fifth St.
Reed, William C.....307 E. Fifth St.
Rieger, I. Taylor.....108 S. Washington St.
Rogers, Otto F., Jr.....210 N. Washington St.
Rollins, Thomas K.....114 E. Seventh St.

Ross, Ben R. 314 E. Seventh St.
Schell, Harry D. 114 E. Fourth St.
Schuman, Edith B. Indiana University
Sibbitt, Joseph W. 300 E. Fifth St.
Smith, Herschel S. 110 S. Lincoln
Smith, Paul E. 812 N. College Ave.
Smith, Rodney D. (S) 115 N. Washington St.
Spencer, Beaufort A. 114 N. Lincoln
Stangle, William J. 640 S. Rogers
Thompson, Naiad M. Indiana University
Topolgus, James N. 403 N. Walnut St.
Wellpott, Jean F. Indiana University
Wilson, Talmage L. 301 E. Kirkwood

Stouder, Charles E. Gosport
Mitchell, George L. Smithville
Blackwell, Donald Spencer
Brown, Marcel S. Spencer
Greene, Claude D. Spencer
Kay, Oran E. Spencer
Smith, Frederick R. Spencer
Dalton, Naomi L. Univ. of Mississippi Med. Center, Jackson, Miss.

PARKE-VERMILLION COUNTIES

Clinton

Casebeer, Paul B. 255½ S. Main St.
Evans, Frederick 242 S. Third St.
Gerrish, Wakefield D. (S) Clinton
Herzberg, Milton 222 Elm St.
Kercheval, John M. 220 Blackman
Pickett, Paul 223 Elm St.
White, Isaac D. (S) 125 S. Main St.

Lauer, Dorothy B. Dana
Britton, Welbon D. Montezuma
De Renne, William L. Newport
Johnson, William A. Perrysville

Rockville

Bloomer, Joseph R. 115 N. Market St.
Bloomer, Richard S. 115 N. Market St.
Dowell, Emil H. Ohio St.
Harstad, Casper 216 W. High St.
Merrell, Basil M. 110 E. York St.
McGilvray, Eva R. T. Indiana State Sanitarium
Pace, Jerome V. Indiana State Sanitarium
Pirkle, Hubert B. Indiana State Sanitarium

Keith, Freeman E. (S) St. Bernice
Staff, Robert A. 32 Ray Ave., Little Falls, N. J.

PERRY COUNTY

Bush, Hargis R. Cannelton

Tell City

Coultas, Porter J. 801 Main St.
Dome, Hardin S. (S) 704 Ninth St.
Dukes, David 521 Main St.
Glenn, Fred C. 436 Main St.
James, John M. 26 11th St.
James, Nicholas A. 746 Main St.
Lohoff, Lewis C. 507 Main St.
Neifert, Noel L. 507 Main St.

Snyder, Earl R. Troy

PIKE COUNTY

Petersburg

Dickinson, Gordon A. 1101 Main St.
Higgins, James L. Main St.
Kime, John T. (S) Petersburg
Logan, Austin R. (S) 1002 E. Main St.
Omstead, Milton 110 S. Sixth St.

DeTar, George B. (S) Winslow

PORTER COUNTY

Chesterton

Ashmore, Herbert C. 139 Calumet Rd.
Dale, Joseph W. 422 Lincoln Ave.
Griffin, Joseph P. 139 Calumet Rd.
Hall, Thomas C. 621 Broadway
Harless, Clarence M. 123 Indiana Ave.
Robertson, William C. Chesterton

Cohen, Ellen K. Hebron
Cohen, Hyman L. Hebron
Kleinman, Francis J. Hebron

Valparaiso

Brown, James C. 101 Lincolnway
Davis, Carl M. 202 Indiana Ave.
DeGrazia, Eugene 810 LaPorte Ave.
DeWitt, Charles E. (S) 836 LaPorte Ave.
Dittmer, Jack E. 23 Lincolnway
Dittmer, Thomas L. 23 Lincolnway
Douglas, George R. (S) 23 Lincolnway
Frank, John R. 23 Lincolnway
Green, Leonard J. 8 N. Garfield
Makovsky, Theodore 808 Lincolnway
Maternowski, Chester J. 808 Lincolnway
Miller, Ebbo H. 608 Union St.
Milroy, Robert A. 814 LaPorte Ave.
Nash, Charles B. 23 Lincolnway
Van Winkle, Arthur J. 22 Franklin St.
Vietzke, Paul C. F. 60 Jefferson St.

Gordon, Joseph L. Wheeler
Adair, Fred L. (H) ... P. O. Box 158, Maitland, Fla.

POSEY COUNTY

Ropp, Harold E. New Harmony
Boren, Paul Poseyville
Boren, Samuel W. (S) Poseyville
Boyle, Carroll Poseyville
Woods, Arba L. Poseyville

Mount Vernon

Challman, William B. 131 W. Third St.
Crist, John R. 114 W. Second St.
Hirsch, Herman L. 126 W. Fifth St.
Oliphant, Frank W. 701 Mulberry St.
Vogel, L. John 131 W. Third St.
Williams, Frederic P. O. Box 467

PULASKI COUNTY

Dublin, Madeline Francesville
Ives, Raymond J. Francesville

Winamac

Carneal, Thomas E. 111 N. Monticello
Halleck, Harold J. Winamac
Karns, John D. 417 N. Market St.
Thompson, William R. 111 N. Monticello

PUTNAM COUNTY

Veach, Lester W. Bainbridge
Veach, Richard L. Bainbridge
Gray, Clyde C. Cloverdale

Greencastle

Dettloff, Frederick Alamo Bldg.
Dobbs, Otto R. 209 Seminary St.
Fuson, Wenfred J. Alamo Bldg.
Johnson, James B. 105 E. Washington St.
Nichols, Anne Sackett 707 E. Seminary St.
Rhea, Gilbert D. 126 E. Washington St.
Schauwecker, Cleon M. Hillsdale Ave.
Steele, Dick J. Alamo Bldg.
Tennis, George T. Alamo Bldg.
Tipton, William R. 110 S. Vine St.

Wiseman, V. Earle.....239 Hillsdale Ave.

Gwaltney, Loral F.
1134 Broad Ave. N., Naples, Fla.
Richards, Edgar E.....Russellville

RANDOLPH COUNTY

Nixon, Byron Farmland
White, Harvey E.....Farmland
Harmon, Wayne Lynn
Jordan, Leo E.....Lynn
Martin, Charles E.....Lynn
Slick, Crystal R.....Lynn
Shallenberger, Henry R.....Modoc
Hinchman, Jean Parker
Potter, Richard M.....Ridgeville

Union City

Chambers, Leroy B.....800 N. Columbus
Matheus, Charles.....309 W. Oak St.
Phipps, Leland K.....227 W. Oak St.
Reid, Robert W.....706 W. Division St.
Rothermel, Harold 334 Oak St.
Wagoner, B. D.....232 W. Oak St.

Winchester

Brenner, Andrew M.....327 E. Franklin St.
Dininger, William S.....102 E. South St.
Engle, Russell B.....210 S. Main St.
Hannah, Charles W.....103 S. East St.
Koch, Howard W.....Winchester
Painter, Lowell W.....124 E. Franklin St.
Robison, John S.....111½ S. Main St.
Sparks, Paul W.....214 S. Main St.

RIPLEY COUNTY

Erxleben, Walter O.....Batesville
Freeland, Bill Batesville
Hisrich, Lloyd W.....Batesville
Conrad, Henry W.....Milan
Hunter, Lowell G.....Milan
Warn, William J.....Milan
Williams, Gilbert E.....Milan
Daley, Edward H.....Oldenburg
Lippoldt, Charles L.....Oldenburg
Row, George S.....Osgood
Smith, R. Lee.....Osgood
McConnell, William C.....Sunman
Fletcher, Charles F.....Sunman
Hopkins, Lester H.....Versailles
Moran, Noel D.....Versailles

RUSH COUNTY

McNabb, George B.....Carthage
Sheets, Charles E.....Manilla
Worth, C. Willard.....Milroy

Rushville

Atkins, Clarence C.....225 N. Morgan St.
Corpe, Kenneth F.....R. R. No. 4
Dean, Donald I.....310 E. Fifth St.
Denny, Melvin H.....127 W. Third St.
Ellis, Davis W.....229 N. Morgan St.
Green, Frank H.....134 E. Second St.
Johnson, Robert B.....229 N. Morgan St.
Kennedy, Robert O. (S).....118 W. Third St.
McKee, Harry G.....335 N. Main St.
Norris, Marvin G.....134 E. Second St.
Nutter, Wyndham H.....205 W. Third St.

DeHaven, Harry E.....Pleasantville, N. Y.

ST. JOSEPH COUNTY

Houser, D. Stanley.....Lakeville
How, John T. (S).....Lakeville
Krabill, Willard S.....Lakeville
Smith, Lee Lakeville

Mishawaka

Barone, Carmelo V.....312 Lincolnway W.
Bassler, Carl R.....102 Lincolnway W.
Christophel, Verna.....109 W. Third St.
Duvall, William N.....117½ Lincolnway E.
Farner, James E.....114 Lincolnway E.
Fujawa, M. J.....721 Lincolnway E.
Ganser, Richard A.....1020 Wilson Blvd.
Goethals, Charles J.....602 Lincolnway W.
Martin, Charles F.....322 S. Mill St.
Orr, W. Robert.....124 S. Race St.
Reed, Robert F.....316 Lincolnway E.
Rosenwasser, Jacob 225 Lincolnway E.
Sirlin, Edward M.....109 S. Church St.
Spalding, Wendell L.....427 Lincolnway E.
Templeton, Ames R.....522 Calhoun St.
Van Rie, Leo P.....116 S. West St.
Walerko, Frank.....113 S. Church St.
Walters, Charles E.....319 S. Spring St.
Whitlock, Francis C.....110 N. Race St.
Whitlock, Merle E.....123 W. Fourth St.
Wixted, John F.....314 Lincolnway E.
Wixted, Julia F.....314 Lincolnway E.
Wurster, Herbert C.....221 E. Third St.
Wygant, Marion D.....313 W. Fourth St.
Wyland, Byron J.....116½ W. Third St.
Zimmer, Henry J.....119½ Lincolnway W.

Luzadder, John E.....New Carlisle
Hardy, John J.....North Liberty
Warrick, Homer L..... Osceola

South Bend

A

Abel, Joseph A.....1222 Western Ave.
Acker, Robert B.....418 Sherland Bldg.
Arisman, Ralph K.....110 W. Bartlett St.

B

Backs, Alton J.....767 Lawndale
Baran, Charles.....404 Sherland Bldg.
Bartsch, Harvey L.....502 J. M. S. Bldg.
Bechtold, Samuel E.....730 J. M. S. Bldg.
Bell, Horace D.....420 N. Hill St.
Bennett, Jene R.....531 N. Main St.
Berke, Robert D.....102 E. Colfax Ave.
Biasini, Benedict A.....403 Dixie Way North
Bickel, David A.....515 Odd Fellows Bldg.
Birmingham, Peter J.....426 Sherland Bldg.
Bishop, Charles A.....122 N. Lafayette Blvd.
Bixler, Louis C.....615 Sherland Bldg.
Blackburn, Erwin.....508 Sherland Bldg.
Bodnar, Leslie M.....525 N. Michigan
Borough, Lester D.....710 J. M. S. Bldg.
Brechtl, Harvey J.....728 W. Colfax Ave.
Bryan, Robert J.....1002 Lincolnway W.
Buchanan, Wallace D.....825 Sherland Bldg.
Buechner, Frederick W.....116 N. Main St.
Bussard, Clifford F.....202 Whitcomb-Keller Bldg.
Bussard, Frank.....202 Whitcomb-Keller Bldg.
Butts, Milton A.....118 N. Walnut St.

C

Carter, F. R. Nicholas.....605 Sherland Bldg.
Cassady, James V.....921 Lincolnway E.
Chamblee, Roland W.....1018 W. Washington Ave.
Clark, Stanley A. (S).....1242 E. Jefferson St.
Clark, William H.....520 Sherland Bldg.
Colip, George D.....514 Sherland Bldg.
Condit, David H.....122 N. Lafayette Blvd.
Cook, Gordon C.....122 N. Lafayette Blvd.
Cooper, Harry L.....410 Sherland Bldg.
Crawford, Robert H.....226 W. Colfax Ave.
Culbertson, Carl S.....531 N. Main St.
Custer, Edward W.....Healthwin Sanitarium

D

Denham, Robert H.....614 Sherland Bldg.
DeVoe, Kenneth R.....621 Woodcliff Dr.

Dietl, Ernest L. 820 Sherland Bldg.
Dodd, Robert D. 2311 Miami St.
Dolezal, Bernard J. 316 J. M. S. Bldg.
Donnelly, Everett F. 530 W. Indiana Ave.
Duggan, James A. 110 Peashway
Dunlap, D. Logan 716 J. M. S. Bldg.

E

Ebin, Judah L. 706 Odd Fellows Bldg.
Edwards, Bernard E. 704 N. Main St.
Egan, Sherman 301 Sherland Bldg.
Ellison, Alfred 826 Sherland Bldg.
English, John P. 122 N. Lafayette Blvd.
Ericksen, Lester G. 615 Sherland Bldg.
Erickson, Gustaf W. 122 N. Lafayette Blvd.

F

Faltin, Ladislaus 609 Odd Fellows Bldg.
Feferman, Martin E. 510 Sherland Bldg.
Feldman, Max 1921 Miami St.
Filipek, Walter J. 311 Odd Fellows Bldg.
Firestein, Ben Z. 703 J. M. S. Bldg.
Firestein, Ray 416 Sherland Bldg.
Fish, Clyde M. (S) 723 Sherland Bldg.
Fish, Edson C. 728 Sherland Bldg.
Fisher, Lawrence F. 825 Sherland Bldg.
Frank, Herbert 430 Sherland Bldg.
Frank, Lyall L. 224 W. Navarre
Frash, DeVon W. 308 J. M. S. Bldg.
Frey, William B. 316 N. Ironwood Dr.
Friedman, Morris S. 315 Sherland Bldg.
Frith, Louis G. 521 W. Washington Ave.

G

Gates, George E. 122 N. Lafayette Blvd.
Gilman, Marcus M. 403 Odd Fellows Bldg.
Giordano, Alfred S. 1518 E. Colfax Ave.
Godersky, George E. 512 Odd Fellows Bldg.
Graf, John P. 401 N. Notre Dame Ave.
Green, George F. 822 Sherland Bldg.
Green, Norval E. 704 N. Main St.
Grillo, Donald 530 Sherland Bldg.
Grorud, Alton C. 122 Lafayette Blvd.

H

Haley, Paul E. 401 Sherland Bldg.
Hall, James M. 230 Sherland Bldg.
Hamilton, Charles O. 602 N. Michigan
Harmon, Vachelle E. 302 Sherland Bldg.
Haugseth, Ellsworth K. 122 Lafayette Blvd.
Helmen, Harry W. 120 Franklin Place
Helmer, John F. 826 Sherland Bldg.
Hilbert, John W. 410 W. Washington Ave.
Hildebrand, John O. 1307 E. Ewing Ave.
Hill, Theodore A. 527 W. Colfax Ave.
Hillman, Marion W. 206 E. Bartlett St.
Hillman, William H. (S) 1317 Marquette Blvd.
Hoffman, Robert V. 1530 E. Jefferson Blvd.
Holdeman, Lillian S. 404 N. Lafayette Blvd.
Holdeman, Richard W. 404 N. Lafayette Blvd.
Holtzman, Norman H. 3123 S. Michigan
How, Louis E. 6101 S. Michigan
Hyde, Carroll C. 122 N. Lafayette Blvd.

J-K

Johns, Nicholas C. 718 Sherland Bldg.
Kamm, Bernard A. 526 Sherland Bldg.
Karn, John 728 Sherland Bldg.
Klahr, Elsworth E. 704 N. Main St.
Knapp, Arthur L. 2215 Mishawaka
Knode, Kenneth T. 729 Sherland Bldg.
Kramer, Albert A. (S) 1521 Miami
Krueger, John E. 728 Sherland Bldg.
Kuhn, Frederick L. 1215 S. Michigan

L

Lamb, J. Leonard 730 J. M. S. Bldg.
Lane, William H. 418 N. Main St.
Lang, Joseph E. 318 Sherland Bldg.
Langenbahn, Carl J. 206 Sherland Bldg.
LaRocca, Joseph 202 E. Bartlett St.
Levantin, Bernard I. 711 Odd Fellows Bldg.
Levkoff, Abner H. 729 Sherland Bldg.
Lionberger, John R. 615 Sherland Bldg.
Liss, Emanuel C. 317 Odd Fellows Bldg.
Lockhart, Philip B. 825 Sherland Bldg.
Lyons, Robert C. 531 N. Main St.

M

Mason, Bernard A. 122 N. Lafayette Blvd.
McCraley, William J. 406 Sherland Bldg.
McDonald, Ralph M. 410 J. M. S. Bldg.
McFarland, Corley B. 122 N. Lafayette Blvd.
McKenna, Henry J. 1615 E. Wayne St.
Metcalfe, Grant E. 319 Odd Fellows Bldg.
Mikesch, William H. (S) 816 Sherland Bldg.
Miller, Milo K. 122 N. Lafayette Blvd.
Mott, Cassell A. 1301½ W. Washington St.
Mueller, Hilbert M. 122 N. Lafayette Blvd.
Murphy, Eugene C. 122 N. Lafayette Blvd.
Murphy, Josephine F. 625 J. M. S. Bldg.

N-O

Nelson, F. Dale 704 N. Main St.
Nelson, Raymond E. 206 E. Bartlett St.
Olson, Kenneth L. 615 Sherland Bldg.

P

Parmley, Walter E., Jr. 1342 Mishawaka Ave.
Parsons, Robert L. 424 Odd Fellows Bldg.
Pauszek, Thomas B. 726 W. Washington St.
Peltier, Hubert C. 316 N. Ironwood Dr.
Petrass, Andrew 516 Sherland Bldg.
Phelps, Stephen R. 818 Sherland Bldg.
Plain, George 122 N. Lafayette Blvd.
Potter, Thomas P., Jr. 531 N. Main St.
Proudfit, Charles H. 525 Odd Fellows Bldg.
Pyle, Harold D. 518 Sherland Bldg.

R

Rasmussen, Ruth F. 122 N. Lafayette Blvd.
Rigley, Edward L. 408 Sherland Bldg.
Rodin, Herman H. 422 Sherland Bldg.
Rosenheimer, George M. 418 N. Michigan St.
Rubens, Eli 408 Odd Fellows Bldg.
Rudolph, Carl J. 110 W. Bartlett St.

S

Sanderson, Robert B. 730 Sherland Bldg.
Sandock, Isadore 402 Sherland Bldg.
Sandock, Louis F. 428 Sherland Bldg.
Sandoz, Harry H. 612 Odd Fellows Bldg.
Savery, Charles E. 230 Sherland Bldg.
Schiller, Herbert A. 226 Sherland Bldg.
Scott, Frank M. 122 N. Lafayette Blvd.
Selby, Keith E. 407 Lincolnway W.
Sellers, Francis M. 3209 Mishawaka Ave.
Sensenich, Roscoe L. 203 J. M. S. Bldg.
Sharp, Merle C. 122 N. Lafayette Blvd.
Shelley, Edward S. 207 S. Taylor
Skillern, Penn G. 1002 Bldg. & Loan Tower
Slominski, Harry H. 708 Odd Fellows Bldg.
Spenner, Raymond W. 726 Sherland Bldg.
Staunton, Henry A. 3023 Mishawaka
Stiver, Daniel D. 822 Sherland Bldg.
Stogdill, William J. 525 Sherland Bldg.
Stratigos, Joseph S. 2602 South Bend Ave.
Szokolay, Joseph P. 210 Poledor Bldg.

T

Thompson, John M. 921 Lincolnway E.
Thompson, Robert A. 530 W. Indiana Ave.
Thornton, Maurice J. 825 Sherland Bldg.
Tirman, Wallace S. 825 Sherland Bldg.
Traver, Perry C. 1010 Riverside Dr.

V-W-X-Y-Z

Vagner, S. Bernard 1303½ W. Washington Ave.
Vurpillat, Francis J. 132 N. Lafayette Blvd.

Wegner, William G. (S)...616 E. Washington Ave.
Weiss, Eugene.....2521 S. Michigan
Wilhelm, Agatha M.....628 Sherland Bldg.
Wilson, James M.....409 J. M. S. Bldg.
Zeiger, Irvin.....3123 Mishawaka

Ebersole, Carl.....Walkerton
Linton, Charles D.....Walkerton
Nassef, George J.....Walkerton
Skeen, Earl D.....Walkerton
Cline, Kenneth L.....Wyatt
Bosenbury, Charles S. (S)
3235 Riveria Dr., Coral Gables, Fla.
Joest, Charles O.
5338 Camille St., Jacksonville, Fla.
Ward, James W.
235 E. 22nd St., Apt. 10e, New York City

SCOTT COUNTY

Bogardus, Carl R.....Austin
Hill, Thomas N.....Scottsburg
McClain, Marvin L.....Scottsburg
Napper, Floyd S.....Scottsburg

SHELBY COUNTY

Nigh, Rufus M.....Fairland
Davis, John A.....Flat Rock
Jean, Thomas A.....Morristown
Patten, Vernon C. (S).....Morristown

Shelbyville

Barnum, Emerson.....110 E. Hendricks St.
Dalton, Wilson L.....303 Methodist Bldg.
Gehres, Robert W.....15 S. Tompkins St.
Inlow, Herbert H.....103 W. Washington St.
Inlow, William D.....103 W. Washington St.
Miller, Richard C.....17 Mechanic St.
Richard, Norman F.....103 W. Washington St.
Scott, V. Brown.....103 W. Washington St.
Silbert, David B.....17 S. Tompkins St.
Spindler, Robert D.....165 W. Mechanic St.
Tindall, Paul R.....20 N. Pike St.
Tindall, William R.....505 S. Harrison St.
Whitcomb, Roger F.....302 Methodist Bldg.

Coulson, Sewell B. (S).....Waldron

SPENCER COUNTY

Gailey, Ivan.....Chrisney
Barrow, John H.....Dale
Medcalf, Norman L.....Lamar
Jolly, Wesley P.....Richland
Ambrose, Kenneth E.....Rockport
Atchison, Kenneth C.....Rockport
Buxton, Eva J. (S).....Rockport
Ehrman, Calder D. (S).....Rockport
Glackman, John C., Jr.....Rockport
Monar, Michael.....Rockport

STARKE COUNTY

Leinbach, Earl.....Hamlet

Knox

DeNaut, James F.....4 N. Heaton St.
Henry, Howard B.....107 S. Main St.
Ingwell, Guy B.....201 S. Heaton St.
Krsek, Archie J.....R. R. 3, Box 81, c/o Lucas
McClure, Clark.....107 S. Main St.
Nichols, Thomas H.....107 S. Main St.

North Judson

Grant, Albert J.....421 N. Lane St.
Matthew, John R.....135 S. Lane St.

STEUBEN COUNTY

Angola

Artz, Richard W.....416 E. Maumee
Barton, Robert.....416 E. Maumee
Cameron, Mary H.....416 E. Maumee
Creel, Donald W.....416 E. Maumee
Crum, Marion M.....Beatty Bldg.
Hartman, John J.....Angola
Kissinger, Knight L.....Elmhurst Hospital
Mason, Donald G.....416 E. Maumee
Rausch, Norman W.....416 E. Maumee

Blosser, Blaine A.....Fremont
McCormack, Lloyd L.....Fremont
Alford, James.....Hamilton
Schrepferman, Wayne.....Hamilton

SULLIVAN COUNTY

Brown, John S.....Carlisle
Whipps, Charles E.....Carlisle
Dukes, Betty.....Dugger
Dukes, Frederic M.....Dugger
Dukes, Joe E.....Dugger
Bethea, Robert O.....Farmersburg
O'Dell, Harry C.....Farmersburg

Sullivan

Bedwell, Marion H.....16 N. Court St.
Crowder, James H., Jr.....Sullivan
Higbee, Paul.....4 E. Washington St.
Maple, James B. (S).....117 W. Washington St.
Parmenter, Harry.....117 W. Washington St.
Scott, Garland D.....117 W. Washington St.
Scott, Irvin H.....117 W. Washington St.

SWITZERLAND COUNTY

(See **Jefferson-Switzerland**)

TIPPECANOE COUNTY

Lafayette

Ade, Charles H.....2211 South St.
Ade, Mary Keller.....2211 South St.
Balkema, Catherine M.....3 N. 18th St.
Bayley, William E.....Home Hospital
Bolin, Robert C.....308 N. Eighth St.
Buhrmester, Harry C., Jr.....308 N. Eighth St.
Burkle, John C.....133 N. Fourth St.
Burns, John T.....5 N. 25th St.
Calvert, Raymond R.....314 N. Sixth St.
Cole, Ira.....2315 South St.
Cox, Wayne T.....216 N. Fourth St.
Coyner, Alfred B.....509 Lafayette Life Bldg.
Crockett, Franklin S.....312 Lafayette Life Bldg.
Dewey, George W. (S).....122 S. 28th St.
Donahue, George R.....718 Lafayette Life Bldg.
Dubois, Ramon B.....23 N. 25th St.
Eaton, Marion J.....214 Lafayette Life Bldg.
Engeler, James E.....308 N. Eighth St.
Ferguson, William B.....2211 South St.
Flack, Russell A.....217 N. Sixth St.
Frasch, Mahlon G.....Lafayette Life Bldg.
Frey, Harley B.....405 Lafayette Life Bldg.
Gery, Richard E.....308 N. Eighth St.
Gripe, Richard P.....308 N. Eighth St.
Harden, Murray E.....716 Lafayette Life Bldg.
Harshman, Martin L.....312 N. Eighth St.
Harter, Eli B.....312 N. Eighth St.
Herrold, George W.....20 N. 24th St.
Holladay, Lloyd J.....411 Lafayette Life Bldg.
Hughes, Richard R.....2216 South St.
Hull, James E.....2211 South St.
Hummell, Paul.....2352 N. 25th St.
Hunsberger, Walter G.....308 N. Eighth St.

Hunter, Frank P.....617 Lafayette Life Bldg.
Johnson, Herbert S.....312 N. Eighth St.
Johnson, Lowell R.....2315 South St.
Jones, David.....24 N. 24th St.
Karberg, Richard J.....420 Columbia St.
Klatch, Ben Z.....2211 South St.
Klepinger, Harry E.....824 Lafayette Life Bldg.
Kohne, Robert W.....3010 Underwood
Laws, Harry J.....501 Lafayette Life Bldg.
Laws, Kenneth F.....501 Lafayette Life Bldg.
Levering, Guy P. (S).....819 Central St.
Loop, Floyd A. (S).....2211 South St.
Loop, Frederick A.....2211 South St.
McAdams, Hugh B.....1411 Sunset Dr.
McAdams, Robert.....2011 Kossuth St.
McClelland, Donald C.....312 N. Eighth St.
McFadden, James M.....St. Elizabeth Hospital
McKinley, Joseph.....312 Lafayette Life Bldg.
McKinney, Daniel H.....814 Lafayette Life Bldg.
Marsh, George W.....1405 N. 14th St.
Marsh, William L.....St. Elizabeth Hospital
Mather, Charles R.....20 N. 24th St.
Miller, Roland E.....1625 Kossuth St.
Morrison, John S. (S).....422 N. Seventh St.
Neumann, Kenneth O.....618 Lafayette Life Bldg.
Pearlman, Samuel S. (S).....107 N. Sixth St.
Peterson, Joel A.....609 Lafayette Life Bldg.
Peyton, Frank W.....15 N. 25th St.
Ratcliff, Frank W.....405 Lafayette Life Bldg.
Rothrock, Philip W.....1625 Kossuth St.
Ruschli, Edward B.....510 Lafayette Life Bldg.
Sholty, William M.....405 Lafayette Life Bldg.
Smith, Lowell C.....637 Ferry St.
Stahl, Edward T.....308 N. Eighth St.
Steele, Hugh H.....308 N. Eighth St.
Strayer, Joseph W.....612 Lafayette Life Bldg.
Strickland, Martha B.....1114 Wells St.
Trout, Carl J.....314 N. Sixth St.
Tubbs, George R. (S).....2503 Main St.
Van Buskirk, Edmund L.....308 N. Eighth St.
Vermilya, Robert W.....405 Lafayette Life Bldg.
Washburn, Will W.....308 N. Eighth St.
Williams, Robert E.....631 Columbia
Witham, Robert L.....405 Lafayette Life Bldg.

Mitchell, Edgar T. (S).....Romney
Babb, Forrest J.....Stockwell

West Lafayette

Ash, Harold H.....200 South St.
Bush, Jack A.....209 Northwestern Ave.
Carroll, Bertha Rose.....Purdue University
Davis, Howard B. 815 Vine St.
Meikle, Louise J.....606 Terry Lane
Miller, Sayers J.....Purdue University
Rommel, Clarence H.....456 Northwestern
Schmiedicke, Paul H.....Purdue University

Beeler, J. Moss
The East Mississippi State Hosp., Meridian, Miss.

TIPTON COUNTY

Belding, Ray Kempton
Stouder, Albert E.....Kempton
Tranter, William F.....Sharpsville

Tipton

Burkhardt, Boyd A.....202 S. West St.
Carter, Jean V.....130 N. Main St.
Compton, George.....219 N. Independence
Gossard, Meredith B.....120 W. Washington
Kincaid, Raymond K.....114 Second St.
Kurtz, William A.....202 S. West St.
Warne, George H. (S).....210 N. West St.

Ericson, Harold L.....Windfall
Moser, Elmer B. (S).....Windfall

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

Evansville

A

Acre, Robert R.....706 Walnut St.
Adler, Raymond N.....714 Second Ave.
Alexander, John E.....609 Hulman Bldg.
Anderson, Milton H.....Evansville State Hospital
Austin, Eugene W.....103 N. Main St.

B

Baker, Herman M.....402 Hulman Bldg.
Baker, Mason R.....957 S. Kentucky Ave.
Ballas, William A.....Deaconess Hospital
Barclay, Irvin C.....114 S. E. Second St.
Barnhart, Willard T.....701 Chestnut St.
Baylor, Edward M.....501 E. Cherry St.
Beck, Robert E.....600 Mary St.
Begley, Joseph W., Jr.....314 S. E. Riverside Dr.
Bennett, Abner P.....412 S. E. Fourth St.
Bissonnette, Roger P.....420 Cherry St.
Boswell, Robert W. C.....2351 Division St.
Boyd, Stella N.....502 Hulman Bldg.
Britt, Robert.....420 Cherry St.
Brockmole, Arnold W.....517 Edgar St.
Brown, James A., Jr.....605 E. Sixth St.
Brown, Robert L.....1819 Washington Ave.
Bryan, Stanton L.....607 Hulman Bldg.
Buchholz, Ransom R.....420 Cherry St.
Buehner, Donald F.....2104 Washington Ave.
Buikstra, Cyrus R.....609 Hulman Bldg.
Burnikel, Ray H.....527 Sycamore St.

C

Cacia, John J.....609 Hulman Bldg.
Caldwell, William C.. .504 Old National Bank Bldg.
Cheydleur, Eleanor.....314 S. E. Riverside Dr.
Clements, Albert F.....3315 Lincoln Ave.
Clouse, Paul A.....613 S. Weinbach Ave.
Cockrum, William M.....908 Hulman Bldg.
Coleman, Joseph E.....216 S. E. Riverside Dr.
Combs, Herman T.....807 W. Indiana
Combs, John H.....412 S. E. Fourth St.
Combs, Pearl B.....1623 Lincoln
Corcoran, Patrick J. V.....118 S. First St.
Crawford, James H.....221 Chestnut St.
Crevello, Albert J.....Clearview Sanitarium
Cullnane, Chris W.....2312 W. Franklin St.

D

Daves, William L.....608 Old National Bank Bldg.
Davidson, Harold H.....420 Cherry St.
Deems, Myers B.....314 S. E. Riverside Dr.
Denzer, Edward K.....108 S. E. Second St.
Denzer, William O.....108 S. E. Second St.
Dieckman, Herbert S.....1012 Citizens Bank Bldg.
Diefendorf, Charles F. (S).....2106B W. Franklin
Dodd, Roberts K.....1705 S. New Green River Rd.
Drake, Dale W.....St. Mary's Hospital
Durkee, Melvin S.....403 Citizens Nat'l Bank Bldg.
Dycus, Walter A.....319 N. St. Joseph Ave.
Dyer, Wallace K.....221 Chestnut St.

E

Ehrich, William S.....Evansville State Hospital
Eisterhold, John A.....314 S. E. Riverside Dr.
Engel, Edgar L.....126 S. E. Seventh St.

F

Faith, Ira L.....725 S. E. Second St.
Faul, Henry J.....815 Hulman Bldg.
Fenneman, Robert J.....219 Court St.
Fickas, Dallas.....619 Mary St.
Fisher, William C.....413 First Ave.
Fitz Gerald, Maurice D.....713 N. First Ave.
Fitzsimmons, Elvin L.....527 Sycamore St.
Fritsch, Louis E. (S).....1201 First Ave.

G

Garland, Edgar A. 606 S. Weinbach
Gaul, L. Edward 509 Hulman Bldg.
Getty, William H. 420 Cherry St.
Giorgio, Douglas J. 1018 Lincoln Ave.
Griep, Arthur H. 420 Cherry St.
Guckien, Joseph L. 609 Hulman Bldg.

H

Hammond, R. Case 701 Chestnut St.
Hare, Daniel M. 706 Walnut St.
Hart, L. Paul 125 S. E. Second St.
Hartley, Clarence A., Jr. 221 Chestnut St.
Hartz, F. Minton 123 S. E. Second St.
Heard, Albert 322 E. Cherry St.
Heinrich, Weston A. 314 S. E. Riverside Dr.
Hendershot, Eugene L. 118 S. E. First St.
Hermayer, Stephen 124 S. E. First St.
Herrmann, Gordon T. 3109 Oak St.
Herzer, Clarence C. 322 N. Fulton
Hobbs, Arthur A. 600 Mary St.
Hoopes, Jane M. 125 S. E. Second St.
Hoover, J. Guy 309 Third & Main Bldg.
Huggins, Victor S. . . 703 Citizens Nat'l Bank Bldg.
Hyatt, Gilbert T. 1106 W. Franklin St.

J

Johnson, Gardner C. (S) 1412 Parkside Dr.
Johnson, Stephen L. 521 Sycamore St.

K

Kauffman, Harley M. 219 Walnut St.
Kessler, Robert B. 1338 Division St.
Keys, Lynn 420 Cherry St.
Kleindorfer, Roscoe L. 819 W. Franklin St.

L

Laubscher, Clarence 6621 Kratzville Rd.
Lawrence, Joseph C. 413 First Ave.
Leibundguth, Henry 221 Chestnut St.
Leich, Charles F. 124 S. E. First St.
Lindsey, Sherman B. 420 Cherry St.
Little, Robert C. Mead Johnson and Co.
Logan, Jesse R. 419 Edgar St.
Lynch, Harold D. 216 S. E. Riverside Dr.

M

McCool, Joe H. 314 S. E. Riverside Dr.
McDonald, Joseph D. 517 Sycamore St.
Macer, Clarence G. 901 Hulman Bldg.
MacKenzie, Pierce 126 S. E. Seventh St.
Mahaffy, John H. Child Guidance Center
Mason, Everett E. 906 Hulman Bldg.
Mehl, Rudolph A. 752 S. Eighth St.
Meyer, Keith T. 118 S. E. First St.
Miller, Laverne B. 714 N. Main St.
Miller, Milton 1905 Division St.
Miller, Minor 201 S. E. Third St.
Miller, Robert J. 1905 Division St.
Mills, Fred E. Deaconess Hospital
Mino, Raymond W. 723 Mary St.
Mino, Robert A. 723 Mary St.
Moehlenkamp, Charles E. 614 N. Governor St.
Moody, Joseph E. Boehne Hospital
Muelchi, Adeline F. 518 Hulman Bldg.
Murphy, Edward U. 908 Hulman Bldg.

N

Nenneker, Henry (S) R. R. 9, Harmonyway
Newman, Alvin E. 912 Hulman Bldg.
Niedermayer, Alfred J. 960 Washington Ave.
Nisenbaum, Harold 704 Hulman Bldg.
Nonte, Leo R. 1218 Lincoln Ave.

O

Olsen, Robert G. St. Mary's Hospital
Oppenheimer, Ernst 103 S. E. Second St.
Oswald, Robert H. 126 S. E. Seventh St.

P

Pastor, Julius W. 713 First Ave.
Pollard, Walter S. 115 S. E. Second St.
Porro, Francis W. 713 First Ave.
Present, Julian 113 S. E. Second St.
Price, Shirley G. 420 Cherry St.
Pugh, Willis L. 413 First Ave.

R

Ratcliffe, Albert W. 510 S. E. First St.
Ravdin, Bernard D. 712 Hulman Bldg.
Rayl, Donald F. 517 Sycamore St.
Reich, Clarence E. 1209 N. Fulton
Reitz, Thomas F. 700 N. Sixth St.
Ringham, Jarrett 401 Chandler Ave.
Rininger, Harold C. 1359 Washington Ave.
Ritchie, William D. 555 Herndon Dr.
Robinson, Earle U. 615 Bellemeade
Rosenblatt, Bernard B. 709 Hulman Bldg.
Rossow, Russell J. 118 S. E. First St.
Royster, George M. . . 810 Citizens Nat'l Bank Bldg.
Royster, Robert A. . . . 810 Citizens Nat'l Bank Bldg.
Ruddick, Hobart C. 845 Ravenswood Dr.
Rusche, Henry J. 313 W. Iowa
Rutherford, Paul S. St. Mary's Hospital

S

Schaefer, William C. 1209 Bayard Park Dr.
Schirmer, Robert H. 1118 W. Franklin St.
Schimmelpfennig, Robert J. 1013 Parrett St.
Schneider, Charles P. 2211 W. Franklin St.
Schriefer, Victor V. 1120 N. Main St.
Slaughter, Howard C. 908 Hulman Bldg.
Slaughter, John C. 101 S. E. Third St.
Slaughter, Owen L. 118 S. E. First St.
Snively, William D., Jr. Mead Johnson and Co.
Springstun, Walter R. 601 Hulman Bldg.
Steckler, Robert J. 1400 Cass Ave.
Steele, Paul W. 1218B Lincoln Ave.
Sterne, John H. 221 Chestnut St.
Stork, Urban 420 Cherry St.
Strueh, Paul E. 124 S. First St.

T

Tager, Stephen N. 219 Walnut St.
Tilden, Margaret H. 700 Mary St.
Turner, Isabel B. 2016 E. Walnut St.
Tweedall, Daniel C. 527 Sycamore St.
Tweedall, Daniel G. 2114 W. Franklin St.

U-V

Viehe, Robert W. 207 S. E. First St.
Visher, John W. 805 Old National Bank Bldg.

W

Warner, Charles L. 420 Cherry St.
Watson, James L. 1158 Lincoln Ave.
Weber, Edgar H. 123 S. E. Second St.
Weiss, Henry G. 614 Hulman Bldg.
Welborn, Mell B. 420 Cherry St.
Wilhelmus, C. Kenneth 115 S. E. Seventh St.
Wilhelmus, Gilbert M. 1028 Washington
Wilhelmus, William M. R. R. 7
Willis, Charles F. 1100 S. Bedford Ave.
Willison, George W. 118 S. E. First St.
Wilson, David 517 Mary St.
Wilson, John D. 115 S. E. Sixth St.
Wilson, Ralph 517 Mary St.
Woods, William P. (S) 5050 Lincoln Ave.
Wynn, Justice F. 906 Hulman Bldg.

X-Y-Z

Yeck, Charles W. 115 S. E. Sixth St.
Young, C. Curtis 126 S. E. Seventh St.
Zimmerman, Harold 6 S. E. Second St.
Zwickel, Ralph E. 417 Third & Main Bldg.

Antes, Earl H. 7021st SU AH, Ft. Belvoir, Va.
Crimm, Paul D. Ohio Building, Sidney, Ohio

Love, Albert J.
3239 Austin St., Corpus Christi, Tex.
Ritz, Albert S.....4022 Elmwood, Louisville, Ky.
Russell, Richard H..713 Clifton St., Ft. Smith, Ark.
Wyatt, Fred H.....901 Sherman St., Denver, Colo.

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B.....New Goshen
DuPuy, Charles M. (S).....Riley
McIntosh, Wilbert Riley
Jett, Clyde W.....Seelyville

Terre Haute

A

Alexander, Oliver O.....301 Rose Dispensary Bldg.
Allen, Orris T. (S).....422 Rose Dispensary Bldg.
Anderson, Walter C.....2235 Wabash Ave.
Asbury, William D. (S).....R. R. 1
Ault, Roy.....721 Wabash Ave.
Aust, Charles H.....2006 Wabash Ave.

B

Baldridge, William O...12 Points State Bank Bldg.
Bannon, William G.....416 Rose Dispensary Bldg.
Blum, Leon L.....210 Rose Dispensary Bldg.
Bopp, Henry, Jr.....221 S. Sixth St.
Bopp, Henry W.....132 Barton Ave.
Bopp, James.....2635 Wilson
Boyd, H. Clark.....221 S. Sixth St.
Bradley, Stephen C.....916 S. 25th St.
Bronson, Paul J.....721 Wabash Ave.
Brown, Robert R.....221 S. Sixth St.

C

CaJacob, Melville E.....1000 S. Sixth St.
Caldwell, Milton V.....721 Wabash Ave.
Cavins, Alexander W.....221 S. Sixth St.
Combs, Charles N. (S).....2516 N. Ninth St.
Combs, Stuart R.....721 Wabash Ave.
Congleton, George C.
308 Merchants National Bank Bldg.
Conklin, James O.....500 Rose Dispensary Bldg.
Curry, Claude A.....506 Rose Dispensary Bldg.

D

Davis, Merle J.....221 S. Sixth St.
Decker, Harvey B.....14 Rea Bldg.
Denny, E. Rankin.....221 S. Sixth St.
Dyer, George W.....208 Rose Dispensary Bldg.
Douglas, John J.....1606 N. Seventh St.

F

Forsyth, David H. (S).....714 S. Eighth St.
Freed, John E., Jr.....414 Rose Dispensary Bldg.
Freed, John E.....414 Rose Dispensary Bldg.
Fuqua, Harold B.....1616 N. Ninth St.

G

Gerrish, Donald A.....R. R. 7
Gilbert, Ivan.....509 Rose Dispensary Bldg.
Gillum, John R. (S).....805 S. Center St.
Goodman, Hubert T.....310 Opera House Bldg.
Gossom, Donn R.....Rose Dispensary Bldg.

H

Hamsher, John B.....500 Rose Dispensary Bldg.
Harkness, Robert G.....301 Rose Dispensary Bldg.
Harris, Howard H.....110 N. Seventh St.
Haslem, Ezra R.....401 Rose Dispensary Bldg.
Haslem, John R.....221 S. Sixth St.
Hogan, Thomas W.....627 Cherry St.
Hoover, Dewey A.....14½ N. Third St.
Humphrey, Paul E.....322 Rose Dispensary Bldg.
Hunt, Edgar J.....R. R. 1

K

Kabel, Robert N.....721 Wabash Ave.
Krieble, William W.....221 S. Sixth St.
Kunkler, Joseph.....408 Chestnut
Kunkler, William C.
212 Merchants Nat'l Bank Bldg.

L

LaBier, Clarence R. (S).....1630 Wabash Ave.
LaBier, C. Russell.....1630 Wabash Ave.
Lancet, Robert O.....2101 Wabash Ave.
Lee, James.....St. Anthony Hospital
Loewenstein, Werner L.....1537 S. Seventh St.
Luckett, Coen L.....211 Fairbanks Bldg.
Lyons, L. Mason.....123 S. 21st St.

M

McBride, Noel S...407 Merchants Nat'l Bank Bldg.
McCrea, Fred R.....416 Tribune Bldg.
McEwen, James W.....670 Cherry St.
McLaughlin, Gordon C.....501 Tribune Bldg.
Mahoney, Charles L.....221 S. Sixth St.
Malone, Leander A.....721 Wabash Ave.
Mankin, William J.....2235 Wabash Ave.
Mason, Lester M...312 Merchants Nat'l Bank Bldg.
Mattox, Don M.....1700 N. Seventh St.
Meyn, Werner P.....221 S. Sixth St.
Miklozek, John E.....1461 S. Seventh St.
Miller, Daniel B. (S).....1603 S. Seventh St.
Milleson, Ann L. M.....826 S. Center St.
Musselman, Glen G.....R. R. 5, Box 191-C

N-O

Nay, Ernest O.....221 S. Sixth St.
Neudorff, Louis G.....221 S. Sixth St.
Oliphant, Robert W.....721 Wabash Ave.

P

Pearce, Roy V.....1440 S. 25th St.
Pierce, Harold H.....627 Cherry St.

R

Reed, Robert C.....211 Fairbanks Bldg.
Reynolds, Richard J.....901 S. 25th St.
Richart, James V.....414 Rose Dispensary Bldg.
Riggs, Floyd C.....2228 Wabash Ave.
Rogers, Robert S.....26 N. Sixth St.
Rubin, Milton M.....221 S. Sixth St.

S

Sayers, Frank E.....436 Bluebird Dr.
Scherb, Burton E.....104 N. Seventh St.
Schott, Edward J. (S).....653 Oak St.
Schumaker, Robert A.....211 Fairbanks Bldg.
Selsam, Etta.....203 Merchants Nt'l Bank Bldg.
Shanklin, Vernon A.....672½ Wabash Ave.
Shapiro, Burton J.....924 N. 19th St.
Showalter, John R.....1255½ Maple Ave.
Siebenmorgen, Louis 1200 S. Eighth St.
Siebenmorgen, Paul 1200 S. Eighth St.
Silverman, Norman M.....1634 S. Seventh St.
Sloss, Imit H.....1029 S. Seventh St.
Smoots, Samuel A.....1307 Maple Ave.
Speas, Robert C.....721 Tribune Bldg.
Spigler, James F.....152 S. 20th St.
Stewart, Walter E.....721 Wabash Ave.
Stoelting, J. Lewis.....507 Rose Dispensary Bldg.
Strecker, William L.....2250 Wabash Ave.
Strong, Daniel S. (S).....R. R. 7, Box 170
Sullivan, John M.....1712 Franklin St.

T-U-V

Topping, Malachi C.....721 Wabash Ave.
Utterback, Arnold.....R. R. 2, West Terre Haute
Van Arsdall, Clarence R.....17 S. Ninth St.
Voges, Edward C.....1402 Wabash Ave.

W

Weber, Joseph G. S.....721 Wabash Ave.
Weinbaum, Jack G.....206 Rose Dispensary Bldg.
White, James V.....721 Wabash Ave.
Whitmore, Janet J.....2250 Wabash Ave.
Wiedemann, Frank E. (S)
222 Rose Dispensary Bldg.
Wilkerson, Edward L.....6½ N. Fourth St.
Wilson, Fred L.....1501 S. Third St.
Wyeth, Charles (S).....1100 S. Seventh St.

X-Y-Z

Zwerner, Paul F.....12 Points State Bank Bldg.

Johnson, Paul D.....V. A. Hospital, Dayton, Ohio
Solomon, Robert D...Sinai Hospital, Baltimore, Md.

WABASH COUNTY

Walker, James L.....LaFontaine
Kidd, James G.....Roann

North Manchester

Balsbaugh, George.....107 W. Seventh St.
Brubaker, Ora G. (S).....111 N. Market St.
Bunker, Ladoska Z.....North Manchester
Cook, Charles E.....114 W. Main St.
Seward, George W.....111 E. Main St.
Venable, George L.....106 W. Main St.
Warvel, Joseph L. (S).....North Manchester

Wabash

Black, Edgar K.....268 N. Miami St.
Dannacher, William D.....284 N. Wabash
Elward, Carl J.....290 N. Wabash
LaSalle, Robert M.....55 W. Market St.
Matteucci, Walter V.....284 N. Wabash
Mills, John F.....24 E. Main St.
Pearson, William E.....290 N. Wabash
Rhamy, Arthur P.....671 N. East St.
Steffen, Arthur J.....70 W. Hill
Steffen, Julius T.....443 N. Wabash
Stoops, Jean T.....284 N. Wabash
Wall, Joseph A.....New Bradley Bldg.
Whisler, Frederick M.....10 W. Hill

Salmon, Louis R.....34530 Ash St., Wayne, Mich.

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville

Dimmett, Robert.....214 S. Second St.
Hoover, Peter B.....223 W. Locust St.
Purcell, Jack H.....Boonville
Rudolph, Kenneth J.....214 S. Second St.
Samples, John T. (S).....422 E. Main St.
Stover, Wendell C.....125½ S. Second St.
Wilson, Paul E.....126 N. Third St.
Younan, Tom.....135 S. Second St.

Gill, Bernard P.....Chandler
Taylor, Lon S.....Elberfeld
Rogers, Arthur R.....Newburgh
Wilhelmus, Charles M.....Newburgh
Springstun, Charles E.....Tennyson

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg
Green, William L. (S).....Pekin
Paynter, William Pekin

Salem

Apple, Eddie R.....501 W. Market St.
Episcopo, Arsenius R.....308 N. Main St.
Fultz, Roy L.....307 W. Market St.
Gilliatt, James P.....204 S. High St.
Huckleberry, Irvin E.....502 W. Mulberry St.

WAYNE-UNION COUNTIES

Clark, Marion E.....Cambridge City
Hill, Paul G.....Cambridge City
Kenyon, Charles E.....Cambridge City
Barton, Willoughby M.....Centerville
Hutchison, Donald R.....Fountain City
Zimmerman, William H.....Dublin
Marsh, Chester A.....Hagerstown
Miller, William A.....Hagerstown

Liberty

Clarkson, Clarence C.....304 E. Union St.
Dubois, Franklin T. (S).....Liberty
Lewis, James F.....28 E. Union St.
McWilliams, William B.....Liberty
Thompson, Will A. (S).....106 S. Main St.

Denny, Edgar C.....Milton

Richmond

Adney, Frank B.....215 Medical Arts Bldg.
Ake, Loren.....410 First National Bank Bldg.
Allen, Hubert E.....21 S. Eighth St.
Allen, Robert T.....36 S. Eighth St.
Ballenger, William E.....309 Medical Arts Bldg.
Blossom, Paul W.....825 S. A St.
Bond, Charles S. (S).....112 N. 10th
Buche, Frederick P.....106 S. Seventh St.
Campbell, Perry A.....422 Medical Arts Bldg.
Coble, Frank H.....51 S. Eighth St.
Cook, Norman R.....426 Medical Arts Bldg.
Cox, Leon T.....36 S. Eighth St.
Daggy, James R.....35 S. Eighth St.
Dingle, Paul E.....216 Medical Arts Bldg.
Dreyer, Ralph W.....Richmond
Ebbinghouse, Tom.....98 W. Main St.
Ensey, Philip L.....512 W. Main St.
Griffis, Vierl C.....208 Medical Arts Bldg.
Hadley, Harvey (S).....627 S. 14th St.
Hagie, Franklin E....302 Second Nat'l Bank Bldg.
Harmon, Carl J.....407 Medical Arts Bldg.
Hays, George R. (S)..402 Second Nat'l Bank Bldg.
Herring, George N.....Richmond State Hospital
Hill, Gladys Marie.....407 Medical Arts Bldg.
Hill, Harold D.....412 Medical Arts Bldg.
Hunt, Gayle J.....Reid Memorial Hospital
Johnson, George M.....403 Medical Arts Bldg.
Johnson, Paul S. (S).....215 Medical Arts Bldg.
Kaler, James.....Smith-Esteb Hospital
Kime, Charles E.....810 S. A St.
Klepfer, Jefferson.....Richmond State Hospital
Krueger, Frederick W. (S).....45 S. Seventh St.
Laird, Leslie A.....Richmond State Hospital
Lee, Glen Ward.....139 Medical Arts Bldg.
Ling, John F.....130 Medical Arts Bldg.
Logan, James Z...303 Second National Bank Bldg.
Loomis, Charles H.....310 Medical Arts Bldg.
McIlroy, Richard J.....Richmond State Hospital
Mader, John H.....808 S. A St.
Malcolm, Russell.....127 Medical Arts Bldg.
Meredith, Elwood J.....203 Medical Arts Bldg.
Passino, James.....Reid Memorial Hospital
Ramsdell, Glen A.....1021 Peacock
Ross, Harry P.....410 Second National Bank Bldg.
Ross, James S.....321 S. 14th St.
Runge, Paul W.....1426 E. Main St.
Sage, Charles V.....47 S. 11th St.
Sherer, Kenneth E.....813 S. A St.
Shields, Tom S.....47 S. 11th St.
Smith, John R.....510 S. A St.
Snyder, Morris C.....130 Medical Arts Bldg.
Stamper, Lucian A.....402 Medical Arts Bldg.
Stepleton, John D.....Reid Memorial Hospital
Stillwell, William R.....Reid Memorial Hospital

Sweet, Howard E.....35 S. Eighth St.
Taylor, William R.....308 Medical Arts Bldg.
Vance, William C.....136 Medical Arts. Bldg.
Wanninger, Horace...408 Second Nat'l Bank Bldg.
Warrick, Francis B.....1426 E. Main St.
Weinstein, Edwin B.....204 Colonial Bldg.
Wertenberger, Morris D...Reid Memorial Hospital
Whallon, Arthur J.....29 S. 10th St.
Wisener, Guthrie H.....213 Medical Arts Bldg.
Wynegar, David E.....Richmond State Hospital
Yencer, Martin W. (S).....22 N. 14th St.
Zeps, E. Frances.....23 S. 8th St.

Newnum, Raymond L.
1007 13th Ave., N. E., Rochester, Minnesota
Heck, Rolfe A.....College Corner, Ohio
Shepard, Fred F.....College Corner, Ohio

WELLS COUNTY

Bluffton

Aucreman, Charles J.....303 S. Main St.
Banning, William V.....303 S. Main St.
Bishop, Robert E.....303 S. Main St.
Boonstra, Charles E.....303 S. Main St.
Brickley, Harry D.....227 S. Main St.
Buckner, Joy F.....116 E. Walnut St.
Caylor, Harold D.....303 S. Main St.
Caylor, Truman E.....303 S. Main St.
Cook, Robert G.....303 S. Main St.
Dorrance, Thomas O.....303 S. Main St.
Eisaman, Jack L.....303 S. Main St.
Gitlin, Max M.....121 E. Market St.
Goldstone, Harry A.....118 E. Washington St.
Hamilton, Orville G.....227 S. Main St.
Jackson, Charles E.....303 S. Main St.
Johnston, Robert L.....303 S. Main St.
Jones, Glen M.....303 S. Main St.
Kephart, S. Bruce.....303 S. Main St.
Mead, Clarence H.....227 S. Main St.
Nickel, Allen.....303 S. Main St.
Phillips, John F.....303 S. Main St.
Pietz, David G.....303 S. Main St.
Savory, Paul B.....303 S. Main St.
Simpson, Robert L.....303 S. Main St.
Talbert, Pierre C.....303 S. Main St.
Yoder, Richard P.....303 S. Main St.

Gingerick, Charles M.....Liberty Center
Davidoff, Manuel A.....Ossian
Hardin, Wayne E.....Ossian
Brickley, Richard A...Cook Co. Hosp., Chicago, Ill.
Gillette, Walter R..4100 W. Third St., Dayton, Ohio

WHITE COUNTY

Galbreth, Jesse P. (S).....Burnettsville
Derhammer, George L.....Brookston
Gish, Howard M.....Brookston
Pierce, William J.....Brookston
Netherton, Clyde R.....Chalmers
Houser, Wayne W.....Monon
McClure, Stanley E.....Monon

Monticello

Beck, David C.....135 S. Illinois St.
Carney, John C.....116 N. Illinois St.
Dickerson, William M.....122½ N. Main St.
Greist, Henry W. (S).....318 W. Tippecanoe St.
Hibner, Nolan.....110 S. Main St.
Morris, Warren V.....118 Court St.

Mayfield, Clifford H. (S).....Reynolds
Baynes, Frank L.....Wolcott
Forbes, Violet M. Crabbe.....Wolcott

WHITLEY COUNTY

Hershey, Ernest A.....Churubusco
Minick, Linus J.....Churubusco

Columbia City

Hamilton, Thomas.....Columbia City
Heritier, Claude Jules.....116 S. Chauncey
Langohr, John.....215 E. Van Buren St.
Lehmberg, Otto F. C.....118 E. Van Buren St.
Niccum, Warren L.....215 E. Van Buren St.
Nolt, Ernest V.....103 N. Line
Thompson, Frank 215 E. Van Buren St.

Huffman, Verlin P.....South Whitley
Ridlon, Albert M.....South Whitley

WOMAN'S AUXILIARY TO THE INDIANA STATE MEDICAL ASSOCIATION

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PARLIAMENTARIAN	Mrs. Charles F. Voyles	4150 N. Meridian	Indianapolis
HISTORIAN	Mrs. D. B. Lybrook		Young America

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FINANCE	Mrs. Milton B. Gevirtz	6528 Forest Ave.	Hammond
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PUBLICITY	Mrs. Frank Gastineau	5344 N. Pennsylvania	Indianapolis
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NURSE RECRUITMENT	Mrs. P. J. Birmingham	1126 E. Irvington Ave.	South Bend
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RULES COMMITTEE	Mrs. Hubert T. Goodman	328 Potomac Ave.	Terre Haute
AMERICAN MEDICAL EDUCATION FOUNDATION	Mrs. Francis M. Fargher	Pottawattomie Park	Michigan City

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne

Beaver, Mrs. N. E.....365 N. Harrison
Bose, Mrs. Robert L.....765 S. Lehman St.
Lehman, Mrs. Harold B.....905 W. Franklin St.
Luginbill, Mrs. Howard.....755 W. Main St.
Reusser, Mrs. Amos.....256 Sprunger St.
Rich, Mrs. Nerville.....415 W. Madison St.

Decatur

Burk, Mrs. J. M.....221 S. Third
Carroll, Mrs. J. C.....R. R. 4
Girod, Mrs. A. H.....1004 W. Monroe
Kohne, Mrs. G. J.....304 W. Adams
Parrish, Mrs. Richard.....238 S. Second
Rayl, Mrs. C. C.....334 S. First
Reppert, Mrs. R. L.....Road No. 224
Terveer, Mrs. John B.....415 W. Madison
Zwick, Mrs. H. F.....401 E. Rugg
Schetgen, Mrs. J. V.....Box 236, Geneva
Harless, Mrs. Fred O.....Monroeville

ALLEN COUNTY

Bluffton

Brickley, Mrs. Harry D.....227 S. Main
Buckner, Mrs. J.....116 E. Walnut
Hamilton, Mrs. O. G.....203 E. Central
Mead, Mrs. C. H.....221 W. Washington

Fort Wayne

A

Adams, Mrs. E. Wade.....4114 Indiana Ave.
Adams, Mrs. J. R.....2538 Fairfield Vw. Pl.
Aiken, Mrs. Arthur F.....1927 E. State
Aiken, Mrs. N. E.....1923 E. State

B

Bailey, Mrs. Paul.....1840 Pemberton
Baltes, Mrs. Joseph H.....1309 Sunset Dr.
Bash, Mrs. W. E.....1201 Korte Lane
Beams, Mrs. Ralph.....3710 Wawonaissa
Beierlein, Mrs. Karl M.....Butler Rd.
Bergendahl, Mrs. Emil.....4225 Tacoma
Beutler, Mrs. Theodore V.....4506 Standish Dr.
Blosser, Mrs. H. V.....1122 W. Washington
Bolman, Mrs. R. M.....4135 S. Harrison
Borders, Mrs. Theodore.....1145 S. Lafayette
Bowers, Mrs. G. T.....2609 East Dr.
Bowers, Mrs. J. W.....817 E. Washington Blvd.
Bridges, Mrs. W. L.....Coldwater Rd.
Brown, Mrs. Frederic.....4129 S. Harrison
Bruggeman, Mrs. H. O.....1202 W. Washington
Bryan, Mrs. Franklin A.....1439 Edgewater
Buckner, Mrs. Doster.....Bass Rd.
Buckner, Mrs. George D.....1220 Kensington
Bulson, Mrs. E. L.....4301 Pembroke

C

Calvin, Dr. Jessie C.....312 W. Wayne
Cameron, Mrs. D. F.....2724 N. Clinton
Carlo, Mrs. Ernest.....4633 Crestwood

Cartwright, Mrs. E. L.....529 W. Packard
Catlett, Mrs. M. B.....1143 W. Rudisill
Clark, Mrs. Wm.....4002 S. Harrison
Cochran, Mrs. H. A., Jr.....4811 S. Wayne
Cooney, Mrs. Charles.....1168 Westover Rd.

D

Dancer, Mrs. Charles.....905 Columbia Ave.
Datzman, Mrs. Richard C.....5402 Bluffton Rd.
Dunstone, Mrs. H. C.....Paulding Rd.

E

Eberly, Mrs. Karl C.....1240 W. Rudisill
Emenhiser, Mrs. D. D.....In the Service
English, Mrs. C. H.....2509 Webster
Estlick, Mrs. Richard E.....4223 Beaver

F

Ferguson, Mrs. Arthur N.....4445 Pembroke Lane
Foy, Mrs. H. W.....1816 Forest Park

G

Garton, Mrs. Harry W.....Hamilton Rd., R. R. 6
Gerding, Mrs. Wm. J.....1721 Forest Park Blvd.
Glock, Mrs. Maurice E.....1913 Forest Park Blvd.
Glock, Mrs. Wayne.....R. R. 2
Goebel, Mrs. Carl W.....4815 Tacoma
Graham, Mrs. George M.....1126 W. Rudisill
Griest, Mrs. Walter D.....4809 Arlington

H

Haffner, Mrs. Herman G.....3606 Mulberry Rd.
Haller, Mrs. Robert.....828 Kinnaird
Hamilton, Mrs. Emory D.....2405 Florida Dr.
Harvey, Mrs. Harry.....2228 Crescent
Hasewinkle, Mrs. A. M.....3544 Kirkland
Hastings, Mrs. Warren C.....1822 Kensington
Hattendorf, Mrs. A. P.....4041 Old Mill Rd.
Havens, Mrs. Russell E.....1845 Kensington
Hoffman, Mrs. Arthur F.....4223 Indiana
Hoffmann, Mrs. S. P.....234 E. Maple Grove
Holsinger, Mrs. Robert E.....4617 Indiana
Howe, Mrs. Ford L.....1631 Kensington

J

Jackson, Mrs. John F.....414 W. Rudisill
Johnson, Mrs. Richard M.....2516 East Dr.
Jurgensen, Mrs. Walter.....1307 E. Rudisill

K

Kaufman, Mrs. Julian.....4507 Crescent
Keck, Mrs. Carleton A.....3929 Indiana Ave.
Keller, Mrs. Foster C.....1810 Kentucky
Kent, Mrs. Richard N.....2717 East Dr.
Keyes, Mrs. Robert C.....730 W. Oakdale
Kidder, Mrs. O. T.....Lima Rd.
Kimbrough, Mrs. Robert.....4601 Beaver
Kleifgen, Mrs. W. A.....4602 Tacoma
Kruse, Mrs. Edward.....4001 Old Mill Rd.
Kruse, Mrs. Walter E.....1242 Maxine Dr.

L

Ladig, Mrs. Donald S.....2720 Fairfield
Land, Mrs. Francis L.....4615 S. Anthony
Lehner, Mrs. John.....1119 Maxine
Leming, Mrs. Ben L.....3005 N. Anthony
Lenk, Mrs. George G.....80 E. State St. Ext.
Lill, Mrs. L. C.....4221 Buell
Lloyd, Mrs. Robert P.....3609 S. Anthony
Lohman, Mrs. Robert M.....2138 Owaissa
Lorman, Mrs. James G.....3901 Kirkwood
Loudermilk, Mrs. J. L.....1723 Pemberton
Lyon, Mrs. Wm. C.....2401 Indian Village

M

McArdle, Mrs. Edward G.....1133 Rudisill Blvd.
McBride, Mrs. W. O.....610 Beechwood Circle
McCallister, Mrs. John W.....4215 Drury Lane
McCoy, Mrs. Roy R.....4101 S. Harrison
McDowell, Mrs. G. A.....2322 Forest Park Blvd.
McEachern, Mrs. Cecil.....4705 Indiana
McFall, Mrs. J. S.....3322 Garland
McKeeman, Mrs. D. H.....1615 Ardmore
Mackel, Mrs. F. O.....610 Nuttman
Manning, Mrs. George.....4115 Indiana
Marshall, Mrs. Caesar L.....1215 McCulloch
Mercer, Mrs. S. R.....3235 W. Washington
Meyer, Mrs. T. O.....4438 Wilmette
Michaelis, Mrs. S. C.....1255 Korte Lane
Miller, Mrs. Carl.....457 Oakdale Dr.
Miller, Mrs. H. Paul.....6408 S. Calhoun
Miller, Mrs. Mahlon.....1115 Illsley
Miller, Mrs. Orval J.....1102 Kensington
Miller, Mrs. Richard.....1322 W. Foster
Moats, Mrs. Carl.....3210 N. Washington
Moats, Mrs. George.....2107 Kensington
Moeller, Mrs. Victor.....1244 Branning
Moravec, Mrs. Arthur.....4711 Old Mill Rd.
Mortenson, Mrs. Leland J.....1310 N. Foster Pkwy.
Mueller, Mrs. Lawrence.....3423 S. Washington Rd.
Murdock, Mrs. Harvey L.....1212 Kensington

N-O

Nahrwold, Mrs. E. W.....3314 Irvington
Nill, Mrs. John.....440 W. Fleming
O'Rourke, Mrs. Carroll.....W. Hamilton Rd.
Oyer, Mrs. J. H.....2206 Wawonaissa

P

Painter, Mrs. Donald.....Washington Center Rd.
Parker, Mrs. C. B.....2215 Paulding Rd.
Perrin, Mrs. Kermit.....2828 Lake
Perry, Mrs. Frederic G.....709 Kinnaird
Pickett, Mrs. Merle E.....2309 Florida Dr.
Ponczek, Mrs. Edward J.....3930 Indiana
Popp, Mrs. Milton F.....3148 Parnell

R

Ranke, Mrs. Henry.....3112 Beaver
Ray, Mrs. Herbert.....325 E. Creighton
Rhamy, Mrs. B. W.....4312 Beaver
Rissing, Mrs. Walter.....3200 Irvington
Rockey, Mrs. N. A.....2411 Florida Dr.
Rodriquez, Mrs. Juan.....4720 Crestwood Dr.
Roser, Mrs. Arthur.....Leesburg Rd.
Rossiter, Mrs. D. L.....724 Oakdale Dr.
Rothberg, Mrs. Maurice.....4319 Hartman Rd.
Rothschild, Mrs. Charles J.....3015 N. Anthony
Rousseau, Mrs. John W.....3913 Mound St.

S

Salon, Mrs. Harry.....4017 Hiawatha Blvd.
Salon, Mrs. Joel.....4720 S. Anthony Blvd.
Salon, Mrs. N. L.....Scottswood Ct., R. R. 6
Sarver, Mrs. Francis E.....4629 Tacoma
Savage, Mrs. A. R.....1602 Fairhill Rd.
Schellhouse, Mrs. Earl M.....3610 Mulberry Rd.
Schlademan, Mrs. K. R.....4029 Weisser Park
Schlegel, Mrs. Edward.....2219 N. Anthony Blvd.
Schmidt, Mrs. Eugene E.....103 E. Fleming
Schneider, Mrs. Louis A.....1351 W. Sherwood
Schoen, Mrs. Fred.....450 Arcadia Ct.
Scoins, Mrs. W. H.....4301 Taylor
Scott, Mrs. H. Vaughn.....5224 Fairfield Ave.
Sherwood, Mrs. Clarence
Lima Rd., Irene Byron San.
Sherwood, Mrs. J. V...Lima Rd., Irene Byron San.
Shinabery, Mrs. Lawerence.....1850 Broadway
Singer, Mrs. Elmer.....825 Oakdale Dr.
Smith, Mrs. Phillip L.....3008 S. Lafayette
Snyderman, Mrs. S. C.....3222 N. Washington Rd.
Somers, Mrs. G. H.....527 W. Fleming
Stauffer, Mrs. Richard.....4120 S. Harrison
Stellner, Mrs. Howard A.....Butler Rd.
Stier, Mrs. Paul.....3807 Fairfield

T

Tennant, Mrs. D. L. In the Service
Terrill, Mrs. Richard 4727 Old Mill Rd.
Theye, Mrs. Richard A. 1609 Columbia Ave.
Thornton, Mrs. W. E. 601 Oakdale Dr.

V

Van Buskirk, Mrs. E. W. 920 Maxine Dr.

W

Warfield, Mrs. C. H. 1809 Kensington
Weber, Mrs. John R. 1215 Sheridan Ct.
Welty, Mrs. S. G. 2222 Thompson
Wilkins, Mrs. Robert 4839 Old Mill Rd.
Williams, Dr. Bernice 3526 N. Washington Rd.
Wilson, Mrs. Leslie 2810 S. Wayne
Wilson, Mrs. Roland In the Service
Worley, Mrs. A. C. 2551 Terrace Rd.
Wright, Mrs. William 1834 Pemberton Dr.

Z

Zehr, Mrs. Noah 301 W. Creighton
Zweig, Mrs. Elmer 3365 Garland

New Haven

Dahling, Mrs. C. W. Doyle Rd.
Hoetzer, Mrs. E. M. R. R. 2
Smith, Mrs. G. A. Lincoln Highway
Stumpf, Mrs. E. E. 639 Main St.

Emme, Mrs. Richard W. R. R. 1, Grabill

BARTHOLOMEW-BROWN COUNTIES

Columbus

Beggs, Mrs. Lowell F. 2327 Riverside Dr.
Curry, Mrs. Louis 1542 East 27th St.
Davis, Mrs. Marvin R. 2228 Lafayette
Echsner, Mrs. Herman 1512 28th St.
Fisher, Mrs. Walter S. 906 Franklin
Hart, Mrs. Robert B. 1203 16th
Henry, Mrs. Alvin L. 1953 Chestnut St.
Krueger, Mrs. Robert Griffa Ave.
Macy, Mrs. George W. 2603 Washington St.
Marr, Mrs. Griffith 1513 17th
McCullough, Mrs. Henry
Old Indianapolis Rd., R. R. 4
Mohler, Mrs. Floyd 2615 Franklin
O'Bryan, Mrs. Richard 1602 Washington
Overshimer, Mrs. Lyman 1715 Franklin
Reid, Mrs. Robert 2227 Pennsylvania
Ritteman, Mrs. George W. 2209 Caldwell Dr.
Ryan, Mrs. Wm. J. 2244 Pearl
Schmitt, Mrs. R. K. 2639 Riverside Dr.
Smith, Mrs. Donald C. 1629 Franklin St.
Wissman, Mrs. Wm. L. 1903 Lafayette
Zaring, Mrs. Byron K. 2419 Riverside

Dudding, Mrs. Joseph E. Hope
Schneider, Mrs. Kenneth Nashville

BENTON COUNTY

Taylor, Mrs. W. H. Ambia
Atkinson, Mrs. C. W. Boswell
Leak, Mrs. Robert Boswell
Coddens, Mrs. A. L. Earl Park
Miller, Mrs. Dan T. Fowler
Scheurich, Mrs. Virgil Oxford
Rutherford, Mrs. C. Otterbein

BOONE COUNTY

Schaaf, Mrs. Alvin Jamestown

Lebanon

Ballard, Mrs. Robert Country Club Park
Coons, Mrs. John Country Club Park
Coons, Mrs. Ritchie 1617 Park Dr.
Honan, Mrs. Paul Elmwood Addition
Kern, Mrs. Clarence 1019 N. Meridian
Spieth, Mrs. William Country Club Park
Weddle, Mrs. Charles 1210 N. East
Wiseheart, Mrs. Robert Country Club Park

Gregg, Mrs. Edwin Thorntown
Lovett, Mrs. Harvey Whitestown
Bailey, Mrs. Lawrence Zionsville
Harvey, Mrs. Ralph Zionsville

CARROLL COUNTY

Van Kirk, Mrs. John Burlington

Delphi

Crampton, Mrs. Chas. 218 East Monroe
Maggart, Mrs. Ralph R. R. 3
Seese, Mrs. Robert M. 201 W. North St.
Wagoner, Mrs. John 211 W. North St.
Wagoner, Mrs. Geo. W. 305 W. Summit St.

Adams, Mrs. Max Box 67, Flora
McLaughlin, Mrs. James 511 East Main St.

CASS COUNTY

Dutchess, Mrs. Charles T. Galveston

Logansport

Adamski, Mrs. M. S. 614 17th
Bailey, Mrs. Earl W. 2522 North
Ballard, Mrs. Charles A. R. R. 4
Bradfield, Mrs. John High Street Rd.
Cooper, Mrs. Thomas L. 2104 North
Davis, Mrs. John 2119 North
Fitzgerald, Mrs. Brice 1930 High
Glendening, Mrs. Richard L. R. R. 4
Hall, Mrs. Bernard R. 1707 E. Broadway
Hedde, Mrs. E. L. R. R. 5
Hillis, Mrs. L. J. 2508 E. Broadway
Holloway, Mrs. W. A. 200 Eel River
Holmes, Mrs. Will W. High Street Rd.
Jewell, Mrs. E. B. 3019 S. Pennsylvania
Maschmeyer, Mrs. R. H. R. R. 2, Longcliffe
Morrical, Mrs. R. J. 415 Highland
Schenck, Mrs. Foss 97 21st St.
Shultz, Mrs. Harry 412½ Fourth
Slimp, Mrs. Thomas E. West Roselawn Dr.
Viney, Mrs. Charles 26th and High St.
Wilson, Mrs. Paul R. R. 5
Winter, Mrs. Donald K. 2541 E. Broadway

Newcomb, Mrs. W. K. Royal Center
Flanagan, Mrs. E. P. Walton
Lybrook, Mrs. D. E. Young America

CLARK COUNTY

Charlestown

Buckman, Mrs. Robert J. 32 River Ridge
Goodman, Mrs. Eli 802 Market
Hover, Mrs. Galen Sharon Heights
Patterson, Mrs. Cecil L. 1415 Tunnel Mill Rd.
Shina, Mrs. Heskel Sharon Heights

Wolverton, George M. . 117 N. Randolph, Clarksville

Jeffersonville

Adair, Mrs. Sam R. R. 1, Utica Pike
Bizer, Mrs. Mier 30 Wildwood Rd.
Bruner, Mrs. Ralph 804 E. Court
Buckley, Mrs. Ernest 14 Blanchel Terrace
Buehler, Mrs. George 705 Meigs Ave.
Carlberg, Mrs. Dale L. 2 Blanchel Terrace
Carney, Mrs. J. T. 2602 Hollywood Dr.

Clark, Mrs. Wm. B., Jr.....21 Blanchel Terrace
Dare, Mrs. Lee.....215 Sparks
Forsee, Mrs. Norman....506 E. Charlestown Ave.
Graham, Mrs. O. P.....713 E. Maple
Havens, Mrs. Alfred Lyle.....203 Sparks
Huoni, Mrs. John S.....6 Blanchel Terrace
Isler, Mrs. Nathaniel.....901 Morningside Dr.
Roby, Mrs. A. L.....2709 Hollywood Dr.
Weems, Mrs. Mallory P.....Hopkins Lane

Witt, Mrs. W. R.....Oak Park
Regan, Mrs. George L.....Sellersburg
Sturgis, Mrs. Donald G.....Sellersburg
Vandevert, Mrs. Arthur.....Sellersburg

CLAY COUNTY

Brazil

Maurer, Mrs. J. Frank.....6 E. Park
Maurer, Mrs. Robert M.....1115 N. Meridian
Palm, Mrs. John M.....27 E. Church
Weaver, Mrs. Timothy M.....R. R. 2
Webster, Mrs. Robert K.....25 N. Beech
Wood, Mrs. Opal L.....428 E. Blaine

Clay City

Bond, Mrs. Walter C.....8th and White
Glosson, Mrs. Jack R.....316 N. Main

Moon, Mrs. Charles E.....Center Point
Ward, Mrs. H. H.....Coalmont

DAVIESS-MARTIN COUNTIES

Rohrer, Mrs. James.....Elnora
Chattin, Mrs. Robt.....Loogootee
Gootee, Mrs. Hugh.....Loogootee
Lett, Mrs. E. B.....Loogootee
McCracken, Mrs. J. O.....Montgomery
Coleman, Mrs. H. G.....Odon

Washington

Blazey, Mrs. A. G.....7 E. Walnut
Burress, Mrs. B. O.....Pine Court
Chattin, Mrs. Vance.....Green Acres
Farris, Mrs. John.....411 William
Fox, Mrs. Philip.....Green Acres
Lindsay, Mrs. H. B.....1108 Bedford Rd.
Lloyd, Mrs. C. A.....107 N. E. Second
McKittrick, Mrs. Jack.....Green Acres
McKittrick, Mrs. W. O.....Green Acres
McNaughton, Mrs. L. M.....812 E. Main
Norton, Mrs. Horace.....511 Hefron
Rang, Mrs. Arthur.....211 E. Ninth
Rang, Mrs. Robert.....214 E. Ninth
Seat, Mrs. Marshall.....N. W. First St.
Schroeder, Mrs. Roland.....N. E. First St.
Shields, Mrs. Harry.....1210 Bedford Rd.
Smoot, Mrs. Brayton.....Troy Rd.
Schafer, Mrs. Wm. C.....221 N. E. Ninth

DEARBORN-OHIO COUNTIES

Aurora

Baker, Mrs. Leslie M.....204 Fifth
Olcott, Mrs. Charles W.....422 Sunnyside
Stewart, Mrs. Omer H.....Second and Bridgeway
Treon, Mrs. James F.....505 Fifth St.

McNeeley, Mrs. Matthew J.....Dillsboro
Elliott, Mrs. John C.....Guilford

Lawrenceburg

Fagely, Mrs. William J.....57 Oakley
Houston, Mrs. Fred D. Miller Ave.
Pfeifer, Mrs. James M.....550 Ludlow
Streck, Mrs. Francis A.....Ridge Ave.
Vail, Mrs. George A.....Ludlow

DECATUR COUNTY

Tremain, Mrs. M. A.....Adams

Greensburg

Acher, Mrs. Robert P.....446 E. Washington
Callaghan, Mrs. W. C.....R. R. 1, Lincoln Park
Dickson, Mrs. Dale D.....825 N. Broadway
Miller, Mrs. James C.....178 N. Michigan
Morrison, Mrs. J. Trevor.....161 N. Michigan
Overpeck, Mrs. Charles.....R. R. 8
Sallee, Mrs. Wm. T.....245 S. Michigan
Shaffer, Mrs. William R.....R. R. 1, Lincoln Park
Walker, Mrs. Louis A.....332 E. North St.

DELAWARE-BLACKFORD COUNTIES

Puterbaugh, Mrs. Karl.....Albany
Hurley, Mrs. John.....Daleville
Gillespy, Mrs. Thurman.....Eaton
Ko, Mrs. Richard.....Eaton

Gaston

Downard, Mrs. Leland F.
Montgomery, Mrs. Lall G.....Box 149, ARFD 1

Douglas, Mrs. William.....Montpelier

Muncie

A

Adams, Mrs. William B.....W. Jackson St. Pike
Anthony, Mrs. Harvey M.....822 W. Charles

B

Ball, Mrs. Clay A.....1015 Linden
Ball, Mrs. Philip.....3201 Oaklyn Ave.
Beno, Mrs. Thomas.....420 W. Washington St.
Bibler, Mrs. Henry.....Parkway Dr.
Botkin, Mrs. Clyde G.....2904 Riverside Ave.
Botkin, Mrs. Tom.....1007 W. North
Brown, Mrs. Leland.....605 Waid Ave.
Brown, Mrs. Thomas.....R. R. 6, Box 171
Burwell, Mrs. Stanley W.....211 N. Calvert
Butterfield, Mrs. Robert.....222 Winthrop Rd.

C

Clark, Mrs. Robert.....911 University Ave.
Clauser, Mrs. Eldo.....1 Briar Rd.
Clevenger, Mrs. Joseph H.....3124 University Ave.
Cochran, Mrs. Robert....2525 W. Washington St.
Covalt, Mrs. Wendell.....120 Berwyn
Cullison, Mrs. John L.....1003 W. Parkway Dr.
Cure, Mrs. Elmer T.....913 University Ave.

D

Davis, Mrs. Ed. C.....2707 S. Parkway Dr.
Deutsch, Mrs. Wm.....2100 Petty Rd.
Dunn, Mrs. Farrell W.....1416 Wheeling Ave.

E-F

Eissman, Mrs. Eugene.....211 Alden Rd.
Funk, Mrs. John.....3700 Peachtree Lane

G

Garling, Mrs. L. C.....37 Briar Rd.
Geckler, Mrs. Charles E.....408 Ashland Ave.
Gill, Mrs. Tom.....45 Warwick Rd.
Greiber, Mrs. Marvin.....310 Riley Rd.

H-I

Hall, Mrs. O. A.....3121 W. Gilbert
Harris, Mrs. Edmund J.....409 Carson
Hayes, Mrs. T. R.....920 W. North
Henderson, Mrs. Ramon.....75 Warwick Rd.
High, Mrs. Ralph.....2825 University Ave.
Hill, Mrs. Howard.....106 Berwyn Rd.
Hostetter, Mrs. I. S.....300 Winthrop
Hurley, Mrs. Anson.....1007 University
Imhof, Mrs. J. D.....307 Granville Ave.

K

Kammer, Mrs. Walter F.....1005 W. Parkway Dr.
Kirshman, Mrs. F. E.....41 Briar Rd.
Kuder, Mrs. Howard F.....1208 N. Walnut

M

McClintock, Mrs. James A...3121 University Ave.
McCoy, Mrs. George.....517 S. Talley
McDowell, Mrs. Fletcher.....698 Weber Dr.
Moore, Mrs. Tom.....906 Marsh
Morris, Mrs. J. W.....222 Stradling Rd.
Moss, Mrs. M. J.....1010 W. Parkway Dr.

O

Owens, Mrs. Richard R.....3011 Oaklyn Ave.
Owens, Mrs. Thomas.....608 E. Charles

P-Q

Peacock, Mrs. Robert.....State Road 67
Quick, Mrs. Wm.....2009 University Ave.

R

Rathkey, Mrs. Arthur S.....921 W. Main St.
Rettig, Mrs. Arthur.....614 N. McKinley Ave.
Rivers, Mrs. Glynn.....1333 N. Walnut

S

Saperstein, Mrs. Morris.....1008 W. North St.
Schulhof, Mrs. M. G.....921 W. Parkway
Silver, Mrs. Richard.....9 Parkway Dr.
Silvers, Mrs. J. M.....500 Cowing Ave.
Stanley, Mrs. John R.....2505 W. Gilbert
Starks, Mrs. William.....825 Haines
Stocking, Mrs. Bruce.....3014 Amherst
Stoltz, Mrs. Robert.....110 N. Cherry St.
Stout, Mrs. Francis.....1003 University

T

Taylor, Mrs. James A.....413 Varsity Dr.
Tomlin, Mrs. Hugh M.....3115 Amherst
Trimble, Mrs. John C.....State Road 3, South

V

Venis, Mrs. Kemper.....502 Wade

Y

Young, Mrs. G. S.....114 Berwyn Rd.

Moore, Mrs. Will C...White Oak Farm, Yorktown
Rutledge, Mrs. Jeanne.....R. R. 1, Yorktown

DUBOIS COUNTY

Barrow, Mrs. John.....Dale
Williams, Mrs. W. H.....Dale
Backer, Mrs. Henry George..Ohio St., Ferdinand

Huntingburg

Amini, Mrs. S.....105 Van Buren
Bretz, Mrs. John.....222 Van Buren
Scales, Mrs. Alfred B.....R. R. 2
Steinkamp, Mrs. Emil.....302 Walnut
Stork, Mrs. Harvey K.....523 First
Williams, Mrs. Fielding.....511 Geiger

Jasper

Casper, Mrs. Joseph.....Terrace Heights
Gootee, Mrs. Thomas.....105 Central Bldg.
Heck, Mrs. Martin C.....388 W. 15th
Held, Mrs. George A.....716 W. Ninth
Klamer, Mrs. Charles H.....616 W. 13th St.
Ploetner, Mrs. Edward.....1424 Jackson St.
Wagner, Mrs. Arthur.....R. R. 5, Box 188

ELKHART COUNTY

Bristol

Neidballa, Mrs. E. G.....R. R. 1
Patrick, Mrs. G. B.....R. R. 1
Schlosser, Mrs. H. C.....Seven Gables

Elkhart

Bender, Mrs. R. L.....125 N. Riverside
Benson, Mrs. James E.....667 Fulton
Billings, Mrs. Elmer.....165 Gage Ave.
Bloom, Mrs. George R.....139 Glendale
Bolin, Mrs. Robert S.....1853 East Beardsley
Bowdoin, Mrs. George E.....3809 Greenleaf Blvd.
Compton, Mrs. Walter A.....2225 Greenleaf Blvd.
Conklin, Mrs. R. L.....1906 E. Jackson
Cormican, Mrs. Herbert L.....1621 E. Jackson
Crandall, Mrs. L. A., Jr.....3600 W. Indiana
Dovey, Mrs. E. G.....1430 Ervin
Elliot, Mrs. L. A.....405 S. Second
Elliot, Mrs. Thomas A.....2001 Stevens
Fleming, Mrs. Claude F.....229 W. Jackson
Fleming, Mrs. J. Millard.....2220 E. Jackson
Futterknecht, Mrs. James C.....2012 Morton Ave.
Gattman, Mrs. G. Beach.....215 Bank St.
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.
Hull, Mrs. A. W.....905 Strong
Hunn, Mrs. M. F.....202 W. Beardsley
Ivy, Mrs. John H.....1505 Fulton
Kintner, Mrs. Burton E.....3520 E. Jackson
Kistner, Mrs. Arthur W.....800 Middlebury
Koehler, Mrs. Elmer G.....416 W. Lexington
Leasure, Mrs. Kenneth E.....1415 E. Jackson
Logan, Mrs. Richard.....706 Fulton
Lundt, Mrs. Milo O.....519 S. Second
Markel, Mrs. I. J.....215 W. Franklin
McArt, Mrs. Bruce A.....654 Fulton Rd.
Mendez, Mrs. Carlos.....325 Superior Blvd.
Miller, Mrs. Hugh A., Jr.....309 E. Crawford
Mininger, Mrs. Edward P.....409 Prospect
Mishkin, Mrs. Irving.....217 N. Riverside Dr.
Norris, Mrs. Allen A.....401 W. Marion
Paff, Mrs. Wm. A.....2601 E. Jackson
Paine, Mrs. George D.....329 Meisner
Pancost, Mrs. Vernon.....160 Riverview Ave.
Rouen, Mrs. Robert L.....1919 E. Jackson
Rupe, Mrs. L. O.....116 W. Dinehart
Sears, Mrs. M. Maywood....R. R. 3, West Indiana
Spray, Mrs. Page.....658 Kilbourne
Stauffer, Mrs. W. A.....701 Strong
Stout, Mrs. R. B.....1501 Greenleaf
Stubbins, Mrs. William.....1203 E. Jackson Blvd.
Swihart, Mrs. Homer R.....220 Meisner
Swihart, Mrs. Leonard F.....2120 Broadmoor Dr.
Wilson, Mrs. O. E.....2505 Greenleaf Blvd.
Work, Mrs. James A., Jr.....4 St. Joseph Manor
Yoder, Mrs. C. Richard.....130 N. Corona

Goshen

Amstutz, Mrs. H. C.....R. R. 5
Bender, Mrs. C. K.....624 S. Fifth
Bigler, Mrs. Fredrick.....314 S. Fifth
Bosler, Mrs. Howard A...Waterford Mills, R. R. 5
Chandler, Mrs. L. H.....412 S. Fifth
Freeman, Mrs. F. M.....309 E. Washington
Hostetler, Mrs. C. M.....1602 S. Eighth
Martin, Mrs. Floyd S.....R. R. 5
Nelson, Mrs. D. Chester.....1210 S. Eighth
Simmons, Mrs. Lloyd H.....606 S. Third
Turner, Mrs. John.....R. R. 2
Vander Bogart, Mrs. Harry E.....1411 S. Eighth
Wagner, Mrs. D. G.....307 S. Seventh
Yoder, Mrs. Albert C.....816 S. Sixth
Yoder, Mrs. Jonathan.....1204 S. Eighth

Nappanee

Fleetwood, Mrs. R. A.....151 E. Van Buren
Kendall, Mrs. F. M.....801 E. Market
Price, Mrs. Douglas W.....458 N. Madison
Slabaugh, Mrs. J. S.....258 N. Main

Norris, Mrs. Ernest.....Middlebury
Massanari, Mrs. Walter.....Millersburg
Fosbrink, Mrs. E. L.....Syracuse
Abel, Mrs. Robert M.....Wakarusa
Amick, Mrs. Charles L.....Wakarusa
Hannah, Mrs. Jack W.....Wakarusa

FAYETTE-FRANKLIN COUNTIES

Brookville

Foreman, Mrs. Walter A. 617 Main
Smith, Mrs. H. N. 812 Main
Seal, Mrs. Perry F. 901 Main
Truman, Mrs. Michael Main St.

Connersville

Ashworth, Mrs. Juanita 2027 Indiana Ave.
Booher, Mrs. Martha 1609 Virginia Ave.
Brookman, Mrs. Robert E. 2750 Grand Ave.
Fettig, Mrs. Lucille 1609 Virginia Ave.
Fruth, Mrs. Virgil J. 1603 Virginia Ave.
Gregg, Mrs. Albert F. 835 Lincoln Ave.
Hudson, Mrs. Arlington 2211 Vermont Ave.
Kemp, Mrs. W. Alfred 403 W. 28th St.
Kerrigan, Mrs. William F. 212 W. 12th St.
Leffel, Mrs. Glen 1810 Indiana Ave.
Lockhart, Mrs. Jack M. 2918 Vermont Ave.
Metcalf, Mrs. Alma 1805 Virginia Ave.
Moore, Mrs. Hollis 126½ W. 11th St.
Morrow, Mrs. Roy D. 629½ Eastern Ave.
Mountain, Mrs. Francis B. 1720 Virginia Ave.
Poston, Mrs. C. L. R. R. 2, Laurel
Sanders, Mrs. Bertram 122 W. 11th St.
Smelser, Mrs. Herman W. 2530 Grand Ave.
Steinem, Mrs. Joseph L. 2300 Grand Ave.
Watterson, Mrs. Gerald T. 1910 Virginia Ave.

FLOYD COUNTY

Engleman, Mrs. H. K. Georgetown

Jeffersonville

Baxter, Mrs. S. M. Centralia Ct.
Gentile, Mrs. John P. 3405 Centralia Ct.
McCullough, Mrs. J. Y. 3500 Centralia Ct.

New Albany

Allen, Mrs. Fred K. 1804 DePauw Ave.
Baker, Mrs. A. M. 2523 Glenwood
Baxter, Mrs. J. W., Jr. 426 Woodrow Ave.
Best, Mrs. Maurice 1719 Lilly Lane
Bird, Mrs. J. E. 1308 E. Spring
Briscoe, Mrs. C. E. 1413 E. Spring
Brown, Mrs. K. H. 1654 Hedden Park
Byrn, Mrs. Howard 330 Beharrel Ave.
Cannon, Mrs. Daniel 1203 E. Spring St.
Davis, Mrs. Parvin Paoli Pike
Edwards, Mrs. W. F. 615 Beharrel Ave.
Garner, Mrs. Wm. H. 922 E. Spring
Garner, Mrs. William H., Jr. Silver Hills
Hauss, Mrs. A. P. Silver Hills
Hess, Mrs. P. Patrick 1721 Lilly Lane
Higgins, Mrs. John Old Vincennes Rd.
LaFollette, Mrs. Donald R. Crestview
LaFollette, Mrs. Robert E. 2515 Glenwood Park
Leuthart, Mrs. C. P. 1410 E. Spring
Paris, Mrs. John M. 2003 Lindberg Ct.
Pierce, Mrs. Gene S. 1747 Lynnwood Dr.
Robertson, Mrs. A. N. 323 E. Ninth
Rogers, Mrs. S. T. 1017 E. Spring
Roggenkamp, Mrs. Milton 306 Virginia Ct.
Streepey, Mrs. Jefferson 1919 DePauw Ave.
Tyler, Mrs. F. T. Daisy Lane
Voyles, Mrs. Harry 425 Beharrel Ave.
Weaver, Mrs. W. W. 1752 Lynnwood Dr.
Winstandley, Mrs. Wm. 815 Vincennes
Wohlfeld, Mrs. Gerald
Silvercrest, Old Vincennes Rd.
Wolfe, Mrs. Nelson A. Graybrook Lane
Worley, Mrs. Henry 1921 DePauw Ave.

FULTON COUNTY

Miller, Mrs. Virgil C. Akron
Stinson, Mrs. Arthur E. Athens
Glackman, Mrs. John C. Culver
Kraning, Mrs. Kenneth K. Culver
Kelsey, Mrs. Lawrence E. Kewanna

Rochester

Dielman, Mrs. Franklin C. 920 Jefferson
Herendeen, Mrs. Elbie V. 317 W. Seventh
King, Mrs. Milo O. 110½ E. Eighth
Knotts, Mrs. Slater 328 Clay
Richardson, Mrs. Chas. L. 506 Pontiac
Rowe, Mrs. Howard H. 417 W. Ninth
Stinson, Mrs. Dean K. 1318 Main

Bowers, Mrs. Harry
2552 W. Leland Ave., Chicago 25, Ill.

GIBSON COUNTY

Geick, Mrs. R. G. 207 N. Main, Ft. Branch
Hollis, Mrs. W. H. 607 E. Locust, Ft. Branch
Marchand, Mrs. Edwin V. Haubstadt

Oakland City

Chappell, Mrs. Harold R. 119 N. Gibson St.
Clark, Mrs. Carl M. 511 W. Columbia St.
Turner, Mrs. M. A. 322 W. Columbia St.
Wood, Mrs. Russell W. 628 W. Oak St.

Princeton

Alexander, Mrs. H. H. 427 W. State
Carpentier, Mrs. H. F. 319 E. State
Folck, Mrs. J. K. 530 N. Hart
Graves, Mrs. O. M. 116 E. Spruce
McCarty, Mrs. Virgil 403 W. Spruce
McElroy, Mrs. R. S. 404 W. Walnut
Peck, Mrs. J. F. Outer W. Monroe
Weitzel, Mrs. R. E. 309 W. Spruce

GRANT COUNTY

Malott, Mrs. Fred Converse
Grant, Mrs. Arthur Fairmount
Garrison, Mrs. L. J. 305 E. S. "C" St., Gas City
Koontz, Mrs. William A. 315 E. S. "A" St., Gas City

Marion

Abel, Mrs. Charles 915 Wabash Ave.
Alderfer, Mrs. Henry 806 W. First
Ansbacher, Mrs. Stefan R. R. 1
Ayres, Mrs. W. W. 820 Jeffras Ave.
Bailey, Mrs. Donald 1212 National Ave.
Bailey, Mrs. Douglas 2107 S. Boots St.
Bloom, Mrs. A. Ward 111 Euclid Ave.
Braunlin, Mrs. Robert F. 315 N. Hill St.
Brown, Mrs. Robert M. 825 Euclid Ave.
Comeau, Mrs. Wm. J. R. R. 6
Cunningham, Mrs. Robert 718 W. Second St.
Daniels, Mrs. E. O. 106 N. "E" St.
Davis, Mrs. Merrill S. 723 Euclid Ave.
Davis, Mrs. Richard 1321 W. Fourth
Ganz, Mrs. Max 904 Jeffras
Hummel, Mrs. R. M. Shady Hills
Jarrett, Mrs. John 514 Wabash Ave.
Lahr, Mrs. Richard E. 1121 W. Third St.
Lavengood, Mrs. Russell W. State Road 15 N.
Love, Mrs. V. Logan Hickory Hills
McIlwain, Dr. Eleanor 2107 S. Boots
Powell, Mrs. J. P. 127 River Dr.
Renbarger, Mrs. Lester Wabash Pike
Rhorer, Mrs. John G. 711 Wabash Ave.
Simmons, Mrs. F. H. 520 Whites Ave.
Skomp, Mrs. C. E. 1123 Euclid Ave.
Sthair, Mrs. Phillip 700 W. Third St.
Warren, Mrs. C. B. 1211 Euclid Ave.
Wicker, Mrs. Eugene Wabash Pike

Woodbury, Mrs. J. W.....712 S. "G" St.
Young, Mrs. Robert.....1911 S. Boots

King, Mrs. P. C.....Swayzee
Taylor, Mrs. E. C.....Upland
Rifner, Mrs. E. S.....Van Buren

GREENE COUNTY

Bloomfield

Graf, Mrs. Jerome
Mount, Mrs. M. S.....340 W. Mechanic
Turner, Mrs. H. B.....32 N. Franklin St.
Turner, Mrs. J. J.....227 W. Main St.

Jasonville

Porter, Mrs. Carl.....425 S. Meridian St.
Rotman, Mrs. Harry.....508 S. Washington St.
Rotman, Mrs. Sam.....608 S. Washington St.

Linton

Broshears, Mrs. Kenneth.....990 E. Vincennes St.
Craft, Mrs. William.....940 E. Vincennes St.
Fleetwood, Mrs. L. B.....489 E. Vincennes St.
Raney, Mrs. Ben.....370 E. Vincennes St.
Woner, Mrs. John.....Linton

Fender, Mrs. A. H.....Worthington
Moses, Mrs. Robert.....Worthington
Moses, Mrs. George..15 N. Edwards, Worthington

HAMILTON COUNTY

Karlick, Mrs. J. R.....Arcadia
Donahue, Mrs. C. M.....Carmel
Havens, Mrs. Oscar.....Cicero

Noblesville

Ambrose, Mrs. J. C.....298 N. Ninth
Campbell, Mrs. Sam.....88 S. 19th St.
Harris, Mrs. Robert.....297 S. 10th St.
Hash, Mrs. J. S.....R. R. 4
Shanks, Mrs. Ray.....R. R. 5
Shonk, Mrs. H. W.....North Ninth St.

Connoy, Mrs. Andrew.....Westfield
Connoy, Mrs. Leo.....Westfield

HANCOCK COUNTY

Johnston, Mrs. W. R.....Charlottesville
Scott, Mrs. Robert.....Charlottesville
Manifold, Mrs. Harold.....Fortville
Naven, Mrs. W. K.....Fortville

Greenfield

Allen, Mrs. Joseph.....17 E. South
Endicott, Mrs. Wayne.....N. East
Gibbs, Mrs. Charles.....203 E. North
Gill, Mrs. D. D.....328 Park
Henn, Mrs. R. A.....Michigan Rd.
Kinneman, Mrs. R. E.....236 W. North
Kirby, Mrs. Ted.....901 West Main
Vingis, Mrs. Bronie.....705 N. State
Woods, Mrs. James R., Jr.....715 N. East

Larrabee, Mrs. William.....New Palestine
Pierson, Mrs. Thomas.....New Palestine
Kuhn, Mrs. Robert.....Wilkinson
Trees, Mrs. Nellie.....Wilkinson

HENDRICKS COUNTY

Foltz, Mrs. Lloyd.....Brownsburg
Scudder, Mrs. A. N.....Brownsburg

Danville

Gibbs, Mrs. Joseph W.....445 E. Mill
Hibner, Mrs. Kermit Q.....Road 36 (East)
Koch, Mrs. Elmer.....301 S. Bowen
Terry, Mrs. Lloyd.....402 E. Broadway

Ellis, Mrs. L. Hall.....Lizton
Scamahorn, Mrs. Malcolm.....Pittsboro
Scamahorn, Mrs. Oscar T.....Pittsboro

Plainfield

Aiken, Mrs. Milo.....Plainfield
Stafford, Mrs. J. C.....223 Avon
Stafford, Mrs. William C.....625 S. East

HENRY COUNTY

Zimmerman, Mrs. W. H.....Dublin
Newnum, Mrs. R. L.....Hagerstown
Wiatt, Mrs. Leonard.....Knightstown
Stauffer, Mrs. George.....Moreland
Marshall, Mrs. L. C.....Mt. Summit

New Castle

Amos, Robert L.....924 Lincoln Ave.
Bitler, Mrs. C. C.....603 S. 11th
Bledsoe, Mrs. J. G.....319 S. 14th
Burnett, Mrs. A. B.....1201 S. Main
Craig, Mrs. Alex F.....R. R. 2
Davies, Mrs. Robert R.....1914 Plum St.
Fisher, Mrs. John.....438 S. 11th
Foster, Mrs. Ray.....420 N. Main
Harrison, Mrs. B. L.....223 Bundy Ave.
Heilman, Mrs. William C.....1111 Audubon Rd.
Hill, Mrs. Kenneth G.....100 Leland
Iterman, Mrs. G. E.....925 Mourer
Johnson, Mrs. Pierre.....Indian Village R. R.
Kennedy, Mrs. W. U.....701 S. 14th
Life, Mrs. Homer L.....1015 W. Broad
McDonald, Mrs. Frank C.....521 S. Main
McElroy, Mrs. James S.....1213 Audubon Rd.
Saint, Mrs. Wm. K.....Park Place R. R.
Stout, Mrs. Walter M.....1103 Audubon Rd.
Thorne, Mrs. Charles E.....1225 Audubon Rd.
Vivian, Mrs. Donald E.....Park Place R. R.
Wiggins, Mrs. D. S.....219 S. 12th

Robertson, Mrs. Wm.....Spiceland

HOWARD COUNTY

Denton, Mrs. Larkin.....Greentown
Shoup, Mrs. E. M.....Greentown

Kokomo

Adams, Mrs. C. J.....1216 W. Superior
Alward, Mrs. J. H.....401 W. Walnut
Ault, Mrs. C. H.....Terrace Gardens
Boughman, Mrs. J. D.....1515 W. Jefferson
Bowers, Mrs. C. C.....1530 W. Taylor
Bowers, Mrs. Harvey B.....421 Morningside
Bowers, Mrs. J. A.....210 West Mulberry
Bruegge, Mrs. T. J.....1414 Kingston
Catell, Mrs. Lee M.....118 S. McCann St.
Clarke, Mrs. Elton.....1400 W. Sycamore
Conley, Mrs. T. M.....1016 W. Superior
Craig, Mrs. R. A.....W. Sycamore Rd.
Craig, Mrs. Ruben.....W. Jefferson Rd.
Crawford, Mrs. T. R.....908 W. Superior
Cuthbert, Mrs. F. S.....211 E. Jefferson
Earl, Mrs. M. M.....1735 W. Mulberry
Ferry, Mrs. P. J.....1027 W. Sycamore
Golper, Mrs. M. N.....1021 W. Mulberry
Good, Mrs. R. P.....227 N. Forest Dr.
Halfast, Mrs. Richard.....2505 Katherine Ave.
Hutto, Miss Arvilla.....1012 W. Walnut
Hutto, Mrs. O. D.....1012 W. Walnut

Hutto, Mrs. W. H.....211 Conradt
Jewell, Mrs. G. M.....1318 W. Sycamore
Kratzer, Mrs. E. F.....320 E. Walnut
Kremers, Mrs. George.....1610 Kingston Rd.
Lung, Mrs. Bruce.....115 Conradt
McClure, Mrs. Warren.....712 S. Union
McIndoo, Mrs. R. E.....820 W. Walnut
Meiner, Mrs. J. A.....924 W. Washington
Mendelson, Mrs. Stanley.....609 Somerset Dr.
Morrison, Mrs. W. R.....413 Conradt
Murray, Mrs. E. C.....2200 S. Webster
Paris, Mrs. D. W.....2417 S. LaFountain
Phares, Mrs. R. W.....400 S. Western
Prather, Mrs. P. E.....123 Magnolia Dr.
Rhorer, Mrs. H. M.....415 W. Sycamore
Rudicel, Mrs. M. W.....1604 Kingston Rd.
Schwartz, Mrs. F. C.....1503 Kingston Rd.
Shenk, Mrs. E. M.....306 N. Webster
Sorenson, Mrs. Raymond.....1616 W. Walnut
Spangler, Mrs. J. S.....2126 S. Webster
Wachob, Mrs. Tom.....1319 W. Jefferson
Wilson, Mrs. William.....809 W. Sycamore

Evans, Mrs. Robert.....Russiaville

HUNTINGTON COUNTY

Huntington

Brubaker, Mrs. Harold S.....Flaxmill Rd.
Casey, Mrs. Stanley M.....408 E. Market
Cope, Mrs. Stanton.....1022 N. Jefferson
Erehart, Mrs. Mark G.....232 W. Market
Eviston, Mrs. J. Boyd.....1392 Poplar
Gray, Mrs. Paul M.....340 E. Market
Grayston, Mrs. Fred W.....708 N. Jefferson
Grayston, Mrs. Wallace S.....303 E. Market
James, Mrs. Thomas, Jr.....1044 Poplar
Johnston, Mrs. Robert G.....339 E. Market
Marks, Mrs. Howard H.....1433 Cherry
Mitman, Mrs. Floyd B.....1470 Poplar
Nie, Mrs. Grover M.....1518 Cherry
Omstead, Mrs. Trevalyn W.....231 Vine St.
Wagner, Mrs. Richard.....1355 Guilford
Ware, Mrs. J. Roger.....622 Henry

Woods, Mrs. Halden C.....Markle
Galbreath, Mrs. Russell S...R. R. 2, South Whitley
Bennett, Mrs. J. B.....Warren
Black, Mrs. Claude S.....Warren

JACKSON-JENNINGS COUNTIES

Gillespie, Mrs. G. R.....Brownstown
Shields, Mrs. Jack.....Brownstown
Adair, Mrs. W. K...208 S. Armstrong, Crothersville
Bard, Mrs. F. B.....305 E. Howard, Crothersville
Scharbrough, Mrs. Wm.....Medora
Calli, Mrs. Louis J.....408 S. State, N. Vernon
Johnson, Mrs. William J...Jackson St., N. Vernon

Seymour

Baxter, Mrs. Harry.....825 W. Sixth St.
Black, Mrs. J. M.....Sunset Parkway
Day, Mrs. Durbin.....515 W. Sixth St.
Gillespie, Mrs. Charles E.....602 N. Walnut
Graessle, Mrs. H. P.....Sunset Parkway
Kamman, Miss Martha.....332 W. Oak
Martin, Mrs. Guy.....1408 Ewing Rd.
Osterman, Mrs. L. H.....901 Garden Ave.
Ripley, Mrs. John W.....R. R. 4
Wiethoff, Mrs. C. A.....Sunset Parkway

JASPER-NEWTON COUNTIES

Pippenger, Mrs. Wayne G.....Brook
Coursey, Mrs. James.....Goodland
Holland, Mrs. Charles E.....Goodland
Waltz, Mrs. F. C.....Kentland
Yegerlehner, Mrs. R. S.....Kentland
Hartsough, Mrs. Ralph.....Remington
Schantz, Mrs. Richard.....Remington
Beaver, Mrs. E. R.....Rensselaer
Titus, Mrs. Jack.....Rensselaer

JAY COUNTY

Lansford, Mrs. John.....Redkey

Portland

Badders, Mrs. Ara C.....709 W. North
Cripe, Mrs. Wm. H.....507 W. High
Fitzpatrick, Mrs. James S.....420 N. Pleasant
Gillum, Mrs. Eugene.....Portland
Keeling, Mrs. F. E.....Portland
Morrison, Mrs. George G.....North & Park Sts.
Spahr, Mrs. Donald E.....615 W. Race

JEFFERSON-SWITZERLAND COUNTIES

Madison

Alcorn, Mrs. Merritt O.....R. R. 1
Beetem, Mrs. Luther F.....411 N. Broadway
Childs, Mrs. Wallace Edward.....Elm & Third
Haney, Mrs. William Keith.....117 W. Second
Hare, Mrs. Frank W.....525 W. Third
Jolly, Mrs. Lewis Everette.....J. P. G. Area
May, Mrs. George Arthur.....R. R. 5
McAtee, Mrs. Ott B.....Madison State Hospital
Murry, Mrs. Wm. E.....Madison State Hospital
Petway, Mrs. Allen Paul.....411 W. First
Raines, Mrs. Rinda.....117 Presbyterian Ave.
Shuck, Mrs. Wm. A.....R. R. 3
Southworth, Mrs. John W...Madison State Hospital
Whitsitt, Mrs. Schuyler.....718 W. Main
Zink, Mrs. Robert Otto.....502 Broadway

JOHNSON COUNTY

Franklin

Chappel, Mrs. A. T.....Center Court
Deppe, Mrs. Charles F.....1215 Park Ave.
Ferrara, Mrs. Joseph.....1000 E. King
Foster, Mrs. R. H. K.....Orchard Grove
Jones, Mrs. Charles A.....E. Adams
Murphy, Mrs. Harry E.....150 N. Main
Payne, Mrs. Carl F.....151 N. Main
Portteus, Mrs. Walter L.....R. R. 2, Box 118
Province, Mrs. Wm. D.....51 N. Water St.
Records, Mrs. Arthur W.....216 E. Jefferson
Stogsdill, Mrs. W. W...Cor. Walnut & Madison Sts.
Wilson, Mrs. Russell.....351 E. King

Greenwood

Brown, Mrs. George E.....Beech Park Dr.
Craig, Mrs. J. A.....E. Pearl
Eaton, Mrs. Lyman D.....Springdale Addition
Machledt, Mrs. John H.....243 S. Madison
Sheek, Mrs. Kenneth I.....165 N. Brewer
Woodcock, Mrs. Charles W.....240 S. Madison

KNOX COUNTY

Scudder, Mrs. J. A.....Edwardsport

Vincennes

Anderson, Mrs. John.....Old Wheatland Rd.
Anderson, Mrs. Richard M.....Monroe City Rd.
Arbogast, Mrs. Paul B.....1420 Old Orchard Rd.
Beckes, Mrs. Ellsworth W.....220 N. Fifth
Chattin, Mrs. Herbert O.....729 Main
Coffel, Mrs. Melvin H.....Simpson Lake
Corsentino, Mrs. Bart.....1427 Burnet Lane
Cullison, Mrs. Charles H.....47 Cloverdale
Curtner, Mrs. Myron L.....216 N. Sixth

Edwards, Mrs. Edward T., Jr.....1232 N. 11th
Ewing, Mrs. Nathaniel D.....Monroe City Rd.
Fox, Mrs. Maurice S.....704 N. Seventh
Green, Mrs. Carl L.....1414 Weed Lane
Humphreys, Mrs. Joe S.....1602 Weed Lane
McCormick, Mrs. Hubert D.....518 N. Fourth
McDowell, Mrs. M. M.....1322 Audubon Rd.
McMahan, Mrs. V. C.....Monroe City Rd.
Moore, Mrs. Robert G.....1309 Old Orchard Rd.
Reilly, Mrs. James F.....401 Buntin St.
Schulze, Mrs. Wm.....819 Buntin St.
Shaffer, Mrs. Kenneth.....Ridge Rd.
Smith, Mrs. Ralph O.....Old Burceville Rd.
Spencer, Mrs. Frederic.....311 N. Ninth
Sullenger, Mrs. A. A.....803 Seminary St.
Von de Leith, Mrs. William.....617 Main St.
Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone
Wilson, Mrs. Wymond.....Mentone
Stalter, Mrs. G. W.....North Webster
Schuldt, Mrs. T. S.....Pierceton

Warsaw

Haymond, Mrs. G. M.....532 E. Center
Murphy, Mrs. Harold.....427 S. Buffalo
Murphy, Mrs. Samuel C.....216 S. High
Richer, Mrs. Orville H.....914 E. Main
Roesch, Mrs. Ryland.....N. Lake
Schlemmer, Mrs. George H.....528 N. Lake
Thomas, Mrs. E. Winton.....E. Main

LAKE COUNTY

Stasick, Mrs. Murray
307-154th Place, Calumet City, Ill.

Crown Point

Becker, Mrs. P. H.....Parramore Hospital
Birdzell, Mrs. J. P.....Ellendale Pkwy.
Du Sold, Mrs. Donald.....116 N. Court St.
Horst, Mrs. W. N.....126 N. Court
Klaus, Mrs. J. N.....667 S. Main
Troutwine, Mrs. W. R.....S. Main

Carleton, Mrs. E. H.....R. R. 1, Box 175, Dyer

East Chicago

Arnold, Mrs. M. F.....4239 Magoun
Bonaventura, Mrs. Angelo P.....1604 E. 142nd
Campagna, Mrs. E. A.....4320 Ivy
Cunningham, Mrs. John J.....4729 White Oak Ave.
Fleischer, Mrs. J. C.....4135 Ivy
Grosso, Mrs. William G.....3502 Grand Blvd.
Gustaitis, Mrs. John W.....4318 Parrish
McGuire, Mrs. Desmond F.....1910 142nd
Niblick, Mrs. James S.....4122 Parrish
Petronella, Mrs. Sam J.....4308 Baring
Shapiro, Mrs. Joseph.....4214 Parrish

East Gary

Mather, Mrs. J. Winford.....2367 Vigo

Gary

Almquist, Mrs. R. E.....669 Buchanan
Almquist, Mrs. C. O.....550 Lincoln
Armalavage, Mrs. L. J.....1321 Willard
Bills, Mrs. R. N.....534 Lincoln
Brady, Mrs. Samuel J.....451 Garfield
Brandman, Mrs. Harry.....629 Grant
Bringas, Mrs. Irineo.....761 Connecticut
Brinko, Mrs. John.....1113 Clay
Carberry, Mrs. G.....2212 W. Fifth Ave.
Carbone, Mrs. Joseph.....526 Johnson
Chevigny, Mrs. J. J.....654 Johnson
Cooper, Mrs. Leo K.....670 Hayes
Davis, Mrs. Neal.....Box 928, Ogden Dunes
Dierolf, Mrs. Edward J.....630 Montgomery
Elliott, Mrs. Ralph A.....1726 W. Sixth
English, Mrs. Hubert M.....575 Taft
Goldberg, Mrs. Harold B.....3643 Tyler
Goldstone, Mrs. Adolph.....1430 W. Seventh St.
Goldstone, Mrs. Joseph.....600 Cleveland
Goldstone, Mrs. Sidney R.....566 Taft
Jahns, Mrs. A. A.....655 Roosevelt
Jannasch, Mrs. M. Clifford.....2140 W. Second
Kendrick, Mrs. Frank J.....552 Johnson
Kilmer, Mrs. Warren.....1130 Idaho
Kobrin, Mrs. Meyer W.....2300 W. Sixth
Kopcha, Mrs. Joseph E.....650 Pierce
Korn, Mrs. Jerome M.....2119 W. Fifth
Lebioda, Mrs. Henry S.....230 Morningside
Lewis, Mrs. George N.....573 Roosevelt
May, Mrs. R. Milton.....667 Van Buren
Minczewski, Mrs. R. C.....2425 W. Fifth
Molengraft, Mrs. C. J.....544 Monroe
Morris, Mrs. Hyman R.....2401 W. Sixth
Moswin, Mrs. Jack A.....477 Arthur
Nigles, Mrs. Richard.....237 Glen Park Ave.
Ornelas, Mrs. Joseph P.....230 W. 36th
Palmer, Mrs. Russell H.....2006 W. Fourth Place
Parrot, Mrs. Louis.....131 W. 46th
Robinson, Mrs. Walter K.....500 N. Montgomery
Rubin, Mrs. Simon S.....2131 W. Fifth
Ryan, Mrs. H. J.....630 McKinley
Sala, Mrs. Joseph J.....2333 W. Fifth
Sala, Mrs. Walter R.....2035 W. Eighth
Senese, Mrs. Thomas J.....581 Johnson
Shevick, Mrs. Alexander.....749 Fillmore
Spellman, Mrs. F. W.....640 Illinois
Sponder, Mrs. Joseph.....738 N. Hamilton
Stimson, Mrs. Harry R.....4338 Jefferson
Thomas, Mrs. Daniel D.....831 Garfield
Thomas, Mrs. G. L.....594 Taney
Vye, Mrs. J. Preston.....3620 Madison
Weiskopf, Mrs. Henry S.....608 Roosevelt
Yocum, Mrs. Paul S.....6999 Hemlock
Young, Mrs. G. M.....4580 Washington
Young, Mrs. Robert L.....616 Roosevelt

Griffith

Lundeberg, Mrs. Ralph A.....303 N. Harvey
Malmstone, Mrs. Francis A.....114 E. Main
Siekiorski, Mrs. Joseph M.....445 Broadway

Hammond

Allegretti, Mrs. Michael L.....6237 Forest
Beconovich, Mrs. Robert.....839 169th Place
Beilke, Mrs. C. A.....6806 Huron
Black, Mrs. Charles.....6447 Alexander
Brown, Mrs. Stanley Lee.....6550 Hohman
Chidlaw, Mrs. B. W.....29 Wildwood Rd.
Clancy, Mrs. James F.....7258 Forest
Cook, Mrs. George M.....6607 Forest
Cotter, Mrs. Edward R.....7225 Knickerbocker
Eggers, Mrs. Henry W.....6542 Hohman
Egnatz, Mrs. Nicholas, Jr.....840 Highland
Elledge, Mrs. Ray.....6415 Forest
Fischer, Mrs. Burnell.....7403 Van Buren
Gardiner, Mrs. H. Glenn.....47 Waltham
Gevirtz, Mrs. Milton B.....6528 Forest
Hack, Mrs. Edmund C.....7147 Olcott St.
Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker
Hopkins, Mrs. J. R.....265 Conkey
Howard, Mrs. William H.....6534 Forest Ave.
Husted, Mrs. Robert G.....7248 Forest
Komoroske, Mrs. John E.....35 Highland
Koransky, Mrs. David S.....7048 Forest
Kretsch, Mrs. Russel W.....7214 Hohman
Lazo, Mrs. Vincente R.....734 Sibley
Marks, Mrs. Ora L.....7111 Olcott
Modjeski, Mrs. Joseph R.....7327 Knickerbocker
Modjeski, Mrs. Raymond J.....223 Locust
Nakadate, Mrs. K. J.....907 173rd Place
Neal, Mrs. L. W.....7507 Olcott

Nelson, Mrs. Richard B.....41 172nd Place
Panares, Mrs. S. V.....4 172nd Place
Peck, Mrs. Edward A.....6422 Moraine
Pilot, Mrs. Jean.....7137 Knickerbocker Pkwy.
Premuda, Mrs. Franklin F.....6545 Alexander
Rasch, Mrs. George C.....7847 Walnut
Remich, Mrs. Antone C.....6412 Moraine
Rendel, Mrs. Donald T.....18 172nd Place
Rhind, Mrs. A. W.....7126 Forest
Row, Mrs. P. Q.....6706 Hohman
Rudolph, Mrs. F. G.....216 Lawndale
Santare, Mrs. Vincent.....7321 Delaware
Schlesinger, Mrs. J.....7251 Forest
Shanklin, Mrs. E. M.....14 Ruth
Stern, Mrs. S. Lewis.....226 Oakwood
Stevens, Mrs. E. W.....6913 Monroe
Thegze, Mrs. George.....7435 Olcott
Walker, Mrs. A. P.....1135 River

Larrabee, Mrs. James....2214 Oakdale, Highland
Markey, Mrs. Richard J.
8740 Cottage Grove, Highland
Berger, Mrs. Robert.....1004 Garfield, Hobart
Bjorklund, Mrs. Carl....212 S. Connecticut, Hobart
Gill, Mrs. J. R.....Eighth & Wisconsin, Hobart
Markle, Mrs. Joseph.....308 Main, Hobart
Murphy, Mrs. J. F.....17634 Maple, Lansing, Ill.
Potts, Mrs. William
3543 Ridge Rd., E., Lansing, Ill.
Combs, Mrs. L. William.....Lowell
Mirro, Mrs. John A.....Lowell

Munster

Arbeiter, Mrs. Herbert I.....119 Beverly Place
Arrowsmith, Mrs. James L.....8138 Forest
Boys, Mrs. F. F.....8517 Crestwood
Campbell, Mrs. G. G.....211 Ridge Rd.
Eggers, Mrs. Ernest L.....8147 Meadow Lane
Kenny, Mrs. Francis.....8131 Forest Ave.
Larrabee, Mrs. J.....8143 State Line
Lautz, Mrs. Herbert A.....7943 Forest Ave.
Marks, Mrs. Salvo P.....8320 Parkview
Rosevear, Mrs. Henry J.....230 Belden
Sroka, Mrs. Stanley J.....8227 Hohman Ave.
Teplinsky, Mrs. L. L.....222 Beacon Pl.
Davis, Mrs. Neal.....Box 928, Ogden Dunes

Whiting

Jones, Mrs. C. M.....1925 Westpark
Stecy, Mrs. Peter.....1543 Warwick
Weinberg, Mrs. B. A.....2022 Lake Ave.

LA PORTE COUNTY

Oak, Mrs. D. D., Jr.....Hanna
Oak, Mrs. D. D., Sr.....LaCrosse

La Porte

Carter, Mrs. Fred.....402 E. Jefferson
Durham, Mrs. L. J.....1012 Harrison St.
Fargher, Mrs. Robert A.....436 Lake Shore Dr.
Jones, Mrs. R. B.....1515 Indiana
Kelsey, Mrs. Robert.....2107 Monroe
Kepler, Mrs. Robert W.....1529 Michigan
Larson, Mrs. G. O.....1106 Monroe
Martin, Mrs. William B.....2023 Michigan
Mead, Mrs. Frank.....344 Grayson Rd.
Muhleman, Mrs. C. E.....Greenacres
Philbrook, Mrs. Seth S.....707 Harrison St.
Richter, Mrs. J. C.....1421 Indiana
Wolf, Mrs. John.....1412 Indiana

Michigan City

Armstrong, Mrs. T. D.....E. Coolspring
Bankoff, Mrs. M. L.....1412 Washington
Bernoske, Mrs. Daniel.....731 Pine
Carlson, Mrs. N. R.....Edgewood
Cleveland, Mrs. John B.....314 Fir
Fargher, Mrs. F. M.....Pottawattomie Park
Feerer, Mrs. Donald J.....120 Wilshire
Gardner, Mrs. R. A.....Long Beach
Gilmore, Mrs. Robert.....Long Beach
Jones, Mrs. King.....1010 East Coolspring Ave.
Kemp, Mrs. J. T.....631 Pine St.
Kerrigan, Mrs. J. V.....Edgewood
Kling, Mrs. Victor.....Long Beach
Kohrman, Mrs. Benjamin M.....3011 Franklin
Kubik, Mrs. F. J.....Pottawattomie Park
Meyer, Mrs. Milo.....Long Beach
Paul, Mrs. Leonard G.....Long Beach
Piazza, Mrs. L. F.....2402 York
Pilecki, Mrs. Peter J.....410 Emily
Plank, Mrs. C. R.....Long Beach
Potter, Mrs. Brian.....1617 Springland
Roberts, Mrs. Thomas K.....912½ Pine St.

Hetman, Mrs. M. J.....Westville
Sennett, Mrs. Cecil M.
Beatty Memorial Hospital, Westville
Van Den Bosch, Mrs. Wallace R.
Beatty Memorial Hospital, Westville

LAWRENCE COUNTY

Bedford

Allen, Mrs. L. Howard.....1318 14th
Austin, Mrs. Richard P.....1315 15th
Benham, Mrs. Lawrence E.....Eastern Ave.
Dusard, Mrs. Joseph C.....1107 N
Edmonds, Mrs. Kendrick T.....1303 15th
Emery, Mrs. Charles B.....Brook Knoll
Fountaine, Mrs. Thomas J.....1620 18th
Hammel, Mrs. Howard T.....1822 15th
Hawkins, Mrs. Richard D.....15th & Q Sts.
Kastings, Mrs. Gerald E.....Hawthorne Heights
Kerr, Mrs. Donald M.....2323 Q
Newland, Mrs. A. E.....Hawthorne Pl.
Noe, Mrs. William R.....1224 14th
Scherschel, Mrs. John P.....1713 H
Smallwood, Mrs. R. B.....1506 13th
Wohlfeld, Mrs. J. B.....1224 15th

Hamilton, Mrs. James.....Mitchell
Robinson, Mrs. William.....Mitchell

MADISON COUNTY

LeRoy, Mrs. A. G.....Alexandria

Anderson

Aagesen, Mrs. W. J.....1112 North Dr.
Armington, Mrs. John C.....206 W. 14th St.
Armington, Mrs. R. L.....Kilbuck Rd.
Ashcraft, Mrs. J. R.....412 Stuart Circle
Ayres, Mrs. Kenneth D.....2210 Meridian
Austin, Mrs. Maynard A.....238 W. 12th
Baughn, Mrs. W. L.....1517 Winding Way
Benoit, Mrs. Merrill...3620 Maple Road, Edgewood
Bixler, Mrs. Donald P.....1515 Green Way Dr.
Blassaras, Mrs. Crist A.....916 Dresser Dr.
Bowers, Mrs. Richard C.....1728 W. 10th St.
Brock, Mrs. Earl E.....1004 N. Madison Ave.
Brown, Mrs. James M.....727 E. 31st
Buckles, Mrs. David L.....44 Knoll Rd., Edgewood
Conrad, Mrs. Ernest M.....2124 Meridian St.
Dixon, Mrs. Rex W.....936 W. Eighth
Doenges, Mrs. James L.....1601 Van Buskirk Rd.
Donaldson, Mrs. Frank C.....308 Winding Way
Drake, Mrs. John C.....920 N. Madison Ave.
Ellis, Mrs. Seth W.....1105 Green Way Dr.
Elsten, Mrs. Wayne A.
1333 Maryland Dr., Forest Manor
Erehart, Mrs. Archie D.....1221 Irving Way
Fischer, Mrs. Warren E.....108 North Shore Blvd.
Gante, Mrs. Henry W.....2005 Nichol
Hart, Mrs. Wm. D.....1026 W. Eighth

Hensler, Mrs. Benton M.
717 Winding Way, Edgewood
Kelly, Mrs. Wendell C....23 Colony Rd., Edgewood
Kiely, Mrs. John T.....1931 Nichol
King, Mrs. Barnard A.....26 Winding Way
King, Mrs. Joseph W.....260 Davis Dr., Edgewood
Lamey, Mrs. Paul T.....1740 W. 10th St.
Larmore, Mrs. Joseph L.
1301 Winding Way, Edgewood
Litzenberger, Mrs. Sam W.....837 Forrest Dr.
Long, Mrs. Paul L.....828 Dresser Dr.
Maxson, Mrs. Roy V.....3240 Maryland Dr.
McDonald, Mrs. Virgil C.....5 Overlook Dr.
Metcalf, Mrs. George B.....830 W. Eighth
Morris, Mrs. Robert A.....Tower Apartments
Neale, Mrs. Alfred E.....630 Madison
Nesbitt, Mrs. Leonard L.....Eighth Street Rd.
Patterson, Mrs. William K.....2747 Nichol
Polhemus, Mrs. Warren C.....1800 W. 11th
Ross, Mrs. Guy E.....1124 N. Madison Ave.
Sharp, Mrs. William L.....725 North Shore Blvd.
Stamper, Mrs. Joseph H.....619 State Road 67 W.
Swan, Mrs. Richard C.....707 Forrest Dr.
Wilder, Mrs. Gordon B.....338 W. Eighth St.
Williams, Mrs. Francis M.....1012 Park Rd.
Williams, Mrs. Robert H....715 North Shore Blvd.
Wilkinson, Mrs. Roger L.
1525 Winding Way, Edgewood
Wishard, Mrs. Fred B.....505 W. Ninth
Zierer, Mrs. Reuben O.....1211 Van Buskirk Rd.

Bishop, Mrs. Harry A.....Frankton
Williams, Mrs. Robert D.....Markleville
Dickey, Mrs. Morris W.....Pendleton
McLaughlin, Mrs. Calvin P.....Pendleton
Van Ness, Mrs. William.....Summitville

MARION COUNTY

Kopecky, Mrs. Robert R.
501 Churchman Ave., Beech Grove
Ramage, Mrs. Walter F...244 S. First, Beech Grove
Masters, Mrs. Robert J...330 W. 106th St., Carmel
Tyner, Mrs. Harlan H.....Clayton

Indianapolis

A

Adkins, Mrs. Harold C.....250 W. Hampton Dr.
Albertson, Mrs. Frank P.....5031 Rockville Rd.
Aldrich, Mrs. Harry D.....5805 Sherman Dr.
Alvis, Mrs. Edmond O.....474 W. 92nd St.
Appel, Mrs. Richard H...4465 Marcy Lane, No. 190
Arbogast, Mrs. John L.....3516 Carrollton
Arbuckle, Mrs. William E....5326 E. St. Joseph St.
Aronson, Mrs. Sidney S.....5670 N. Meridian
Avery, Mrs. George O.....707 S. Shepherd

B

Bachmann, Mrs. Arnold J.....1615 Oles Dr.
Bakemeier, Mrs. Otto H.....5535 E. St. Clair
Balch, Mrs. James F.....4444 College Ave.
Ball, Mrs. Joseph E.....823 N. Lesley
Bartley, Mrs. Max D.....5640 N. Pennsylvania St.
Batman, Mrs. Gordon W.....6906 N. Delaware
Bauer, Mrs. Thomas.....R. R. 14, Box 872
Baumeister, Mrs. Herbert E...314 W. Hampton Dr.
Beamer, Mrs. Parker R.....3560 Carrollton
Beasley, Mrs. Thos. J.....112 Berkley Rd.
Beaver, Mrs. Howard W.....303 E. Edgewood Ave.
Beck, Mrs. Evart M.....1220 Oak Ridge Dr.
Becker, Mrs. Harry G.....5641 Haverford Ave.
Beeler, Mrs. John W.....39 E. 39th St.
Belt, Mrs. James H.....5155 Broadway
Berman, Mrs. Jacob K.....1105 W. Kessler Blvd.
Bibler, Mrs. Lester D.....4360 N. Pennsylvania
Blatt, Mrs. A. Ebner.....5330 N. Illinois
Boling, Mrs. Grover C.....5806 N. Parker
Booth, Mrs. Boynton H.....107 E. 48th St.
Bowman, Mrs. George W.....5634 Carrollton
Boyer, Mrs. Floyd A.....136 S. Wittfield
Brady, Mrs. Thomas A.....225 Wellington Rd.
Brayton, Mrs. John R.....3128 E. Fall Creek Blvd.
Brodie, Mrs. Donald W.....R. R. 12, Box 241 M
Brown, Mrs. Edward A.....5420 Central
Brown, Mrs. Wendell.....3750 N. Gale
Browning, Mrs. William M....2275 Wynnedale Rd.
Brubaker, Mrs. E. H.....624 E. 23rd
Bunde, Mrs. Carl A.....952 N. Downey
Burghard, Mrs. Rolla.....2171 E. 67th

C

Cahal, Mrs. Ernest E.....27 E. 39th
Cahn, Mrs. Hugo M.....3038 Park
Call, Mrs. Herbert F.....710 E. 57th
Campbell, Mrs. John A.....5201 Grandview Dr.
Carson, Mrs. E. Wayne.....7177 N. Meridian
Carter, Mrs. Larue D.....4280 N. Meridian
Carter, Mrs. Oren E.....5461 Kenwood
Chattin, Mrs. William R.....4209 Roselawn Dr.
Chivington, Mrs. Paul V.....5730 Parker
Clark, Mrs. Lawson J.....2425 E. Kessler Blvd.
Cohn, Mrs. A. F.....1120 Southview Dr.
Collins, Mrs. James N.....5445 N. Pennsylvania
Conley, Mrs. Joseph L.....1617 E. Ohio
Conway, Mrs. Glenn.....2235 E. Garfield Dr.
Cornacchione, Mrs. Matthew.....4401 Carson Ave.
Cortese, Mrs. James V.....124 W. Troy
Cortese, Mrs. Thomas A.....3240 Brill Rd.
Countryman, Mrs. F. W.....5633 Central
Cox, Mrs. Clifford E.....R. R. 14, Box 811
Crawford, Mrs. John A.....3223 Washington Blvd.
Culbertson, Mrs. C. G.....6060 Park Ave.
Cullen, Mrs. Paul K.....5115 Graceland
Currie, Mrs. Robert W.....512 E. 57th St.
Cuthbert, Mrs. Marvin....6935 N. Pennsylvania St.

D

Daly, Mrs. Joseph M.....2510 S. Delaware
Davidson, Mrs. N. Cort.....6901 Washington Blvd.
Davis, Mrs. John A.....3630 Marrison Pl.
Davis, Mrs. Sam J.....4545 Broadway
Day, Mrs. Clark.....228 W. 44th St.
Dearmin, Mrs. Robert M.....5147 N. Delaware
DeArmond, Mrs. Albert M.....5401 N. Delaware
Deever, Mrs. John W.....6801 S. East St.
Dennison, Mrs. A. Dudley, Jr.....701 E. 78th St.
Denny, Mrs. James W.....84 N. Audubon Rd.
DeWees, Mrs. Dwight L.....302 N. Bradley
Donato, Mrs. Albert M.....4225 S. East
Dorman, Mrs. W. Leland.....2005 Lick Creek Dr.
Dugan, Mrs. William M.....5747 Rolling Ridge Rd.
Dulin, Mrs. Basil B.....734 N. Bolton
Dunning, Mrs. Lehman H...5435 N. Pennsylvania
Dyar, Mrs. Edwin W., Jr...5910 Washington Blvd.

E

Eastman, Mrs. Joseph Rilus.....8160 N. Meridian
Eaton, Mrs. Edwin R.....5750 Allisonville Rd.
Ebert, Mrs. J. Wayne.....1125 Southview Dr.
Egbert, Mrs. Herbert L.....419 W. 63rd St.
Eicher, Mrs. Palmer O.....4401 Washington Blvd.
Elkins, Mrs. James P.....155 W. Elbert St.
Ellis, Mrs. Bert E.....R. R. 18, Box 32
Emhardt, Mrs. John T.....3305 Brill Rd.
Emhardt, Mrs. John W.....5424 Washington Blvd.
Ensminger, Mrs. Leonard A.....1321 N. Meridian
Evans, Mrs. Paul V.....5725 Indianola
Everly, Mrs. Ralph V.....1105 E. 58th

F

Fausset, Mrs. C. Basil.....7757 N. Meridian
Ferry, Mrs. Frances A.....935 E. Southern
Fisher, Mrs. Albert A.....1130½ S. Belmont
Flanigan, Mrs. Meredith B.....2920 W. 33rd
Flick, Mrs. John J....Tansel Rd., R. R. 18, Box 382
Flora, Mrs. Joseph O.....5604 Rockville Rd.

Folkening, Mrs. Norval C.....5501 Camden
Frazin, Mrs. Bernard
533 N. White River Pkwy., E. Dr.
Fouts, Mrs. Paul J.....8393 N. Illinois
Freeman, Mrs. Max E.....326 N. Mount St.
Fry, Mrs. Robert D.....5717 Broadway

G

Gabe, Mrs. William E.....502 W. Hampton Dr.
Gallup, Mrs. Palmer R.....5225 Evanston
Gambill, Mrs. Wm. Dudley.....2272 Wynnedale
Garber, Mrs. J. Neill.....1101 E. 57th
Garceau, Mrs. George J.....4334 N. Pennsylvania
Gardiner, Mrs. Sprague H.....330 W. 62nd St.
Gardner, Mrs. F. Buckman.....4811 Graceland
Garner, Mrs. W. Stanley.....3785 E. 62nd
Garrett, Mrs. Robert A.....5242 Boulevard Pl.
Gastineau, Mrs. David C.....8620 Manderley Dr.
Gastineau, Mrs. Frank M.....5344 N. Pennsylvania
Geider, Mrs. Roy A.....5816 Pleasant Run Pkwy.
Gick, Mrs. Herman H.....451 Eastern
Gifford, Mrs. Fred E.....5125 N. Meridian
Gillespie, Mrs. Charles F.....2615 E. 35th
Gillespie, Mrs. Jacob E.....4426 Broadway
Goldman, Mrs. Samuel.....5632 Rosslyn
Gosman, Mrs. James H.....4491 Washington Blvd.
Greist, Mrs. John H.....4343 Washington Blvd.
Griffith, Mrs. Harold B.....6134 Indianola Ave.
Griffith, Mrs. Richard S.....1676 Winton
Griffith, Mrs. Ross E.....4452 Washington Blvd.
Grisell, Mrs. Ted L.....5411 Broadway
Gustafson, Mrs. Gerald W.....5768 N. Pennsylvania

H

Habich, Mrs. Carl.....44 E. 52nd
Hadley, Mrs. David.....5601 N. Pennsylvania
Haggard, Mrs. Edmund B.....3481 Birchwood
Hahn, Mrs. E. Vernon.....R. R. 18, Box 376
Hall, Mrs. Frank.....8633 N. Pennsylvania
Hampshire, Mrs. Donald.....4378 Central
Hanley, Mrs. Edward J.....5260 Ralston
Hann, Mrs. E. C.....4217 N. Lesley Ave.
Hanna, Mrs. Thomas.....5009 W. 15th St.
Hansell, Mrs. Robert M.....3525 N. Gladstone
Harcourt, Mrs. Allan K.....4915 N. Illinois
Harding, Mrs. M. Richard.....4220 DeVon Court
Harding, Mrs. Myron S.....46 W. 46th
Harold, Mrs. Albert H.....7510 Allisonville Rd.
Harold, Mrs. Norris E.....3545 N. Denny
Hasewinkel, Mrs. Carroll W.
1642 Broadway, No. 11
Haslinger, Mrs. Clarence J.....5236 Boulevard Pl.
Hatfield, Mrs. Nicholas W.....4228 N. Pennsylvania
Hawk, Mrs. James H.....4485 N. Pennsylvania
Haymond, Mrs. Joseph L.....551 E. 36th
Hays, Mrs. Everett L.....2607 Manker
Hedrick, Mrs. Philip W.....4808 Central Ave.
Helmer, Mrs. O. M.....5015 N. Illinois
Hendricks, Mrs. John W.....124 W. 64th
Hepburn, Mrs. Charles K.....7570 Morningside Dr.
Hetherington, Mrs. A. M.....445 E. 71st St.
Heubi, Mrs. John E.....5061 N. Illinois
Hickman, Mrs. Walter F.....3535 Del Mar Rd.
Hilldrup, Mrs. Don G.....5672 N. Illinois
Himebaugh, Mrs. James R. S.....2620 Kessler, E. Dr.
Holman, Mrs. Jerome E., Jr.....5930 Central Ave.
Holman, Mrs. Jerome E., Sr.
4503 Kessler Blvd., E. Dr.
Hood, Mrs. Ainslee A.....5059 S. Harlan
Horwitz, Mrs. Thomas.....6720 Allisonville Rd.
Howell, Mrs. Joseph D.....3431 Winthrop
Howell, Mrs. Robert D.....3641 N. Pennsylvania
Huddle, Mrs. John R.....5812 N. Hillside
Hudson, Mrs. Foster J.....525 W. Hampton Dr.
Hughes, Mrs. James E.....2534 Broadway
Hughes, Mrs. William F., Sr.....4025 N. Meridian
Hull, Mrs. Ronald.....2220 Douglas
Huse, Mrs. Wm. Murray.....3744 Ruckle

I-J

Irwin, Mrs. Glenn W., Jr.....5022 Graceland
Jaeger, Mrs. Alfred S.....3057 Washington Blvd.
Jaquith, Mrs. Orville S.....261 Blue Ridge Rd.
Jay, Mrs. Arthur N.....815 W. 64th
Jennings, Mrs. Frank.....2601 Cold Springs Rd.
Jewett, Mrs. Joe H.....5803 Sherman Ave.
Jinks, Mrs. Clifford H.....5740 Carrollton
Johnson, Mrs. Thomas W.....5735 Washington Blvd.
Jones, Mrs. Allen W.....2530 E. 58th St.
Jones, Mrs. David E.....646 Berkley Rd.
Joseph, Mrs. Rex M.....620 Hickory Lane

K

Kahle, Mrs. Dan B.....5161 Primrose Ave.
Kahn, Mrs. Howard L.....4401 N. Park Ave.
Kammen, Mrs. Leo.....257 W. 46th
Kammen, Mrs. Robert.....5502 Woodside Dr.
Katterjohn, Mrs. James.....5867 Central Ave.
Kauffman, Mrs. Sidney A.....3963 N. Pennsylvania
Keenan, Mrs. George.....2015 E. Thompson Rd.
Keenan, Mrs. Reid L.....3702 N. Delaware
Keever, Mrs. Charles H., Sr.....5226 College Ave.
Keiser, Mrs. V. D.....5709 Broadway
Kelly, Mrs. Don E.....4927 Kenwood
Kelly, Mrs. Walter F.....6845 E. Pleasant Run Pkwy.
Kelly, Mrs. William M.....6685 E. Pleasant Run Pkwy.
Kempf, Mrs. Gerald F.....General Hospital
Kennedy, Mrs. Hunter.....757 N. Bolton
Kerr, Mrs. Harry R.....5774 Washington Blvd.
Kime, Mrs. Edwin N.....239 Buckingham Dr.
Kingsbury, Mrs. John K.....5776 E. Michigan
Kirklin, Mrs. Oren L.....8005 Englewood Rd.
Kirtley, Mrs. Wm. R.....730 E. 73rd
Kiser, Mrs. Edgar F.....5610 Central
Kitterman, Mrs. Harry E.....5108 Graceland
Klain, Mrs. Benjamin V.....5775 Central
Knight, Mrs. Robert E.....4450 Marcy Lane, No. 101
Knowles, Mrs. Charles Y.....4340 Glencairn Lane
Knowles, Mrs. Robert P.....7435 Central Ave.
Kohlstaedt, Mrs. Kenneth G.....645 E. 80th
Koons, Mrs. Karl M.....5767 N. Pennsylvania
Kornafel, Mrs. L. H.....6201 College
Kraft, Mrs. Bennett.....7025 Washington Blvd.
Kuntz, Mrs. Herman W.....1418 N. Butler
Kurtz, Mrs. Philip L.....6841 Willow Rd.
Kwitney, Mrs. I. J.....5774 Broadway Terrace

L

LaDine, Mrs. Clarence B.....4221 E. 35th
Lamb, Mrs. Emmett B.....1180 Golden Hill Dr.
Lamb, Mrs. Russell W.....4636 N. Capitol
Lamber, Mrs. Chet K.....1501 E. Maple Rd., Apt. 19
Laramore, Mrs. Ward.....5835 N. Keystone
Larkin, Mrs. Bernard J.....3060 N. Meridian
Lawler, Mrs. George F.....5601 E. St. Clair
Leasure, Mrs. J. Kent.....3115 N. Meridian
Leffler, Mrs. W. T.....5515 N. Illinois
Levi, Mrs. Leon.....402 W. Hampton Dr.
Lewis, Mrs. Robert J.....3742 N. Denny
Lichtenberg, Mrs. Melvin.....5677 N. Meridian
Lingeman, Mrs. R. E.....3845 N. Meridian
Link, Mrs. Goethe.....2609 Putters Lane
Little, Mrs. Wm. J.....6215 Parker
Lochry, Mrs. Ralph L.....6150 Crows Nest Dr.
Lord, Mrs. Glenn C.....4455 Washington Blvd.
Love, Mrs. George N.....1644 N. Delaware
Ludwig, Mrs. Oscar D.....5433 Madison
Lurie, Mrs. Paul R.....3157 Washington Blvd.
Luros, Mrs. J. Theodore.....5275 N. Capitol
Lybrook, Mrs. William B.
4585 Kessler Blvd., E. Dr.

M

McBride, Mrs. James S.....720 E. 80th St.
McCartney, Mrs. Donald H.....3335 College Ave.
McClain, Mrs. Edwin S.....550 W. 77th St., N. Dr.
McCown, Mrs. Percy E.....5008 N. Meridian
McDevitt, Mrs. Daniel R.....5470 Guilford Ave.

McGrath, Mrs. Michael F...6183 Washington Blvd.
McGuff, Mrs. Paul.....3668 Central Ave.
McIntire, Mrs. Clarence R.
4520 Marcy Lane, No. 27
McQuiston, Mrs. Ralph J.....6120 Lawrence Dr.
McTurnan, Mrs. Robert W.....5957 Kingsley Dr.
MacGregor, Mrs. Donald E...6080 N. Michigan Rd.
Mackey, Mrs. John E.....629 E. 32nd
Magennis, Mrs. Herbert L.....3010 E. 38th, No. 14
Manalan, Mrs. M. M.....3007 E. 39th, No. 60
Manion, Mrs. Marlow W.....5132 N. New Jersey
Mann, Mrs. Mortimer.....28 E. 55th
Manzie, Mrs. Michael W.....2687 W. 44th St.
Marshall, Mrs. Albert L., Jr.....4149 Central Ave.
Marshall, Mrs. Cavins R.....6120 N. Michigan Rd.
Martin, Mrs. Loren H.....5338 Washington Blvd.
Martz, Mrs. Carl D....4571 Fall Creek Blvd., S. Dr.
Masters, Mrs. John M.....34 E. 46th
Matthew, Mrs. W. Burleigh
3462 E. Fall Creek Blvd., N. Dr.
Matthews, Mrs. William.....1122 N. Bolton Ave.
Megenhardt, Mrs. Dennis..3038 E. Fall Creek Blvd.
Meiks, Mrs. Lyman T.....4203 N. Pennsylvania St.
Mericle, Mrs. Earl W.....4480 N. Meridian
Merrell, Mrs. Paul.....5367 Kenwood
Mertz, Mrs. John H. O.....5950 Central Ave.
Miller, Mrs. Raleigh S.....6140 College
Mitchell, Mrs. Earl H.....2263 E. Riverside Dr.
Mitchell, Mrs. Edward O.....6144 N. Dearborn St.
Moenning, Mrs. Walter P....7030 N. Pennsylvania
Molt, Mrs. William F.....2315 N. Talbot
Montgomery, Mrs. William F.....4546 Park
Moore, Mrs. Ben B.....5005 N. Illinois
Moore, Mrs. Harold T.....3220 Sharon Ave.
Morrison, Mrs. Lewis E., II.....4450 Park Ave.
Morton, Mrs. Walter P.
3434 E. Fall Creek Blvd., N. Dr.
Moser, Mrs. Rollin H.....6220 Sunset Lane
Muller, Mrs. L. P.....5608 College Ave.
Muller, Mrs. Paul F.....4329 Park Ave.
Myers, Mrs. Roy V.....4450 E. Kessler Blvd.

N

Nafe, Mrs. Cleon A.....5060 N. Meridian
Nagan, Mrs. Robert F.....3902 Devon Dr.
Nay, Mrs. Richard M.....5525 N. Meridian
Need, Mrs. Louis T.....3627 Bluff Rd.
Nester, Miss Lena Laura.....2832 N. Capitol
Nicholas, Mrs. Dennis.....4046 Adams Court
Nie, Mrs. Louis W.....4305 Central
Noble, Mrs. Thomas B., Jr.....5556 N. Meridian
Nolting, Mrs. Henry F.....155 W. Hampton Dr.
Norman, Mrs. William H.....6416 Dean Rd.
Norris, Mrs. Max S.....540 E. 36th
Nourse, Mrs. Myron.....8064 Morningside Dr.
Nugent, Mrs. Edwin J.....6840 N. Delaware St.

O

Ochsner, Mrs. Harold C.....405 E. 45th
Offutt, Mrs. Andrew C.....750 N. Campbell
Olvey, Mrs. Ottis N.....5428 Central Ave.
Otten, Mrs. Claude F.....4456 Central
Owen, Mrs. John E.....4429 N. Illinois
Owens, Mrs. Tracy.....2823 N. Meridian

P

Pandolfo, Mrs. Harry.....529 Markwood
Parr, Mrs. Robert L.....5368 Winthrop Ave.
Patton, Mrs. Martin T...3060 N. Meridian, Apt. 504
Paulissen, Mrs. George T.....741 Markwood
Paynter, Mrs. Morris B.....115 Roberts Rd.
Pearson, Mrs. Lyman R.....Marott Hotel, No. 624
Peck, Mrs. Franklin B....3060 N. Meridian, No. 401
Pennington, Mrs. Walter E.....4420 N. Meridian
Permer, Mrs. Erwin.....5590 Grandview
Peters, Mrs. Robert J. D.....3203 E. Michigan
Petranoff, Mrs. T. V.....2814 Questend St.
Pilcher, Mrs. Jack E.....4601 Graceland Ave.
Pollock, Mrs. Anthony.....5551 Indianola
Popplewell, Mrs. A. G.....Sunnyside Sanitorium
Price, Mrs. Francis W.....550 E. Edgewood Ave.
Price, Mrs. James O.....7015 College Ave.
Pryor, Mrs. Richard.....6134 Carrollton

Q

Quigley, Mrs. Joseph B.....4590 E. Kessler Blvd.

R

Rabb, Mrs. Albert M.....4146 N. Illinois
Rader, Mrs. George S.....3778 E. 62nd
Ramsey, Mrs. Frank B.....1401 W. 52nd St.
Reed, Mrs. Phillip B.....4131 N. Meridian
Rees, Mrs. Russell C.
926 Ellenberger Pkwy., W. Dr.
Reid, Mrs. Charles A.....6506 Madison Ave.
Rice, Mrs. Frederick A., Jr.....5802 E. 46th St.
Rice, Mrs. Raymond M.....1321 N. Meridian
Richardson, Mrs. Thad T.....408 N. Arlington
Ricketts, Mrs. Joseph W..3710 N. Meridian, No. 508
Rigg, Mrs. John F.....5115 N. Meridian
Ritchey, Mrs. James O.....43 W. 43rd
Robb, Mrs. John A.....5254 Broadway
Rogers, Mrs. Donald L.....3031 N. Centennial
Rohn, Mrs. Robert J.....3740 Forest Manor Ave.
Roller, Mrs. Charles W.....2301 Garfield Dr.
Romberger, Mrs. Floyd T., Jr.....370 W. 52nd
Rosenak, Mrs. Bernard D.....5254 N. Delaware
Rosenbaum, Mrs. David.....3930 Broadway
Ross, Mrs. Alexander T.....265 W. Westfield Blvd.
Row, Mrs. D. Hamilton.....5214 Grandview Drive
Ruddell, Mrs. Karl R.....2626 N. Meridian
Rupel, Mrs. Ernest.....701 Kessler Blvd., W. Dr.
Rust, Mrs. Byron K.....8120 Sycamore Rd.
Ryan, Mrs. Glenn V.
3168 E. Fall Creek Pkwy., N. Dr.

S

Sage, Mrs. Russell A.....8650 College Ave.
Salb, Mrs. Max C.....6741 Allisonville Rd.
Sanders, Mrs. Harry M....4330 Forest Manor Ave.
Schlegel, Mrs. Donald M.....6123 Oakland Ave.
Schmidt, Mrs. Loren F.....2909 E. 37th St.
Schneider, Mrs. Carl J.....340 N. Kenyon
Schuchman, Mrs. Gabriel.....5944 Central
Schuster, Mrs. Dwight.....5042 N. Capitol
Scott, Mrs. George E.....3636 Layman
Scott, Mrs. John R.....7966 N. Illinois
Scott, Mrs. Robert P.....33 E. 55th St.
Seaman, Mrs. Charles F..6017 Hillside Ave., E. Dr.
Sedam, Mrs. Herbert L.....6931 Central
Sellmer, Mrs. George W.....5266 College Ave.
Sexson, Mrs. Hiram T.....5455 N. Meridian
Shafer, Mrs. Marion R.....6290 Allisonville Rd.
Sheehan, Mrs. Francis G.....R. R. 10, Box 255
Shullenberger, Mrs. W. A.....4535 Central Ave.
Shumaker, Mrs. H. B., Jr.....4330 Central Ave.
Sidebottom, Mrs. Earl W.....2820 W. 29th
Siekerman, Mrs. C. W.....1604 Loretta
Sigmond, Mrs. Harvey W.....3245 N. Pennsylvania
Simmons, Mrs. James E.....3928 N. Ruckle
Sims, Mrs. J. Lawrence.....3723 N. Gale
Sluss, Mrs. David.....3657 Washington Blvd.
Smith, Mrs. Edward B.....3429 Guilford Ave.
Smith, Mrs. E. Rogers.....160 W. 47th St.
Smith, Mrs. Lester A.....126 Berkley Rd.
Smith, Mrs. Roy Lee.....R. R. 6, Box 473
Solomon, Mrs. R. A.....5330 N. Pennsylvania
Sovine, Mrs. J. W.....8182 N. Illinois
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr.
Sparks, Mrs. Alan L.....4310 Central
Speckman, Mrs. Glen H.....5242 N. Park Ave.
Sputh, Mrs. C. B., Jr.....5671 Rolling Ridge Rd.
Sputh, Mrs. Carl B., Sr.....7860 Barlum Dr.
Stadler, Mrs. Harold E.....6244 Washington Blvd.
Stanley, Mrs. John.....Sunnyside Sanatorium
Stayton, Mrs. Chester A., Sr.....6925 N. Delaware
Stayton, Mrs. Chester A., Jr.....5260 Cornelius
Stephens, Mrs. Donald E.....5333 N. Broadway
Stephens, Mrs. Kuhrman H.....5210 Boy Scout Rd.

Sterne, Mrs. S. Gloria.....410 N. Meridian St.
Stevens, Mrs. Sydney L.....3430 N. Temple
Stoelting, Mrs. V. K.....3730 N. Gale
Stone, Mrs. A. T.....5727 Broadway
Stone, Mrs. David F.....5603 Indianola
Storey, Mrs. D. Edmund.4535 Marcy Lane, Apt. 258
Strange, Mrs. Dempsey.....3509 N. Layman
Stroup, Mrs. Tyler J.....5758 College
Stucky, Mrs. Elsworth K.....4528 N. Meridian
Stygall, Mrs. James H.....4311 N. Meridian
Sudranski, Mrs. Herbert F.....3614 Guilford
Sutton, Mrs. William E.....5670 Guilford
Swan, Mrs. John R.....320 Arden Dr.
Symmes, Mrs. Alfred T.....717 W. 44th

T

Talbott, Mrs. Dan E.....6470 N. Michigan Rd.
Tanner, Mrs. Henry S.....4461 N. Pennsylvania
Taylor, Mrs. Clifford.....5938 Crittenden
Taylor, Mrs. Frederick W.....40 E. 43rd
Teague, Mrs. Frank W.....8000 Sycamore Rd.
Tether, Mrs. J. Edward.....2206 Lafayette Rd.
Tharpe, Mrs. Ray.....6161 Sunset Lane
Thatcher, Mrs. Hugh K., Jr.....408 E. 45th St.
Thomas, Mrs. Lowell I.....28 W. Hampton Dr.
Thomas, Mrs. Morris E.....5207 N. New Jersey
Thompson, Mrs. Charles F.....6038 N. Olney
Thompson, Mrs. John V.....7899 Ridge Rd.
Thornburg, Mrs. K. E.....4702 Washington Blvd.
Thurston, Mrs. A. L.....421 E. 41st
Tindall, Mrs. G. T., Jr.
964 Ellenberger Pkwy., W. Dr.
Tinsley, Mrs. Walter B.....3314 Carrollton
Tondra, Mrs. John M.....4511 Broadway
Torrella, Mrs. Jose A.....5721 W. 18th
Trusler, Mrs. Harold M.....6150 N. Pennsylvania
Tuchman, Mrs. Joseph H.....1154 Hawk Lane
Tucker, Mrs. Warren S.....5338 N. Pennsylvania

V

Vandiver, Mrs. Robert M.....4738 Boulevard Pl.
Van Meter, Mrs. C. Powell....4102 Marrison Place
Van Nuys, Mrs. John D.....2120 E. Kessler Blvd.
VanOsdol, Mrs. Harry A.....43 Hampton Dr.
Van Tassel, Mrs. C. J., Jr.....521 E. 60th St.
Vollrath, Mrs. Victor J.....5204 N. Illinois
Vore, Mrs. Robert.....1027 N. Denny
Voyles, Mrs. Charles F.....4150 N. Meridian

W

Waldo, Mrs. J. Thayer.....8333 N. Illinois
Walker, Mrs. Frank C.....5563 N. Pennsylvania
Walther, Mrs. Joseph E.....4266 N. Pennsylvania
Walton, Mrs. William M.....3007 Ruckle St.
Warriner, Mrs. James B.....990 N. Bolton
Warvel, Mrs. John H....4360 Kessler Blvd., N. Dr.
Weil, Mrs. Harry J.....2040 E. Michigan St.
Weller, Mrs. Charles A.....3720 N. Delaware St.
West, Mrs. Joseph L.....2110 W. 38th
Westfall, Mrs. B. Kemper, Jr.....4001 N. Meridian
White, Mrs. Donald J.....5430 N. Delaware
White, Mrs. John B.....6524 Lawrence Dr.
White, Mrs. Philip T.....3606 Lorraine Rd.
Whitehead, Mrs. John M.....2201 Nowland Ave.
Wilkens, Mrs. Irvin W....4816 Pleasant Run Pkwy.
Williams, Mrs. Howard S.....3824 N. Delaware
Williams, Mrs. Hugh L.....3931 E. 71st St.
Williams, Mrs. Paul D.....35 Meridian Lane
Wilmore, Mrs. Ralph C.....6015 Evanston
Wilson, Mrs. Oliver R.....3519 Washington Blvd.
Winters, Mrs. Matthew.....4044 Carrollton
Wise, Mrs. William.....4934 N. Pennsylvania
Wise, Mrs. Wm. R.....5004 N. Pennsylvania
Wishard, Mrs. William N., Jr.....4150 N. Illinois
Wolfram, Mrs. Don J.....5716 N. Pennsylvania
Woolling, Mrs. Kenneth R.....5303 Boulevard Pl.
Wright, Mrs. J. William, Jr.....2115 Wilshire Rd.
Wyttenbach, Mrs. John E.....5509 Kenwood

Y-Z

Yochem, Mrs. August S., Jr....3015 Medford Ave.
Young, Mrs. James W.....440 E. 71st
Young, Mrs. John E.....9350 Washington Blvd.
Young, Mrs. John M.....4535 Marcy Lane, No. 261
Zell, Mrs. Evertson H.....3110 Sutherland Ave.

New Augusta

Asher, Mrs. Ernest O.....Box 4
Asher, Mrs. James W.....8461 Moore Rd.
Brown, Mrs. David E.....R. R. 1, Lakeside Dr.
Brown, Mrs. DeWitt W.....R. R. 1, Box 268
Spivey, Mrs. Russell J.....R. R. 1, Box 542

Henry, Mrs. Russell S.....R. R. 5, Noblesville
Jones, Mrs. George L.....Wanamaker
Abreu, Mrs. Benedict E.
9300 Moore Rd., R. R. 2, Zionsville
Bailey, Mrs. Lawrence S...110 S. Second, Zionsville

MARSHALL COUNTY

Graham, Mrs. C. R.....Bourbon
Bowen, Mrs. Otis R.....N. Center St., Bremen
Burkett, Mrs. Cecil.....Grant St., Bremen
Stine, Mrs. Marshall.....304 W. Grant, Bremen
Reed, Mrs. Donald.....Lakefront & Mill, Culver

Plymouth

Danielson, Mrs. Harry E., Jr.....214 E. Ewing
Klingler, Mrs. M. O.....1111 Ferndale Ave.
Kubley, Mrs. James.....624 E. LaPorte St.
Pomeroy, Mrs. Rex.....1400 Park Ave.
Reed, Mrs. Robert G.....109 Baker
Robertson, Mrs. James.....1010 Ferndale Ave.

MIAMI COUNTY

Shrock, Mrs. E. E.....Amboy
Line, Mrs. Homer.....Chili
Sennett, Mrs. W. K.....Macy
Waite, Miss Carrie.....Macy
Waite, Miss Margaret Macy
Rendel, Mrs. H. E.....Mexico

Peru

Baldwin, Mrs. C. A.....17½ S. Huntington
Barnett, Helen.....109 W. Seventh
Berkebile, Mrs. John.....15 W. Sixth
Carl, Mrs. Clara.....128 W. Third
Daiani, Mrs. P. G.....159 W. Sixth
Eikenberry, Mrs. B. F.....28 W. Sixth
Freezee, Mrs. J. A.....213 E. Main St.
Malouf, Mrs. S. D.....359 W. Third
McDowell, Mrs. Anna.....53 E. Second
Wagner, Mrs. Sarah.....R. R. 4
Wildman, Mrs. R. E.....R. R. 2
Yarling, Mrs. Francis.....117 E. Fifth

MONTGOMERY COUNTY

Crawfordsville

Ball, Mrs. T. Z.....401 S. Washington
Burks, Mrs. Jess E.....512 W. Wabash Ave.
Cooksey, Mrs. Thomas L.....205 Marshall
Daugherty, Mrs. Fred N.....415 W. Main
Eggers, Mrs. Richard R.....411 S. Walnut St.
Haller, Mrs. Thomas C.....508 W. Main
Humphreys, Mrs. John W.....206 Woodlawn
Kinnaman, Mrs. Howard A.
R. R. 6, Darlington Rd.
Kirtley, Mrs. James N.....615 Thornwood Road
Lingeman, Mrs. Byron J.....203 Wallace
Mount, Mrs. William M.....1417 W. Main
Peacock, Mrs. Norman F.....107 Vernon Court

Pierson, Mrs. Robert H. 305 E. Main
Shannon, Mrs. Wesley E. 507 Russel Ave.
Sharp, Mrs. John L. 1403 E. Main
Wallace, Mrs. Hawthorne C. 107 W. Jefferson

Otten, Mrs. Ralph R. Darlington
Priebe, Mrs. Fred Hillsboro
Smith, Mrs. Byron J. Kingman
Blix, Mrs. Fred Ladoga
Denny, Mrs. Frank T. Ladoga
Wong, Mrs. Norman Linden
Davis, Mrs. William H. New Market
Kindell, Mrs. Herschel D. New Richmond
Gwaltney, Mrs. L. F. Roachdale
Richards, Mrs. Edgar E. Russellville
Person, Mrs. Theodore Veedersburg
Rusk, Mrs. Hubert M. Wallace
Johnson, Mrs. Dale Waynetown
Parker, Mrs. Carl B. Wingate

MORGAN COUNTY

Martinsville

Eisenberg, Mrs. David 340 E. Cunningham
Gray, Mrs. Leon 260 N. Ohio
Miller, Mrs. Ray 290 E. Washington
Pitkin, Mrs. Edward 309 Washington
Pitkin, Mrs. McKendree C. 440 E. Washington
Sweet, Mrs. Austin 260 N. Wayne
Van Wienan, Mrs. John 189 S. Jefferson
Willan, Mrs. Horace R. 109 S. Jefferson

Mooresville

Bivin, Mrs. James H. R. R. 2
Carmichael, Mrs. Lynn
Comer, Mrs. C. W. R. R. 2
Comer, Mrs. Kenneth R. R. 2
Van Bokkelen, Mrs. Robert

Murphy, Mrs. M. G. Morgantown

NORTHEASTERN ACADEMY

Bowman, Mrs. Charles M. Albion
Nash, Mrs. Justin R. Albion
Barton, Mrs. Robert Angola
Hippensteel, Mrs. Harland Auburn
Rogers, Mrs. E. E. Auburn
Mattmiller, Mrs. E. Dale Avilla
Sneary, Mrs. Kenneth D. Avilla
Hathaway, Mrs. Clayton Butler
Weirich, Mrs. Charles I. Butler
Jinnings, Mrs. Loren E. Garrett
Kantzer, Mrs. Floyd B. Garrett
Novy, Mrs. Charles Garrett
Reynolds, Mrs. D. Monroe Garrett
Reynolds, Mrs. Russel P. Garrett
Bryan, Mrs. Robert E. Kendallville
Gutstein, Mrs. Richard R. Kendallville
Hardy, Mrs. F. C. Kendallville
Hepner, Mrs. Herman Kendallville
Lawson, Mrs. Isaac H. Kendallville
Messer, Mrs. Frank Kendallville
Munk, Mrs. Cleorie E. Kendallville
Seybert, Mrs. Joseph D. Kendallville
Stallman, Mrs. Carl Kendallville
Williams, Mrs. Harold O. Kendallville
Alford, Mrs. James Hamilton
Schrepferman, Mrs. Wayne Hamilton
Wade, Mrs. Alfred A. Howe
Studebaker, Mrs. Lloyd LaGrange
Schutt, Mrs. James B. Ligonier
Stultz, Mrs. Quentin F. Ligonier
Webster, Mrs. Paul Ligonier
Fipp, Mrs. August L. Rome City
Williams, Mrs. John H. Shipshewana
Lehman, Mrs. Kenneth Topeka
Coleman, Mrs. Floyd Waterloo
Showalter, Mrs. John P. Waterloo
Luckey, Mrs. Robert Wolf Lake

ORANGE-WASHINGTON COUNTIES

Tower, Mrs. T. Kermit Campbellsburg
Paynter, Mrs. William T. Pekin
Baker, Mrs. Robert E. Orleans
Hodgin, Mrs. Phillip T. Orleans
Hammond, Mrs. Keith Paoli
Spears, Mrs. John K. Paoli
Apple, Mrs. E. R. Salem
Episcopo, Mrs. A. R. Salem
Fultz, Mrs. Roy L. Salem
Gilliatt, Mrs. James P. Salem
Huckleberry, Mrs. Irvin E. Salem
Mitchell, Mrs. J. I. Salem
Paynter, Mrs. L. W. Salem

OWEN-MONROE COUNTIES

Bloomington

Borland, Mrs. Ray R. R. 3
Buckingham, Mrs. Richard E. 705 S. Fess
DeMotte, Mrs. Russell 904 S. Rose
Estes, Mrs. Ambrose 701 Highland Ave.
Fowler, Mrs. Ross 709 Anita
Geiger, Mrs. Dillon N. Fee Lane
Hardtke, Mrs. Eldred F. 1005 S. Hawthorne Dr.
Hepner, Mrs. T. S. 312 N. Walnut
Holland, Mrs. D. J. 1100 Atwater
Holland, Mrs. Philip 514 N. College
Holtzman, Mrs. Paul W. 615 N. College Ave.
Karsell, Mrs. Wm. A. 700 Highland
Link, Mrs. William Alice Ave.
Lundblad, Mrs. W. M. 400 East Side Dr.
Lyons, Mrs. Robert Smithville Rd.
Marchant, Mrs. Clarence 350 S. College
Middleton, Mrs. Thomas O. 404 E. Seventh St.
Pizzo, Mrs. Anthony 409 S. Swain
Poolitsan, Mrs. George 619 E. Ninth
Quarles, Mrs. E. Bryan 811 S. Woodlawn
Reiger, Mrs. I. Taylor 517 N. Fess Ave.
Rogers, Mrs. Floyd 210 N. Washington
Rollins, Mrs. Thomas 815 S. Rose
Ross, Mrs. Ben R. R. 1, Martinsville Rd.
Schell, Mrs. H. D. 1401 Maxwell Lane
Sibbitt, Mrs. J. W. 818 Sheridan Drive
Smith, Mrs. Frederick P. 448 Levers Lane
Smith, Mrs. Herschel 110 S. Lincoln
Smith, Mrs. Paul 812 N. College
Spencer, Mrs. Beaufort A. 712 E. Eighth St.
Stangle, Mrs. William 1818 E. Third
Topolgus, Mrs. James 1015 Atwater
Wilson, Mrs. T. L. 301 E. Kirkwood

Stouder, Mrs. Charles E. Gosport

Spencer

Blackwell, Mrs. Donald
Brown, Mrs. Marcel S. 358 N. Washington
Greene, Mrs. C. D. 215 N. Main

PARKE-VERMILLION COUNTIES

Clinton

Casebeer, Mrs. P. B. 844 S. Fourth
Evans, Mrs. F. J. 1315 S. Main
Gerrish, Mrs. W. D. 125 S. Main
Herzberg, Mrs. Milton 545 S. Fourth
Kercheval, Mrs. J. M. Box 192
Pickett, Mrs. Paul 427 Whitcomb
White, Mrs. I. D. R. R.

Britton, Mrs. W. D. Montezuma
DeRenne, Mrs. W. L. Newport
Saunders, Mrs. J. L. Newport
Johnson, Mrs. W. A. Perrysville

Rockville

Bloomer, Mrs. J. R. 115 N. Market
Bloomer, Mrs. R. S. 502 W. York
Harstad, Mrs. C. 515 W. High
Merrell, Mrs. Basil M. 516 S. Market St.
Pirkle, Mrs. H. B. State Sanitorium
Staff, Mrs. R. A. State Sanitorium

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R. Sixth St., Cannelton

Tell City

Coultas, Mrs. P. J. 809 Main
Dome, Mrs. Hardin S. 147 11th St.
Dukes, Mrs. David A. 521 Main
Glenn, Mrs. F. C. 436 Main
James, Mrs. John Mark 26 11th St.
James, Mrs. N. A. 740 Ninth St.
Lally, Mrs. B. V. 622 Main
Lashley, Mrs. D. L. 606 Ninth
Lohoff, Mrs. Lewis C. 425 10th St.
Neifert, Mrs. Noel L. 1118 Blum

Snyder, Mrs. E. R. Troy

PORTER COUNTY

Chesterton

Ashmore, Mrs. Herbert C. 317 Bowser
Dale, Mrs. Joseph W. 422 Lincoln
Griffin, Mrs. Joseph W. Porter Ave.
Hall, Mrs. Thomas Dune Acres
Harless, Mrs. C. M. 123 W. Indiana Ave.
Robertson, Mrs. W. C. 600 E. Morgan

Valparaiso

Brown, Mrs. J. C. 458 Park Ave.
Davis, Mrs. Carl 202 Indiana
DeGrazia, Mrs. E. J. 410 Washington
Douglas, Mrs. George R. 404 Washington
Eades, Mrs. Ralph C. 501 E. Lincoln Way
Green, Mrs. Leonard 204 Fair
LaRocca, Mrs. Joseph 402 Erie
Maternowski, Mrs. C. J. R. R. 4
Milroy, Mrs. Robert 157 McIntyre
Poncher, Mrs. Henry 810 LaPorte Ave.
Seipel, Mrs. Herman O. 302 Lafayette
Vietzke, Mrs. Paul 60 Jefferson St.

PUTNAM COUNTY

Veach, Mrs. Lester W. Bainbridge
Veach, Mrs. Richard L. Bainbridge
Gray, Mrs. Clyde Cloverdale

Greencastle

Dettloff, Mrs. Frederick R. Highfall Ave.
Dobbs, Mrs. O. D. R. R. 3
Fuson, Mrs. W. J. 108 Northwood Blvd.
Johnson, Mrs. James B. 314 Highfall Ave.
Rhea, Mrs. Gilbert D. 126 E. Washington
Schauwecker, Mrs. Cleon M. 613 Ridge Ave.
Steele, Mrs. Dick J. 207 Northwood Blvd.
Tennis, Mrs. George T. 602 S. Jackson
Tipton, Mrs. William R. 103 Northwood Blvd.
Wiseman, Mrs. V. Earle 6 Durham
Gwaltney, Mrs. L. F. Roachdale

RANDOLPH COUNTY

Farmland

Nixon, Mrs. Bryon N. Main
White, Mrs. Harvey E. S. Main

Lynn

Harmon, Mrs. Wayne 113 W. Church
Jordan, Mrs. Leo E. 209 W. Church
Slick, Mrs. Crystal R. 104 E. Sherman
Potter, Mrs. Richard M. 120 Walnut, Ridgeville

Union City

Chambers, Mrs. Leroy B. 800 N. Columbus
Matheus, Mrs. Charles G. 1010 N. Plum
Phipps, Mrs. Leland K. 516 N. Howard
Reid, Mrs. Robert W. 706 W. Division
Rothermel, Mrs. Harold 729 N. Columbia
Voisinet, Mrs. R. A. 417 N. Howard
Wagoner, Mrs. B. D. Union City

Shallenberger, Mrs. H. R. Modoc

Winchester

Brenner, Mrs. Andrew M. 213 S. East
Dininger, Mrs. W. S. 303 S. Main
Engle, Mrs. Russell B. R. R. 2
Hannah, Mrs. Charles W. 544 W. Franklin
Painter, Mrs. Lowell W. 507 S. Main
Sparks, Mrs. Paul W. 601 W. Will
Spitler, Mrs. C. A. 417 N. Howard

RIPLEY COUNTY

Hisrich, Mrs. L. W. Batesville
Conrad, Mrs. Henry W. Milan
Hunter, Mrs. G. L. Milan
Williams, Mrs. Gilbert E. Milan
Row, Mrs. George Osgood
Smith, Mrs. Lee R. Osgood
McConnell, Mrs. William Sunman
Moran, Mrs. N. D. Versailles

RUSH COUNTY

McNabb, Mrs. George Carthage
McNabb, Mrs. Richard Carthage
Worth, Mrs. C. Willard Milroy

Rushville

Atkins, Mrs. C. C. 410 N. Perkins
Corpe, Mrs. Kenneth F. R. R. 4
Denny, Mrs. Melvin 124 E. 12th
Ellis, Mrs. Davis 721 N. Perkin
Green, Mrs. Frank 516 N. Morgan
Hoover, Mrs. Eugene 235½ W. Third
Johnson, Mrs. Robert I. 841 N. Harrison
Kay, Mrs. George 1206 N. Morgan
Kennedy, Mrs. R. O. 1004 N. Main
Kiplinger, Mrs. J. R. 1301 N. Main
Lee, Mrs. John 914 N. Morgan
Norris, Mrs. Marvin 620 N. Morgan
Nutter, Mrs. W. H. R. R. 7
Shanks, Mrs. Roy E. 1110 N. Morgan

SHELBY COUNTY

Nigh, Mrs. R. M. Fairland
Davis, Mrs. John A. Flat Rock
Jean, Mrs. Thomas A. Morristown

Shelbyville

Barnum, Mrs. Emerson 110 E. Hendricks
Bass, Mrs. F. E. 169 W. Washington
Dalton, Mrs. Wilson L. 401 Sunset Dr.
Gehres, Mrs. Robert W. 610 Shelby
Grove, Mrs. E. G. 242 W. Broadway
Inlow, Mrs. C. Fred 630 S. Harrison
Inlow, Mrs. Herbert H. 212 N. Harrison
Inlow, Mrs. W. D. Spring Hill Rd.
McFadden, Mrs. Walter C. 28 W. Mechanic
Miller, Mrs. R. C. 17 W. Mechanic
Phares, Miss Frances 408 S. Harrison

Richard, Mrs. Norman F.....45 W. Washington
Scott, Mrs. V. B.....R. R. 2
Silbert, Mrs. David B.....623 S. West
Spindler, Mrs. Robert D.....165 W. Mechanic
Tindall, Mrs. Paul R.....164 W. Franklin
Tindall, Mrs. W. R.....616 S. Harrison
Whitcomb, Mrs. Roger F.....413 W. South

ST. JOSEPH COUNTY

Thornton, Mrs. M. J.....R. R. 2, Bremen
Cassady, Mrs. J. V...R. R. 2 (Edwardsburg, Mich.)

Mishawaka

Barone, Mrs. C. V.....R. R. 2, Bremen Highway
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Goethals, Mrs. C. J.....602 Lincolnway W.
McDonald, Mrs. R. M.....E. Jefferson Rd.
Orr, Mrs. W. Robert.....1335 Prospect Dr.
Proudfit, Mrs. C. H.....R. R. 2, Ireland Trail
Rosewasser, Mrs. Jacob.....415 Indiana Ave.
Sirlin, Mrs. Edward M...R. R. 19, E. Jefferson Rd.
Spalding, Mrs. Wendell L.....617 Webster
Templeton, Mrs. Ames R.....522 Calhoun
Walerko, Mrs. Frank.....626 Indiana
Walters, Mrs. Charles E.....R. R. 2, Ireland Rd.
Whitlock, Mrs. Francis.....304 Lincoln Way E.
Whitlock, Mrs. Merle E.....123 W. Fourth
Wurster, Mrs. H. C.....221 E. Third
Wygant, Mrs. M. D.....R. R. 1
Wyland, Mrs. B. J.....510 Calhoun
Zimmer, Mrs. H. J.....333 Edgewater Dr.

Bassler, Mrs. C. R.....R. R. 4, Niles, Mich.
Houser, Mrs. D. S...R. R. 2, Box 167, North Liberty
Cline, Mrs. Kenneth L.....Wyatt

South Bend

A

Abel, Mrs. J. A.....825 W. Colfax
Acker, Mrs. Robert B.....103 S. Ironwood
Arisman, Mrs. R. K.....1615 E. Colfax

B

Backs, Mrs. Alton J.....1953 Inglewood Place
Balla, Mrs. Morris.....1516 E. Wayne
Baran, Mrs. Charles.....128 Tasher
Bechtold, Mrs. S. E.....313 Pendle
Bennett, Mrs. Jene R.....1072 Woodward
Berke, Mrs. Robert D.....2510 Erskine Blvd.
Biasini, Mrs. B. A.....149 Glendale Rd.
Bickel, Mrs. David A.....1335 E. Wayne St.
Birmingham, Mrs. P. J.....1126 E. Irvington
Bishop, Mrs. C. Allen.....1301 Garland Rd.
Bixler, Mrs. Louis C.....1817 Portage
Blackburn, Mrs. Erwin.....1340 E. Madison Ave.
Bodnar, Mrs. Leslie M.....1843 Portage Ave.
Borough, Mrs. L. D.....1726 McKinley
Bryan, Mrs. Robert J.....604 E. Ewing
Buchanan, Mrs. Wallace D...1326 E. Wayne St., N.
Buechner, Mrs. Fred W.....603 W. Marion
Bussard, Mrs. C. F.....329 W. Madison
Bussard, Mrs. Frank.....510 S. Sunnyside Ave.

C

Carter, Mrs. F. R. N.....2000 E. Jefferson Blvd.
Chamblee, Mrs. R. W.....1120 Sorin St.
Clark, Mrs. Stanley A.....1242 E. Jefferson Blvd.
Clark, Mrs. W. H.....1336 E. Wayne, No.
Colip, Mrs. George D.....300 David
Condit, Mrs. D. H.....1521 E. Wayne
Cook, Mrs. Gordon C.....1620 Southwood Ave.
Crawford, Mrs. Robert, Jr.....430 N. Taylor St.
Custer, Mrs. Edward W.....1111 Darden Rd.

D

Denham, Mrs. Robert H.....1429 E. Wayne
Dietl, Mrs. Ernest L.
R. R. 2, Box 491, Country Club Rd.
Dodd, Mrs. Robert D.....1017 Kinyon St.
Dolezal, Mrs. Bernard J.....815 Park Ave.
Donnelly, Mrs. Everett.R. R. 6, Box 51B, Miami Rd.
Duggan, Mrs. James A.....110 Peashway
Dunlap, Mrs. D. Logan.....123 North Shore Dr.

E

Ebin, Mrs. J. L.....1223 N. Lawrence
Edwards, Mrs. Bernard E.....1341 E. Wayne
Egan, Mrs. Sherman L.....944 Riverside Dr.
Ellison, Mrs. Alfred.....Dragoon Trail
English, Mrs. J. Paul.....3116 Robinhood Lane
Erickson, Mrs. G. Walter.....217 Wildmere Dr.
Erickson, Mrs. L. G.....1212 E. Woodside

F

Faltin, Mrs. L.....302 S. Coquillard Dr.
Farner, Mrs. James.....1335 Looper Ave.
Feldman, Mrs. Max.....702 N. Lafayette Blvd.
Filipek, Mrs. Walter.....2513 Lincoln Way West
Firestein, Mrs. Ben Z.....124 N. Eddy
Firestein, Mrs. Ray.....2901 Miami St.
Fish, Mrs. C. M.....224 Swanson Circle
Fish, Mrs. Edson C.....536 Summers Dr.
Fisher, Mrs. L. F.....1717 E. Colfax
Frank, Mrs. Herbert....2616 S. Twyckenham Dr.
Frank, Mrs. L. L.....534 N. Lafayette Blvd.
Frash, Mrs. D. W.....1235 E. Wayne, So.
Frey, Mrs. W. B.....617 Northwood Dr.
Friedman, Mrs. Morris S.....1601 E. Cedar

G

Gates, Mrs. George E.....411 W. North Shore Dr.
Gilman, Mrs. Marcus.....1925 E. Jefferson Blvd.
Giordano, Mrs. A. S.....1518 E. Colfax Ave.
Godersky, Mrs. George.....2744 Sampson
Goldstone, Mrs. Harry.....1111 W. Darden Rd.
Goraczewski, Mrs. T. C.....1016 W. Washington
Graff, Mrs. John P.....424 Peashway
Green, Mrs. George F.....1515 E. Wayne
Green, Mrs. Norvel E.....1726 E. LaSalle
Grillo, Mrs. Donald.....1832 N. Adams
Grorud, Mrs. Alton C.....129 W. North Shore Dr.

H

Haley, Mrs. Paul E.....R. R. 2, Country Club Dr.
Hall, Mrs. James M.....1438 E. Monroe St.
Hamilton, Mrs. Charles O.....1498 Northern
Harmon, Mrs. V. E.....3221 Mishawaka
Haugseth, Mrs. E. K.....418 Marquette Ave.
Helmen, Mrs. Harry W.....120 Franklin Place
Helmer, Mrs. John.....1825 Wilbur
Hilbert, Mrs. John W.....410 W. Washington
Hildebrand, Mrs. J. O.....1307 E. Ewing Ave.
Hill, Mrs. Theodore.....1734 Portage Ave.
Hillman, Mrs. Marion W.....1516 Marquette Blvd.
Holtzman, Mrs. Norman.....3123 S. Michigan St.
Hyde, Mrs. C. C.....1521 E. Colfax

J

Johns, Mrs. N. C.....1329 N. St. Joseph St.

K

Kamm, Mrs. Bernard.....1402 E. Washington
Karn, Mrs. John W.....1535 Wall St.
Klahr, Mrs. Ellsworth E.....1422 McKinley
Knede, Mrs. Kenneth T...R. R. 2, Country Club Dr.
Krueger, Mrs. John E.....1206 N. Lawrence
Kuhn, Mrs. Frederick L.....1215 S. Michigan St.

L

Lamb, Mrs. Leonard.....1009 E. Jefferson Blvd.
Lane, Mrs. William H.....845 Park
Lang, Mrs. Joseph E.....505 Dixie Hwy., No.
Langenbahn, Mrs. Carl J..2902 S. Twyckenham Dr.
Levatin, Mrs. B. J.....3503 Brookhurst
Levkoff, Mrs. Abner.....3239 Essex Dr.

Lionberger, Mrs. John R...1419 E. Jefferson Blvd.
Liss, Mrs. Emanuel.....1612 E. Madison
Lockhart, Mrs. Philip.....1311 E. Monroe St.
Lyons, Mrs. Robert C.....2826 Southeast Dr.

M

Mason, Mrs. Bernard A.....2719 Marine St.
Martin, Mrs. Charles F., Jr.....2125 Linden Ave.
McCraley, Mrs. W. J.....2420 Erskine Blvd.
McDonald, Mrs. R. M.....E. Jefferson Blvd.
Metcalfe, Mrs. G. E.....1209 E. Wayne, No.
Miller, Mrs. Milo K.....1018 E. Oakside
Mott, Mrs. C. A.....2733 Lincolnway West
Mueller, Mrs. H. M.....3525 Windingwood Dr.
Murphy, Mrs. Eugene C.....1411 Sunnymede

N-O

Nelson, Mrs. Raymond E.....1909 E. Madison
Olson, Mrs. Kenneth.....1228 E. Woodside

P

Parmly, Mrs. Walter E., Jr...1342 Mishawaka Ave.
Parshall, Mrs. Dale.....2728 Hoke
Parsons, Mrs. Robert.....3110 Corby Blvd.
Pauszek, Mrs. Thomas B.....916 Riverside Dr.
Peltier, Mrs. Hubert.....416 Manchester Dr.
Petrass, Mrs. Andrew.....Liberty Highway
Plain, Mrs. George.....2280 Ponader Dr.
Potter, Mrs. Thomas P.....1707 Hamilton
Pyle, Mrs. H. Dale.....115 N. Sunnyside

R

Rigley, Mrs. Edward L.....2161 Dixie Hwy., No.
Rodin, Mrs. H. H.....1138 E. Wayne, So.
Rosenheimer, Mrs. George M.....1425 E. Woodside
Rubens, Mrs. Eli.....1331 E. Victoria
Rudolph, Mrs. Carl.....2016 E. Madison Ave.

S

Sanderson, Mrs. Robert B...1331 Sunnymede Ave.
Sandock, Mrs. I.....125 W. Marion
Sandock, Mrs. Louis E.....235 S. Esther St.
Sandoz, Mrs. H. H.....239 S. Hawthorne Dr.
Sandoz, Mrs. Louis A.....304 S. Twyckenham Dr.
Savery, Mrs. Charles E.....1663 Southbrook Dr.
Schiller, Mrs. Herbert A.....1813 E. Cedar
Scott, Mrs. Frank M.....1220 E. Woodside
Selby, Mrs. K. E.....1327 E. Wayne, No.
Sensenich, Mrs. R. L.....128 S. Scott
Sharp, Mrs. Merle C.....2410 Woodthrush
Slominski, Mrs. Harry H.....1862 College St.
Spenner, Mrs. R. W.....125 S. Esther St.
Stiver, Mrs. Dan D.....1329 Belmont
Stogdill, Mrs. William.....102 S. Coquillard
Stratigos, Mrs. Joseph S.....2602 South Bend

T

Thompson, Mrs. John M.....1618 Cedar
Thompson, Mrs. Robert A.....1726 E. Cedar
Tirman, Mrs. Wallace,....1224 E. Wayne St., No.
Traver, Mrs. P. C.....1010 Riverside Dr.

V-W-Z

Vagner, Mrs. S. Bernard.....324 N. Birdsell St.
Vurpillat, Mrs. F. J.....2102 E. Cedar
Weiss, Mrs. Eugene.....2517 S. Michigan St.
Wilson, Mrs. James M.....1416 E. Monroe St.
Zeiger, Mrs. Irwin L.....1205 E. Irvington

STARKE-PULASKI COUNTIES

Leinbach, Mrs. Earl.....Hamlet
De Naut, Mrs. James.....Knox
Henry, Mrs. Howard.....Knox
Ingwell, Mrs. Guy.....Knox
McClure, Mrs. Clark.....Knox
Grant, Mrs. Albert.....North Judson
Matthew, Mrs. J. Robert.....North Judson

TIPPECANOE-WHITE COUNTIES

Derhammer, Mrs. G. L.....Brookston

Lafayette

Arnett, Mrs. A. C.....516 S. Seventh
Bayley, Mrs. R. D.....725 S. 11th
Beeler, Mrs. J. Moss.....North River Rd.
Bolin, Mrs. R. C.....2404 Crestview Ct.
Birns, Mrs. John T.....1115 King St.
Byrum, Mrs. Clifford.....2507 Rainbow Dr.
Clauser, Mrs. Mary S.....2020 Union
Dickerson, Mrs. W. M.....2793 Vinton
Dubois, Mrs. Ramon.....519 Calvert Lane
Flack, Mrs. R. A.....627 Central
Frey, Mrs. Harley.....927 Highland
Graham, Mrs. Thomas.....1213 Wea
Gripe, Mrs. Richard.....1623 S. Fifth
Harden, Mrs. Murray E.....610 Carrolton Blvd.
Harter, Mrs. Eli B.....918 King
Holladay, Mrs. L. J.....1403 S. 14th St.
Hunsberger, Mrs. W. Glenn.....625 Kossuth St.
Johnson, Mrs. Herbert.....712 Cherokee
Jones, Mrs. David.....2055 S. Ninth
Karberg, Mrs. Richard J.....1600 Potomac
Klepinger, Mrs. Harry E.....909 N. 21st
McAdams, Mrs. Hugh.....1411 Sunset Dr.
McAdams, Mrs. Robert.....1507 Central
McClelland, Mrs. D. C.....1021 Highland
Morrison, Mrs. J. S.....422 N. Seventh
Neumann, Mrs. Kenneth.....1410 S. 18th
Pyke, Mrs. Inez.....532 S. Ninth
Ratcliff, Mrs. Frank W.....1000 Wea
Rothrock, Mrs. Philip.....605 Lingle Ave.
Sholty, Mrs. William M.....Shadeland Farm Rd.
Trout, Mrs. Carl J.....800 State
VanRedd, Mrs. Earl.....806 South Ninth St.
Vermilya, Mrs. R. W.....Cedar Bluff Rd.
Williams, Mrs. E. K.....St. Elizabeth Hospital
Williams, Mrs. Robert E.....1502 Cason St.

West Lafayette

Bayley, Mrs. William.....622 Rose
Beeler, Mrs. J. Moss..Box 308, Wabash Valley San.
Burkle, Mrs. John C.....121 University
Bush, Mrs. J. A.....209 Northwestern Ave.
Calvert, Mrs. R. R.....308 Park Lane
Engeler, Mrs. James E.....1316 N. Grant
Ferguson, Mrs. William B.....430 Forest Hill Dr.
Gery, Mrs. R. D.....306 Park Lane
Haw, Mrs. M. T.....1812 Garden
Hughes, Mrs. Richard R.....908 Carrolton Blvd.
Johnson, Mrs. Lowell.....492 Maple
Klatch, Mrs. Ben Z.....1504 N. Grant
Marsh, Mrs. Wm. L.....1501 Ravinia Rd.
McFadden, Mrs. James.....1424 N. Salisbury
Miller, Mrs. Roland.....600 Ridgewood Dr.
Peyton, Mrs. Frank W.....612 Ridgewood Dr.
Schuck, Dr. Cecilia.....403½ Waldron St.
Stahl, Mrs. E. T.....324 Park Lane
VanBuskirk, Mrs. E. L.....1301 Ravinia Rd.
Washburn, Mrs. W. W.....209 Forest Hill Dr.

McClure, Mrs. S. F.....Monon
Mitchell, Mrs. E. T.....Romney
Babb, Mrs. Forest T.....Stockwell

TIPTON COUNTY

Belding, Mrs. Ray.....Kempton
Stouder, Mrs. Albert.....Kempton

Tipton

Burkhardt, Mrs. B. A.....328 N. West
Carter, Mrs. Jean.....215 Green
Compton, Mrs. George.....N. Independence St.
Gossard, Mrs. M. B.....323 N. Conde St.
Kincaid, Mrs. Raymond.....114 Second St.
Kurtz, Mrs. William A.....R. R. 1

Tranter, Mrs. William.....Sharpsville

VANDERBURGH COUNTY

Purcell, Mrs. Jack.....R. R. 5, Boonville
Stover, Mrs. Wendell C.....Boonville

Evansville

A

Acre, Mrs. Robert R.....2311 Lincoln
Adler, Mrs. Ray N.....1660 Lincoln
Allenbaugh, Mrs. A. E.....3218 E. Mulberry
Anderson, Mrs. Milton H...Evansville State Hosp.
Antes, Mrs. Earl H.....1201 Bonnieview Dr.
Austin, Mrs. Eugene W.....2163 Bayard Park Dr.

B

Baker, Mrs. J. S.....2670 Stringtown Rd.
Baker, Mrs. Mason.....900 Bellemeade Ave.
Barclay, Mrs. I. C.....1215 Parrett
Barnhart, Mrs. Willard T.....507 Boeke Rd.
Beck, Mrs. Robert E.....1161 S. Lombard Ave.
Bennett, Mrs. Abner P.....961 Blue Ridge Rd.
Bissonette, Mrs. Roger P.....3108 E. Walnut
Britt, Mrs. Robert.....2214 E. Sycamore St.
Brockmole, Mrs. Arnold W.....517 Edgar St.
Bryan, Mrs. Stanton L.....3211 E. Mulberry
Buchholz, Mrs. Ransom R.....1023 Taylor
Buehner, Mrs. Donald.....1200 Bonnieview Dr.
Buikstra, Mrs. C. R.....R. R. 6, Box 215
Burnikel, Mrs. Ray H.....960 S. Rotherwood Ave.

C

Cacia, Mrs. John J.....420 S. Boeke Rd.
Caldwell, Mrs. William C.....643 College Hwy.
Clements, Mrs. A. F.....3315 Lincoln
Clouse, Mrs. Paul A.....2066 Bayard Park Dr.
Cockrum, Mrs. William M.....1414 Parkside Dr.
Coleman, Mrs. Joseph E.....1725 Sweetzer
Combs, Mrs. Herman.....915 S. Red Bank Rd.
Combs, Mrs. P. B.....4109 Lincoln
Corcoran, Mrs. P. J. V.....2412 E. Chandler
Crawford, Mrs. James.....2713 N. Shore Dr.
Crevello, Mrs. Albert J.....1664 Lincoln
Cullnane, Mrs. Chris W.....3020 Mt. Vernon Rd.

D

Daves, Mrs. W. Lawrence.....708 College Hwy.
Davidson, Mrs. Harold H.....800 Blue Ridge Rd.
Deems, Mrs. Myers.....741 Bayard Park Dr.
Denzer, Mrs. Edward K..Outer Lincoln Ave., R. R. 6
Denzer, Mrs. W. O.....923 Bellemeade
Dieckman, Mrs. Herbert S.....1101 Harrelton Ct.
Dodd, Mrs. R. K.....1705 S. New Green River Rd.
Dycus, Mrs. Walter A.....Koring Rd.
Dyer, Mrs. Wallace K.....812 St. James

E

Ehrich, Mrs. William S.....1500 S. Kentucky
Eisterhold, Mrs. Robert....3014 Washington Ave.
Engel, Mrs. Edgar L.....1411 E. Park Dr.

F

Faul, Mrs. Henry.....725 S. Willow Rd.
Fenneman, Mrs. Robert J.....2813 Wayside Dr.
Fisher, Mrs. William C.....1319 S. Kentucky
FitzGerald, Mrs. Maurice D...924 Bayard Park Dr.
Fitzsimmons, Mrs. E. L.....500 S. Boeke Rd.
French, Mrs. William G.....844 Hoosier

G

Garland, Mrs. E. A.....719 Plaza Dr.
Gaul, Mrs. L. Edward.....508 S. Boeke Rd.
Getty, Mrs. William.....1009 N. Spring
Griep, Mrs. Arthur H.....5414 Madison
Guckien, Mrs. Joseph.....761 S. Morton

H

Hammond, Mrs. R. Case....1221 Ravenswood Dr.
Hare, Mrs. Daniel M.....2112 Lincoln
Harris, Mrs. Lofton H.....Jennings Lane
Hart, Mrs. Paul.....1436 Lincoln
Hartley, Mrs. C. A., Jr.....300 Hesmer Rd.
Healy, Mrs. William F.....722 S. Willow Rd.
Hefti, Mrs. Karl.....400 Hesmer
Heinrich, Mrs. Weston.....1408 Lincoln Ave.
Hendershot, Mrs. Eugene L.....4928 Conlin Ave.
Hermayer, Mrs. Stephen....1316 Bonnieview Dr.
Herrmann, Mrs. Gordon T.....3109 E. Oak
Herzer, Mrs. C. C.....Mill Rd.
Hoover, Mrs. Guy.....827 Blackford
Huggins, Mrs. Victor.....520 S. Alvord

J-K

Johnson, Mrs. Stephen L.....2215 Lincoln
Kessler, Mrs. R. B.....1200 Harrelton Ct.
Keys, Mrs. Lynn.....2808 Madison Ave.
Kleindorfer, Mrs. R. L.....615 S. Willow Rd.

L

Laubscher, Mrs. Clarence.....Kratzville Rd.
Lawrence, Mrs. Joseph C.....1362 E. Chandler
Leibunguth, Mrs. Henry.....1522 Adams Ave.
Leslie, Mrs. Ermil T...316 S. Weinbach, Apt. B-1
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Mino, Mrs. Robert.....2777 Wayside Dr.
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Olsen, Mrs. Robert.....1151 Stockwell

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Pugh, Mrs. Willis.....5204 Lincoln

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Stork, Mrs. Urban.....414 S. Kelsey
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Tweedall, Mrs. D. G.....2202 W. Illinois

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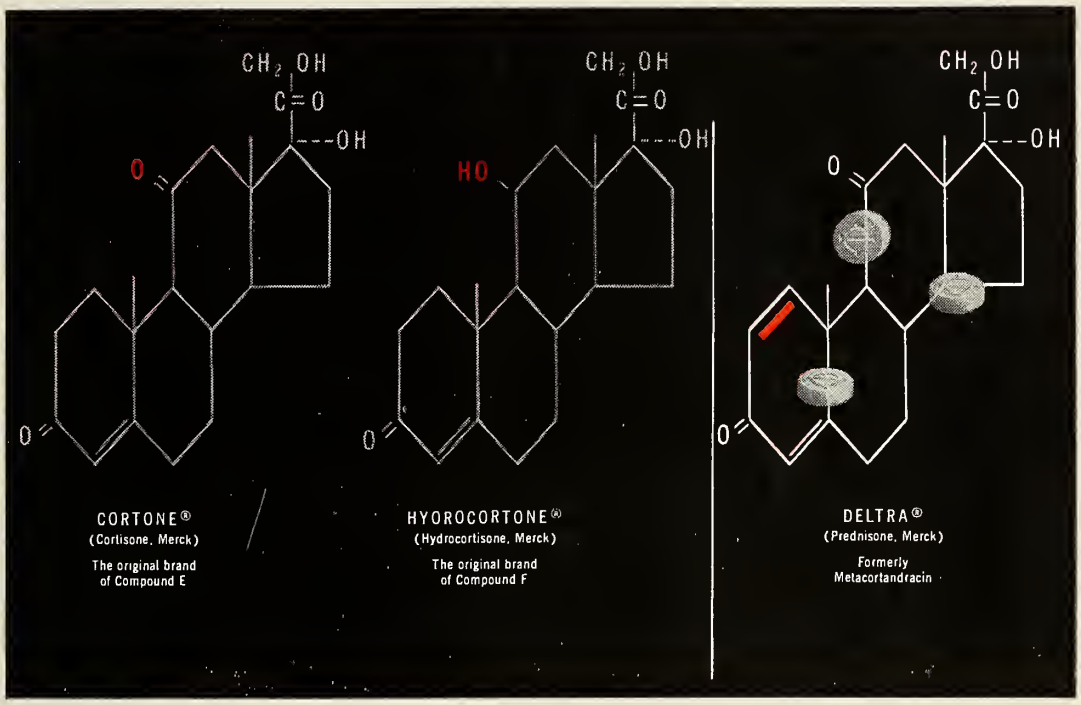
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Miss Kathryn E. Larrance, Adm.
Union City Hospital.
702 W. Division St., Union City.

RIPLEY COUNTY

Sister M. Gerard, R.N., Adm.
Margaret Mary Hospital.
Rosemont Division, Batesville.

Henry W. Conrad, M.D., Adm.
The Whitlatch Clinic and Hospital, Inc.
Milan.

RUSH COUNTY

Miss Ida Mae Mouchette, R.N., Dir. of Nurses
Rush Memorial Hospital.
Main at 13th St., Rushville.

SCOTT COUNTY

Floyd S. Napper, M.D., Adm.
Napper Hospital.
69 Wardell St., Scottsburg.

SHELBY COUNTY

Mrs. Frances Pruitt, R.N., Adm.
William S. Major Hospital.
150 W. Washington St., Shelbyville.

ST. JOSEPH COUNTY

E. W. Custer, M.D., Adm.
Healthwin Hospital.
1111West Darden Road, South Bend.

John C. Van Metre, Adm.
Northern Indiana Children's Hospital.
1234 N. Notre Dame Ave., South Bend.

Mr. Richard W. Trenkner, Adm.
Memorial Hospital of South Bend.
604 N. Main St., South Bend.

Sister M. Reginalda, R.N., Adm.
St. Joseph Hospital.
1215 W. 4th St., Mishawaka.

Sister M. Nazarita, R.N., Adm.
St. Joseph's Hospital.
401 N. Notre Dame Ave., South Bend.

A. F. Kull, D.O., Adm.
South Bend Osteopathic Hospital.
118 S. William St., South Bend.

STARKE COUNTY

Miss Macie N. Knapp, R.N., Adm.
Starke Memorial Hospital.
Culver Road, Knox.

STEUBEN COUNTY

Mrs. Daisy McCallister, R.N., Adm.
Cameron Hospitals, Inc.
416 E. Maumee, Angola.

Miss Bessie Cottrell, R.N., Adm.
Elmhurst Hospital, Inc.
609 W. Maumee, Angola.

SULLIVAN COUNTY

Miss Wilma Duncan, Adm.
Mary Sherman Hospital.
320 N. Section St., Sullivan.

TIPPECANOE COUNTY

Mr. T. E. Berg, Adm.
Lafayette Home Hospital.
2400 E. South St., Lafayette.

Sister M. Amelia, R.N., Adm.
St. Elizabeth Hospital.
1021 N. 14th St., Lafayette.

J. W. Strayer, M.D., Adm.
William Ross Sanatorium.
R.R. 6, State Road No. 52, Lafayette.

TIPTON COUNTY

Mr. Harry L. Gable, Adm.
Tipton County Memorial Hospital.
South Main Street, Tipton.

VANDERBURGH COUNTY

Joseph E. Moody, M.D., Adm.
Boehne Tuberculosis Hospital.
Upper Mount Vernon Road, Zone 12, Evansville.

Albert G. Hahn, L.H.D., Adm.
Protestant Deaconess Hospital.
600-700 Mary St., Evansville.

Sister Justina, Adm.
St. Mary's Hospital, Inc.
713 First Ave., Evansville.

Mr. Crayton E. Mann, Adm.
Welborn Memorial Baptist Hospital, Inc.
412 S.E. 4th St., Evansville.

VERMILLION COUNTY

Vermillion County Hospital.
800 S. Main St., Clinton.

VIGO COUNTY

Mrs. Arlie L. Dwyer, R.N., Adm.
Florence Crittendon Home and Hospital.
1923 Poplar St., Terre Haute.

D. A. Hoover, M.D., Adm.
Hoover Sanatorium.
2144 8th Ave., Terre Haute.

Sister M. Ludolpha, Adm.
St. Anthony Hospital.
1021 S. 6th St., Terre Haute.

I. Herman Sloss, M.D., Adm.
Sloss Hospital.
1029 S. 7th St., Terre Haute.

Ellen E. Church, R.N., Adm.
Union Hospital, Inc.
7th St. at 8th Ave., Terre Haute.

WABASH COUNTY

Mrs. E. A. Ford, Actg. Adm.
Wabash County Hospital.
670 N. East St., Wabash.

WARREN COUNTY

Mrs. Nellie O. Rudolph, Adm.
The Community Hospital.
412 N. Monroe St., Williamsport.

WASHINGTON COUNTY

Harry M. Voyles, Adm.
Washington County Memorial Hospital.
Shelby Street, Salem.

WAYNE COUNTY

Mr. Frank G. Sheffler, Adm.
Reid Memorial Hospital.
Spring Grove, Richmond.

James Kaler, Jr., M.D., Adm.
Smith Esteb Memorial Hospital.
R. R. No. 4, Liberty Pike, Richmond.

WELLS COUNTY

Mrs. Eileen Stipp, Adm.
Clinic Hospital.
309 S. Main St., Bluffton.

Wells County Hospital.
1116 S. Main St., Bluffton.

WHITLEY COUNTY

Mr. Carl F. Arnston, Adm.
Memorial Hospital.
215 E. Van Buren St., Columbia City.
Mr. Stanley S. Mullendore, Adm.
Whitley County Memorial Hospital.
353 N. Oak St., Columbia City.

ACCREDITED SCHOOLS OF NURSING

School of Nursing and Hospital, University or College with which School is connected	Location	Director, School of Nursing	Daily Ave. Patient Census
xxx Baptist Hospital—			
Evansville College	Evansville	Miss Mildred C. Boeke, R.N.	135
Protestant Deaconness	Evansville	Miss Elsie Norman, R.N.	263.4
a St. Mary's Hospital	Evansville	Sister Catherine, R.N.	153.9
* Welborn Memorial Baptist	Evansville	Mrs. Madeline T. Kinney, R.N.	135
Lutheran	Fort Wayne	Helen J. Succop, R.N.	208.5
a Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	220
a St. Joseph	Fort Wayne	Sister M. Theodorita, R.N.	279.4
ab Methodist	Gary	Mrs. Margaret C. Thomas, R.N.	258
a St. Mary's Mercy	Gary	Sister M. Lourdes, R.N.	230.6
abxxx Goshen College	Goshen	Miss Orpah B. Mosemann, R.N.	
a St. Margaret	Hammond	Sister M. Florianne, R.N.	263
a Indiana University	Indianapolis	Miss Crystal Halstead, R.N.	486.3
a Indianapolis General	Indianapolis	Mrs. Edna M. Wilson, R.N.	534
a Methodist	Indianapolis	Miss Fredericka E. Koch, R.N.	660
a St. Vincent's	Indianapolis	Sister Clare, R.N.	276.6
* Lafayette Home	Lafayette	Miss Lucille H. Johnson, R.N.	111.9
b St. Elizabeth's	Lafayette	Sister M. Huberta, R.N.	219
ab Ball Memorial	Muncie	Miss Janet H. Froome, R.N.	258
a Holy Cross Central School	Notre Dame	Sister M. Amadeo, R.N.	
Unit Hospitals of the Central School:			
St. John's Hickey Memorial Hospital	Anderson		222.9
St. Joseph's Memorial Hospital	Kokomo		137
St. Joseph's Hospital	South Bend		163.9
Our Savior's Hospital,	Jacksonville, Illinois		99
axxx St. Mary's College	Notre Dame	Sister M. Amadeo, R.N.	
a Reid Memorial	Richmond	Miss Louise Dingwerth, R.N. Actg.	185
Memorial	South Bend	Miss Florence G. Young, R.N.	213
ab St. Anthony	Terre Haute	Sister Mary Delphina, R.N.	169
b Union Hospital	Terre Haute	Miss Prudence Appelman, R.N.	184
Good Samaritan	Vincennes	Miss Lucretia M. Brian, R.N. Acting	164.7

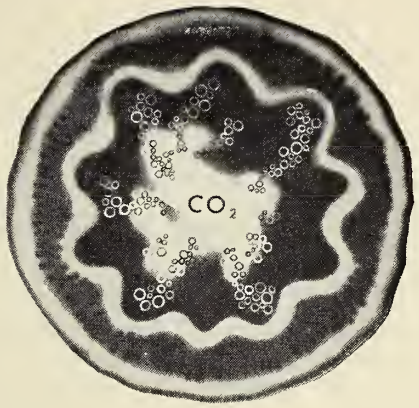
ACCREDITED PRACTICAL NURSE SCHOOLS

ab Purdue University, Calumet Center Practical Nurse Training Program
2233 171st St., Miss Mary Ruth Maginsky, R.N., Hammond, Indiana

ab Indianapolis Public Schools School of Practical Nursing
501 S. Meridian St., Miss Fern A. Goulding, R.N., Indianapolis, Indiana

ab Muncie School of Practical Nursing
2300 W. Gilbert St., Miss Mary Johnson, R.N., Muncie, Indiana

a Negro students are enrolled.
b Will accept male students.
xxx Collegiate school of nursing.
* Not accepting students.



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Department of Physiology — Paul M. Harmon, Ph.D., Bloomington.

Department of Biochemistry and Pharmacology—Rolla N. Harger, Ph.D., Indianapolis.

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Director of Clinical Laboratories—J. L. Arbogast, M.D.

Chief Radiologist—J. A. Campbell, M.D.

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Lieutenant Governor	Harold W. Handley	R	331
Secretary of State	Crawford F. Parker	R	201
Treasurer of State	John Peters	R	242
Auditor of State	Curtis Rardin	R	238
Attorney General	Edwin K. Steers	R	219
Supt. of Public Instruction	Wilbur Young	R	227
Clerk of Supreme Court	Mabel Lyons	R	217
Reporter of Supreme Court	Virginia B. Caylor	R	416

* Incumbents on July 1, 1955.

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Junior Senator—Hon. William E. Jenner.
(R) Bedford, Indiana.

*** Address them at Senate Office Building, Washington, D. C.**

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LICENSED NURSING HOMES IN INDIANA

(As of June 1, 1955)

ADAMS COUNTY

Berne Nursing Home
906 W. Main St., Berne
Miss Pauline Hostetler

Smith Recovery Home
Cor. Butcher and High Sts., Geneva
Mrs. Fanny B. Smith

ALLEN COUNTY

Cherry Grove Home
1703 Howell St., Fort Wayne
Mrs. Margaret Sitton

Crater Nursing Home
1407 E. Wayne St., Fort Wayne
Mrs. Pearl Crater

"Crow's Haven"
2440 Bowser St., Fort Wayne
Mrs. Meta Crow

Grace Convalescent Home
1529 California Ave., Fort Wayne
Mrs. Jessie G. Richer

Lawton Nursing Home
1649 Spy Run Ave., Fort Wayne
Mr. Walter C. Buuck

Leslee Home
906 Lake Ave., Fort Wayne
Mrs. Leona Hollman

Munson Home
336 Madison St., Fort Wayne
Mrs. Mabel Munson

Slay Nursing Home
1211 S. Lafayette St., Fort Wayne
Mrs. Eva B. Slay

Twin Maples Sanitarium
734 W. Washington Blvd., Fort Wayne
Mrs. Maude M. Cole, R.N.

West Berry Street Rest Home
903 W. Berry St., Fort Wayne
Herbert E. Atkinson, Sr.

BARTHOLOMEW COUNTY

Boilanger Nursing Home
213 Fourth St., Columbus
Mrs. Everly Boilanger

Brown Nursing Home
318 Smith St., Columbus
Mr. Ithamer Brown

Redman's Sanitarium
R. R. 4, Columbus
Frank A. and Nellie V. Redman

Shanklin Nursing Home
705 Sycamore St., Columbus
Mrs. Mildred Shanklin

BENTON COUNTY

Neal Nursing Home
3rd and Maple Sts., Earl Park
Mrs. Genevieve L. Neal

Ellsworth Nursing Home
Smith St., Oxford
Mrs. Bertha Ellsworth

BLACKFORD COUNTY

Waldo House
511 W. Washington St., Hartford City
Mrs. Martha Waldo

Jackson Convalescent Home
423 S. Main St., Montpelier
Rolland W. Jackson

Jackson Nursing Home No. 2 (10)
110 E. Huntington St., Montpelier
Rolland W. Jackson

BOONE COUNTY

English Nursing Home
304 W. Washington St., Lebanon
Mrs. Bessie M. English

Trammel Nursing Home
415 N. Clark St., Lebanon
Mrs. Sarah S. Trammel

Davis Nursing Home
310 W. Main St., Thorntown
Mrs. Ruth Davis

Fultz Nursing Home
40 N. Third St., Zionsville
Mrs. Bertha Fultz

CARROLL COUNTY

Deer Creek Nursing Home
R. R. 1, Camden
Miss Mabel E. Bechdolt

Good Will Nursing Home
Corner Main and Monroe Sts., Camden
Mrs. Bertha Neibel

Cornell Nursing Home
R. R. 1, Cutler
Mrs. Victoria Cornell

Porter Nursing Home
616 E. Monroe St., Delphi
Mrs. Alsie J. Porter

The Arzula Flora Nursing Home
312 W. Main St., P. O. Box 473, Flora
Miss Ida Arzula Flora

Mamie Kennedy Nursing Home
404 S. Center St., Flora
Mrs. Mamie Kennedy

CASS COUNTY

Galveston Nursing Home
Washington & Sycamore Sts., Galveston
Estie and Ednabelle Bell

Huffman Nursing Home
2527 E. Broadway, Logansport
Mrs. Honour Ruth Huffman

Justice Nursing Home
227 Cliff Dr., Logansport
Mr. and Mrs. Martin Justice

Rest Haven Nursing Home
731 North St., Logansport
Miss Olive S. Jones

Rose Lawn Home
3026 E. Broadway, Logansport
Miss Marie Wilsie Thomas

Webster Home
806 North St., Logansport
Mrs. Nora B. Webster

Bird's Home
R. R. 2, Royal Center
Mrs. Irene Bird

Flo Dodt Nursing Home
Royal Center
Mrs. Flo Dodt

CLARK COUNTY

Griggs Nursing Home
208 W. Riverside Dr., Jeffersonville
Mrs. Mary C. Griggs

Keller Home
403 E. 7th St., Jeffersonville
Mrs. Florence Keller

McTavish Drive Nursing Home
3007 McTavish Drive, Jeffersonville
Mrs. Grace Hogan

Perkins Nursing Home (19)
1315 Spring St., Jeffersonville
Mrs. Dovie Perkins

Twilight Nursing Home
210 E. Maple St., Jeffersonville
Mrs. Delilah Jean Goodwin

CLAY COUNTY

Brazil Rest Home
508 E. National Ave., Brazil
Mrs. James Garvin

Bridgewater Nursing Home
525 E. Mechanic St., Brazil
Mrs. Goldie Bridgewater

Dove Dell Rest Home
36 N. Forest St., Clay City
Mrs. Violet Langdon

CLINTON COUNTY

Colfax Nursing Home
P.O. Box 826, Main St., Colfax
Mrs. Francis M. Waggoner

Ashley Nursing & Convalescent Home
R. R. 6, Frankfort
Mrs. Jean Ashley Hladik

Harriet Ann Stoker Nursing Home
R. R. 4, Frankfort
Mrs. Harriet Ann Stoker

Rice Nursing Home (15)
R. R. No. 1, Michigantown
Marie and Clayton Rice

Michigantown Nursing Home
Box 152, Michigantown
Lawrence Zartman

DAVIESS COUNTY

Baker's Nursing Home
819 Axtell Ave., Washington
Mrs. Rose Ann Baker

Colvin's Nursing Home
1109 National Highway, Washington
Mrs. Laura Colvin

Meyers Nursing Home
215 W. Oak St., Washington
Mrs. John Meyers

Meyers Nursing Home No. 2
209 W. Oak St., Washington
Mrs. John Meyers

DEARBORN COUNTY

Voshell Nursing Home
R. R. 1, Aurora
Mrs. Nettie Voshell

Voelker Convalescent Home
Ridge Ave. and Catalpa St., Lawrenceburg
Mrs. Norine D. Voelker

DECATUR COUNTY

The Black Nursing Home
619 W. Main St., Greensburg
Mrs. Pearl Black

Davis Nursing Home
510 W. Washington St., Greensburg
Mrs. Edith Davis

Michigan Hill Nursing Home
320 S. Michigan Ave., Greensburg
Arthur Snoddy

The Ridout Nursing Home
410 S. Broadway, Greensburg
Mrs. Lila Ridout

Jessup Nursing Home
Westport
Mrs. Myrtle Jessup

DEKALB COUNTY

Brouse Nursing Home
R. R. 2, Butler
Mrs. Doris Mae Betz

Cox Nursing Home
R. R. 2, Butler
Mrs. Julia Kondas

Sheehy's Nursing Home (30)
402 S. Broadway, Butler
Edw. and Flo Sheehy

Williams Nursing Home #2
610 S. Broadway, Butler
R. E. and Pauline Williams

Garrett Convalescent Home
611 S. Peters St., Garrett
Mrs. Ursa Smith

Babbitt Nursing Home
316 Ensley Ave., Auburn
Mrs. Gladys H. Babbitt

DELAWARE COUNTY

Freeman Nursing Home
1101 W. Powers St., Muncie
Mrs. Mamie Freeman

Goodman Nursing Home
618 N. Elm St., Muncie
Mrs. Edith Goodman

Hamilton's Nursing Home
1636 W. Tenth St., Muncie
Mrs. Retta Hamilton

Morgan-Nickols Convalescent Home (24)
1408 E. Main St., Muncie
Mrs. Lucy Mae Morgan and Mrs. Margaret Nickols

Nickols Convalescent Home
804 N. Jefferson St., Muncie
Mrs. Margaret L. Nickols

Ring Home
R. R. 7, Muncie
Mrs. Elizabeth Ring

Shady Haven Rest Home
R. R. 6, Muncie
Mrs. Leila C. Wilcox

Sylvester Home for the Aged
R. R. 5, Burlington Dr., Muncie
Mrs. Nellie V. Sylvester, R.N.

Williams Nursing Home
1525 S. Monroe St., Muncie
Mrs. Rena Furnish

Woodland Home
917 E. Main St., Muncie
Mrs. Hazel Wilson, R.N.

Karcher Home
Selma
Mrs. Aida Karcher

DUBOIS COUNTY

Mildred's Nursing Home (33)
701 Main St., Jasper
Mrs. Mildred Sauter

ELKHART COUNTY

Hope Convalescent Home
E. Vistula St., Bristol
Mrs. Bernice Alverson

Cline Nursing Home (12)
901 S. Second St., Elkhart
Mrs. Dorothy C. Cline

Florentine Convalescent Home
1005 S. Third St., Elkhart
Mrs. Florentine Warskow

Milleman Convalescent Home
430 W. Marion St., Elkhart
Mrs. Hazel Milleman

Thorp Nursing Home
328 Franklin St., Elkhart
Mrs. Ruth G. Thorp

The Austin Home
526 N. Sixth St., Goshen
Mr. and Mrs. Fred S. Austin

Coil Convalescent Home
225 S. 5th St., Goshen
Mrs. Wilma L. Coil

Hutchinson Nursing Home
402 S. Sixth St., Goshen
Mrs. Irene Hutchinson

Lockerbie Nursing Home
302 E. Lincoln Ave., Goshen
John Lockerbie

Moore Nursing Home
401 S. Main St., Goshen
Mr. and Mrs. Ralph Moore

Riley Convalescent Home
527 S. Main St., Goshen
Albert and Eunice Riley

Rogers' Convalescent Home
807 N. Main St., Goshen
Mrs. Goldie J. Rogers

Simpson Nursing Home
114 S. Sixth St., Goshen
Richard A. Simpson

Weaver Convalescent Home
R. R. 5, Goshen
Mrs. Esther Weaver

FAYETTE COUNTY

Clifton Nursing Home #3
224 S. Eastern Ave., Connersville
Mrs. Mary Clifton

Lincoln Manor
903 Lincoln Ave., Connersville
Chester O'Neal

FLOYD COUNTY

Twilight Nursing Home No. 2 (25)
909-11 E. Spring St., New Albany
Mrs. Delilah Jean Goodwin

Turley's Nursing Home
1003 E. Main St., New Albany
Mrs. Anna Christine Turley

FOUNTAIN COUNTY

Maplewood Nursing Home
R. R. 4, Veedersburg
Mrs. Mable Butte and
Mrs. Maxine Brown

FRANKLIN COUNTY

The Resthaven Reifel Nursing Home
1015 Franklin St., Brookville
Mrs. Elizabeth A. Reifel

FULTON COUNTY

McFarland Nursing Home
719 Madison St., Rochester
Mrs. Ralph McFarland
Rochester Nursing Home
1118 Main St., Rochester
Gerald Eastburg

GIBSON COUNTY

Shady Grove Nursing Home
Francisco
Mrs. Ruth Morris
Church Convalescent Home
417 W. Broadway, Princeton
Mrs. Edra E. Church
Colonial Nursing Home (21)
314 N. West St., Princeton
Mrs. Edna Shurtlett
Gorham's Private Rest Home
807 S. Main St., Princeton
Mrs. Amy Gorham Rees
Welborn Nursing Home (10)
600 E. Strain St., Fort Branch
Mrs. Dora Welborn

GRANT COUNTY

Friendship Heights
704 S. Main St., Fairmount
Mrs. Margaret Meyer Lyons
Smith's Nursing Home
R. R. 2, Fairmount
Arlene and Robert Smith
The Roberts Nursing Home
P.O. Box 102, Fowlerton
Mrs. Ethel Roberts
Frances' Nursing Home
1827 S. Adams St., Marion
Mrs. Frances Moore
Lanter's Nursing Home
1649 W. Second St., Marion
Mrs. Anna Lanter
Peterson Nursing Home
1335 W. Nelson St., Marion
Mrs. Ida Peterson
Schove Nursing Home
215 N. Washington St., Marion
Mrs. Thelma Schove
Whiteman Nursing Home
148 N. Branson St., Marion
Mrs. B. E. Whiteman

HAMILTON COUNTY

Arcadia Rest Home
P. O. Box 6, S. East St., Arcadia
Mrs. Florence Sigler
Rollins Nursing Home (7)
South St., Arcadia
Mrs. Mabel A. Rollins
Sunderman Nursing Home
Cass and Harrison Sts., Cicero
Mr. and Mrs. B. H. Sunderman
The Hamilton Home
R. R. 5, Noblesville
Mrs. Mary E. McKinley

HANCOCK COUNTY

Wood's Nursing Home
14 N. Wood St., Greenfield
Mrs. Hazel E. Wood
Pleasant Acres
R. R. 12, Box 320, Indianapolis
Corner 56th & McCordsville Rd.
Frederick M. Burns

HARRISON COUNTY

Old Capitol Rest Home
408 N. Capitol Ave., Corydon
Mrs. Hazel M. Brengman

HENDRICKS COUNTY

Milhon Nursing Home
Clayton
Mrs. Malissie E. Milhon
Plainfield Nursing Home
404 N. Vine St., Plainfield
Mr. and Mrs. D. W. Jewell
Danville Nursing Home (6)
64 N. High St., Danville
Mrs. Pearl Perkins
Country Manor Nursing Home (12)
R. R. No. 1, Plainfield
Mrs. Dorothy A. Root

HENRY COUNTY

"The Boxwoods"
115 N. 10th St., New Castle
Mrs. Margaret Harris
Homestead Nursing Home (17)
Pearl and Main Sts., Spiceland
Gerald E. Miller
Castle Nursing Home (5)
619 Broad St., New Castle
Mrs. Della Conner
Rest Haven
420 S. Main St., New Castle
Mrs. Rebecca L. John

HOWARD COUNTY

Lucy Cole Nursing Home (7)
332 W. Markland, Kokomo
Mrs. Lucy Cole and Mrs. Mary Henderson
Colonial Haven Nursing Home
613 E. Superior St., Kokomo
Mrs. Mae Kennedy
Farmers Nursing Home (7)
2306 N. Kennedy St., Kokomo
Mrs. Ella Mae Farmer
Randle's Nursing Home
630 S. Union St., Kokomo
Mrs. Fern Randle Haney
Sunnyview Convalescent Home
510 N. Market St., Kokomo
Mrs. Mary Hess
Twilite Nursing Home
612 N. Webster St., Kokomo
Mrs. Daisy Coy

HUNTINGTON COUNTY

Davis Nursing Home
207 Frederick St., Huntington
Mrs. Annette Davis
DeKoning Convalescent Home
R. R. 8, Huntington
Mrs. Ann Cecilia DeKoning
Jefferson Sanitarium
414 S. Jefferson St., Huntington
Herbert Earl Atkinson, Sr.
Moore Home
425 Hasty St., Huntington
Mrs. Maud Moore
Oak Park Sanitarium
743 N. Main St., Roanoke
Mrs. Fern N. Martin

JACKSON COUNTY

Phillips Nursing Home
108 S. Pine St., Seymour
Mrs. Effie Phillips
Roselawn Home
202 W. 6th St., Seymour
Mrs. Esta T. Martin
Roselawn Home Annex
305 St. Louis Ave., Seymour
Mrs. Esta T .Martin

JAY COUNTY

Downing Nursing Home
124 W. North St., Portland
Mrs. Delsie M. Downing
Portland Nursing Home, Inc.
406 W. Arch St., Portland
Mrs. Mary Ellen Hearn
Mrs. Irma Wells
Lewis Nursing Home (13)
So. Union St., Pennville
Mrs. Herbert Lewis

JEFFERSON COUNTY

Madison Nursing Home
726 W. Main St., Madison
Mrs. Ella Shuell, R.N.
Glore Nursing Home
Box 31, North Madison
Mrs. Flora Glore
Hilltop Rest Home
Box 67, North Madison
Mrs. Susan Obertate

JOHNSON COUNTY

Janie's Nursing Home
651 S. State St., Franklin
Mrs. Janie Johnson
McKee's Nursing Home
400 Kentucky St., Franklin
Ray and Florence McKee
Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood
Mr. and Mrs. C. A. Bryant

KNOX COUNTY

Moore's Nursing Home
204 W. Third St., Bicknell
Mrs. Adeline Bernice Moore

Compton's Nursing Home
319-321 College Ave., Vincennes
Miss Bertha C. Compton

Vincennes Nursing Home
703 Prairie St., Vincennes
Mrs. Fern Junod

Winterhaven Convalescent Home
515 Perry St., Vincennes
Clyde and Marylee Turner

KOSCIUSKO COUNTY

Bradbury Nursing Home
217 N. Detroit St., Warsaw
Mrs. Hazel Bradbury

Dunroven Place Rest Home
R. R. 1, Leesburg
Mrs. Al-Aroma Green

Alfran Nursing Home
R. R. 1, Road #30, Pierceton
Frank N. Wilson and
Alice M. Wilson, R.N.

Armington Home
519 W. Winona Ave., Warsaw
Mrs. Charles Armington

LAGRANGE COUNTY

Mrs. Marks' Rest Home (7)
739 Maple St., LaGrange
Mrs. Marie Bertha Marks

Maplehaven Rest Home
Mongo
Mrs. Betty L. Bennett

LAKE COUNTY

Hilltop Nursing Home
R. R. 2, Box 159, Crown Point
Mrs. Olive Beggs

Shady Heights
R. R. 1, Dyer
Mrs. Faye McGuire

Beaton's Nursing Home
521 Pennsylvania St., Gary
Mrs. Laura Beaton

Calloway's Nursing Home
1948 Massachusetts St., Gary
Mrs. Tomye D. Calloway

Calloway's Nursing Home (22)
1558 Fillmore St., Gary
Mrs. Tomye D. Calloway

Green's Home
3960 Massachusetts St., Gary
Mrs. Lillian Green

Miller Nursing Home
2301 Adams St., Gary
Miss Ida Miller

Sanders Nursing Home
1944 Maryland St., Gary
Mrs. LaGora Sanders

South Side Nursing Home for The Aged
2481 Jefferson St., Gary
Mrs. Margaret Morgan

West End Convalescent Home
1501 Wheeler St., Gary
Mrs. Esther G. Jones

Gearlds Rest Home
726 Sibley St., Hammond
Mrs. Vida Gearlds

Gerrie's Nursing Home
6727 Baring Ave., Hammond
Mrs. Geraldine Woodruff

Hodge Nursing Home
909 State St., Hammond
Mrs. Lucille Hodge

Hollow Acres Convalescent Home (6)
317 S. Fremont St., Lowell
Mrs. LaIva B. Davis

LAPORTE COUNTY

Lakeside Lodge (5)
159 W. McClurg Rd., LaPorte
Mrs. Saylesta Matthews

White Tower
209 State St., LaPorte
Mrs. Esther Jones

Helene Rest Home
R. R. 3, Johnson Rd., Michigan City
Howard J. Prueter

Schofield Nursing Home
810 E. Michigan St., Michigan City
Mrs. Florence D. Schofield

LAWRENCE COUNTY

Kinder Nursing Home (6)
618 "I" St., Bedford
Mrs. Mabel Kinder

Maick's Nursing Home
321 N. "L" St., Bedford
Mrs. Minnie Maick

Norwood Nursing Home
916 14th St., Bedford
Mrs. Estella Norwood

Stancombe Nursing Home
R. R. 5, Bedford
Clifford and Pearl Stancombe

MADISON COUNTY

Bradford Nursing Home
625 W. Adams St., Alexandria
Mrs. Alma Bradford

Bright Memorial Home
2006 Jackson St., Anderson
Mrs. Blanche Graser

Davis Nursing Home (6)
734 W. 14th St., Anderson
Mrs. Sadye Davis

Goble Home
332 W. 11th St., Anderson
Olive and Oran Goble

Newby Nursing Home
1709 E. 22nd St., Anderson
Mrs. Georgia Newby

Rahbek Nursing Home
711 W. Fifth St., Anderson
Mrs. Marie L. Rahbek

Sanders Nursing Home
416 W. 12th St., Anderson
Mrs. Vera M. Sanders

Van Dyke Nursing Home
2417 Pearl St., Anderson
Mrs. Pearl M. Van Dyke

Hottle Nursing Home (10)
2224 South "K" St., Elwood
Mrs. Kathryn Jeanette Hottle

McGuire Nursing Home
1901 North "A" St., Elwood
Mrs. Nellie Fern McGuire

Scott's Nursing Home
339 Broadway, Pendleton
Mrs. Ruby Scott

Sunny Path Nursing Home (6)
109 N. Third St., Summitville
Mrs. Pearl Fosnot

MARION COUNTY

Tall Cedars
R. R. 1, Box 27, Bridgeport
Mrs. Ora Miley

Aaron-Fox Nursing Home (9)
615 N. College Ave., Indianapolis
Edward C. Fox

Bethel Sanitarium
333 N. Delaware St., Indianapolis
Mrs. Mary E. Rohn

Booker's Convalescent Home
1409 Bellefontaine St., Indianapolis
Mrs. Geneva Booker

Central Nursing Home
2262 Central Ave., Indianapolis
Mrs. Bertha A. Flagle

Christen's Nursing Home
1930 Sugar Grove Ave., Indianapolis
Mrs. Ethel Christen

Conde Nursing Home
624 E. 12th St., Indianapolis
Thomas Earl Layne

Cottage Rest Home
46 S. Warman Ave., Indianapolis
Mrs. Louise Wooldridge

Del-Ray Nursing Home
1336 N. Delaware St., Indianapolis
Mrs. Amos Jackson

Marie Fred Nursing Home
604 N. Jefferson Ave.
Indianapolis
Mrs. Marie Fred

Anthony Hall Nursing Home (24)
2135 N. Alabama, Indianapolis
Albert R. and Myrtis L. Hall

Hillside Nursing Home
2370 Hillside Ave., Indianapolis
Mrs. Ella Mason

Hooper Nursing Home
1636-38 N. Illinois St., Indianapolis
Mrs. Carol Hooper Clover

Huff Sanitarium
115 S. Audubon Rd., Indianapolis
Mrs. Rachel A. and Bettina Sullivan

Irvington Sanitarium
R. R. 10, Box 320, Indianapolis
Mrs. Minnie P. Waymire

Brown Nursing Home (22)
942 N. Alabama St., Indianapolis
Mrs. Nora Brown

King Nursing Home
1907 N. Illinois St., Indianapolis
Mrs. Henrietta Quinn

Myrtle Lee Nursing Home
1429 Carrollton Ave., Indianapolis
Miss Mabel Cecilia Smalley

The Lou Wise No. 2 (18)
2516 Central Ave., Indianapolis
Mrs. Bessie Craig Cook

Lucille's Nursing Home (27)
616 N. Senate Ave., Indianapolis
Mrs. Lucille Mealure

Lucille's Convalescent Home (10)
618 N. Senate Ave., Indianapolis
Mrs. Lucille Mealure

Lynhurst Nursing Home (34)
5225 W. Morris St., Indianapolis
Mrs. Mabel Waldkoetter

Martin Nursing Home
1621 Park Ave., Indianapolis
Miss Marian Niles and Miss Beulah Gronlund

McIntire Rest Home (6)
2218 Broadway, Indianapolis
Mrs. Pearl McIntire

Messer Nursing Home
2432 Central Ave., Indianapolis
Calvin L. and Mary J. Messer

Mohler Sanatorium
702-704 N. Alabama St., Indianapolis
John G. Harris

The Murt-McCune Nursing Home
1629 College Ave., Indianapolis
Mrs. Emma Murt and Mrs. Catherine McCune

"Northwestern"
2413 Northwestern Ave., Indianapolis
Mrs. Ray Puryear

Olympia Nursing Home
6759 E. Washington St., Indianapolis
Mrs. Frances Limpus

Pike Sanitarium
2037 N. Illinois St., Indianapolis
Mrs. Lillian G. Pike

Pleasant View Rest Home
5000 Southeastern Ave., Indianapolis
Mrs. Laura E. Weber

Robinson's Private Home #1
2254 Central Ave., Indianapolis
Mrs. Eunice Robinson

Robinson's Private Home #2
2250 Central Ave., Indianapolis
Mrs. Eunice Robinson

Rose Lawn Home
1408 N. Pennsylvania St., Indianapolis
Mrs. Lucy V. Connor

Springer's Nursing Home
6566 W. Washington St., Indianapolis
Millard and Gladys Springer

Suddarth Nursing Home
1445 Broadway, Indianapolis
Mrs. Cleo Suddarth

Sunshine Nursing Home
4416 E. Washington St., Indianapolis
Mrs. Ethel M. Bills

Vollmer Convalescent Home
2630 College Ave., Indianapolis
Mr. Emory H. Vollmer

Mrs. Waddle's Private Home
2112 N. Delaware St., Indianapolis
Mrs. Mable S. Waddle

Ward Nursing Home
1518 N. Senate Ave., Indianapolis
Mrs. Willa Mae Murray

Weber Convalescing Home
43 S. Ritter Ave., Indianapolis
Mrs. Laura E. Weber

West Park Home
373 N. Holmes Ave., Indianapolis
Mrs. Mary R. Frame

Wildwood Restorium
895 Middle Dr., Woodruff Place, Indianapolis
Mrs. Nellie Wildman

Wooldridge Nursing Home (22)
2858 N. Illinois St., Indiaanpolis
Mrs. Agnes Louise Wooldridge

MARSHALL COUNTY

Bair Convalescent Home
801 N. Main St., Bourbon
Mrs. Kathryn M. Hepler, R.N.

Austin Nursing Home
821 Angell St., Plymouth
Mrs. Mabel M. Austin

Sherman Nursing Home
203 Pennsylvania Ave., Plymouth
Mrs. Vesta K. Sherman

Jones Guest Home for Folks Over 50 (8)
1008 N. Center St., Bremen
Mrs. Helen M. Jones

MIAMI COUNTY

The Langer Home (15)
R. R. 4, Peru
Joseph and Janet Langer, R.N.

The Miami Home
77 E. Third St., Peru
Mr. and Mrs. Charles McDaniel

Parkview Rest Home, Inc. (12)
402 Armstrong Ave., Peru
Mrs. Zella Armstrong

Peru Nursing Home
906 W. Main St., Peru
Mrs. Margaret Harris and Mrs. Maxine Watts

Redmon Nursing Home
225 W. 10th St., Peru
Mrs. Lola Redmon

MONROE COUNTY

Burch Nursing Home (18)
502 W. 6th St., Bloomington
Mr. and Mrs. Irvin Burch

Fagan Nursing Home
R. R. 4, Bloomington
Mrs. Ida B. Fagan

Parrott Nursing Home
115 S. Lincoln St., Bloomington
Miss Mary Gwendolia Parrott, R.N.

Percifield Nursing Home
1031 W. 6th St., Bloomington
W. S. Percifield

Polley Nursing Home
705 W. 4th St., Bloomington
Mrs. Elsie Mae Polley

MONTGOMERY COUNTY

Hart Memorial Home and Annex
R. R. 1, Crawfordsville
Mrs. Myrtle Johnson

Linden Nursing Home (7)
Linden
Mrs. Lois L. Austin

Liter Nursing Home
1304 S. Grant Ave., Crawfordsville
Mrs. Marie Liter Dienhart

Shahan Nursing Home
613 Kentucky St., Crawfordsville
Miss Eileen M. Shahan
Hazel Small Rest Home
N. Vine St., Waynetown
Mrs. Hazel Small
Westbrook Nursing Home (21)
R. R. No. 4, Crawfordsville
Miss Mary E. Brooks

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Crawfordsville
Mrs. Zepha Cherry

NOBLE COUNTY

Golden Rule Nursing Home
R. R. 1, Pierceton
Mr. and Mrs. H. F. Mock

ORANGE COUNTY

The Gorge Retreat and Sanitarium
R. R. 2, Box 228, French Lick
Gertrude Haynes, R.N. and Myrtle Simpson, R.N.
Hord's Beechwood Acres, Inc. (10)
Box 169, French Lick
Michael J. Hanrahan

OWEN COUNTY

Gosport Nursing Home
W. Main St., Gosport
Mrs. Mary Wampler
Jones Nursing Home
379 Hillside Ave., Spencer
Mr. and Mrs. Boyd Jones
Reapp Nursing Home
Greencastle Rd., Spencer
Mrs. Jennie C. Reapp

PARKE COUNTY

Britton Nursing Home (12)
R. R. No. 2, Anderson Rd., Rockville
Mrs. Helen Britton
Wallace Nursing Home
517 W. Ohio St., Rockville
Mrs. Evelyn Wallace
Allen Nursing Home
Madison St., Montezuma
Mrs. Sylvia Allen
Layman Nursing Home (34)
934 N. Jefferson St., Montezuma
Mrs. Mildred Layman

PIKE COUNTY

Fay's Convalescent Home
210 S. 14th St., Petersburg
Mrs. Fay France
Riddle Nursing Home
411 Walnut St., Petersburg
Mrs. Alice M. Riddle

PORTER COUNTY

Beverly Shores Rest Home, Inc.
Beverly Shores
Samuel Robert Barker, M.D.
Mrs. Sarah D. Millross
Wood Nursing Home
R. R. 2, West Dunes Highway, Michigan City
Mrs. Helen O. Wood
Wood Nursing Home Annex
R. R. 2, Dunes Highway, Michigan City
Mrs. Helen O. Wood
Valparaiso Nursing Home
359 Greenwich St., Valparaiso
Mr. and Mrs. Orel J. Goble

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville
Mrs. Lula Allison

PUTNAM COUNTY

Ruark Nursing Home
R. R. 1, Fillmore
Mrs. Elsie Cowgill Ruark
Craver Home
Avenue E, Box 15, Greencastle
Mrs. Hannah Craver
Donna Nursing Home
Main St., Cloverdale
Mrs. Mildred Brown
Westfall Nursing Home (12)
218 Bloomington St., Greencastle
Mrs. Nina A. Westfall

RANDOLPH COUNTY

The Ideal Rest Home
104 S. Cherry St., Lynn
Mrs. Blanche E. Allender
Lamb's Nursing Home
R. R. 4, Union City
Mrs. Bernice A. Lamb
Shady Lawn Nursing Home
R. R. 3, Winchester
Mrs. Marjorie Stewart

RIPLEY COUNTY

The Conyers Convalescent Home
North Main St., Milan
Mrs. Mary Colson
The Milan Homestead
North Main St., Milan
Mrs. Mary Colson
Rick Nursing Home
R. R. 1, Milan
Mrs. Inas Opal Rick
Gilland Nursing Home
310 Craven St., Osgood
Mr. and Mrs. Dan Gilland
Mary Dreyer Nursing Home
South Main St., Sunman
Mrs. Mary Dreyer
Elsie Dreyer Nursing Home (24)
South Main St., Sunman
Miss Elsie Dreyer

RUSH COUNTY

Clark Nursing Home
230 E. 7th St., Rushville
Mrs. Harry Clark
Clifton Nursing Home #1
204 W. Third St., Rushville
Mrs. Mary Clifton
Clifton Nursing Home #2
R. R. 1, (Circleville), Rushville
Mrs. Mary Clifton
Cohee Rest Home
314 E. 10th St., Rushville
Mrs. Harvey Cohee
Jackson Nursing Home
114 E. 5th St., Rushville
Mrs. Goldie C. Jackson and Mrs. Marjorie Pearcey
Rushville Nursing Home
321 N. Morgan St., Rushville
Mrs. Marjorie Fordyce
Stewart Nursing Home (15)
230 E. Seventh St., Rushville
Mr. and Mrs. Elmer Stewart

SCOTT COUNTY

Hamilton Nursing Home
1295 U. S. Highway 31, North Austin
Mrs. Michael Hamilton

SHELBY COUNTY

Maples Convalescent Home
R. R. 1, Fountaintown
Mr. and Mrs. William McGraw
Land's Nursing Home
Morristown
Ida and Elbert Land
Land's Nursing Home
306 Howard St., Shelbyville
Mrs. Ida Land
Waldron Nursing Home
Main Street, Waldron
Mrs. Evelyn Nasby, R.N.

SPENCER COUNTY

Mayhall Nursing Home
417 S. 6th St., Rockport
Mrs. Alice R. Mayhall
Rock Haven Rest Home (23)
807 Main St., Rockport
Kelland Howton

ST. JOSEPH COUNTY

Elderly Folks Home (20)
R. F. D. No. 1, Lakeville
Mrs. Louise Clements
Krogh Nursing Home
109 N. Cedar St., Mishawaka
Mrs. Bernalda K. Miller

Burbridge Home
1217 S. Michigan St., South Bend
Mrs. Catherine A. Burbridge

Dor-A-Lin Convalescent Home
1024 N. Notre Dame Ave., South Bend
Mr. and Mrs. Franklin W. Finkenbinder

Frame's Nursing Home
1526 Lincoln Way West, South Bend
Mrs. Myrtle Frame

Grove Nursing Home
601 N. Main St., South Bend
Mrs. Fern Grove

The Hilltop House
R. R. No. 6, Ironwood Rd., South Bend
Mrs. Dorothy Derda

Vera-Lee Home
702 S. Columbia St., South Bend
Mrs. Vera Jones and E. L. Finkenbinder

Lerch Nursing Home
1044 Lincoln Way, West, South Bend
Mrs. Katherine B. Lerch

Barbara Morrow Home (7)
1107 S. Main St., South Bend
Mrs. Barbara Morrow

Sunnybrook Nursing Home (13)
515 Dixie Highway, North, South Bend
Mrs. Pauline Luther

Terry King Nursing Home (6)
1209 N. Wilber St., South Bend
Mrs. Helen L. Laisure

Whiteman Nursing Home
1145 Napier St., South Bend
Mrs. Betty Whiteman

Waldron Nursing Home
500 Roosevelt Rd., Walkerton
Mrs. Virginia Waldron

STARKE COUNTY

Ruff Nursing Home
Culver Road, Knox
Mrs. Alcinda Ruff

STEUBEN COUNTY

Angola Rest Home, Inc.
306 N. Wayne St., Angola
Mrs. Ruth G. Libby

Edgewater Lodge (17)
R. R. 3, 812 Crooked Lake (Roselawn Addn.), Angola
Mrs. Betty J. Brent

Edith Nursing Home
116 N. Powers St., Angola
Mrs. Lois Adams

TIPPECANOE COUNTY

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill
Mrs. Laura M. Bowles

Burnett's
221 S. 9th St., Lafayette
Mrs. Maude L. Golden

Campbell Nursing Home (11)
641 New York St., Lafayette
Mrs. Alma Campbell

Cheesman Nursing Home
1021 N. 7th St., Lafayette
Mrs. Addie V. Cheesman

Scott Nursing Home for Men
614 N. 8th St., Lafayette
Mr. Howard F. Scott

Scott Nursing Home for Women
1100 N. 9th St., Lafayette
Mrs. Goldie Scott

TIPTON COUNTY

Losey Rest Home (6)
210 S. East St., Tipton
Mrs. Constance Losey

Simmons Nursing Home
325 N. West St., Tipton
Mr. and Mrs. Ernest Simmons

UNION COUNTY

Scott Nursing Home
302 W. Union St., Liberty
Mrs. Anna Scott

VANDERBURGH COUNTY

Bethany Rest Home
316 N. Wabash Ave., Evansville
Mrs. Nancy K. Foster and Mrs. Celeste Oakley

Comfort Rest Home
1317 S. E. Second St. Evansville
Mrs. Viola Barnes

Dorsey Nursing Home
1714 S. Governor St., Evansville
Mrs. Laura Dorsey

Evans Nursing Home
605 Oak St., Evansville
Mrs. Anna Evans

Fulton Rest Home
1328 N. Fulton Ave., Evansville
Mrs. Grace L. Richter

Gee's Rest Haven
807 S. E. Third St. Evansville
Mrs. Leona Gee

Jarrett Convalescent Home
605 Oakley St., Evansville
Mrs. Lena K. Jarrett

Kueber Nursing Home
816 First Ave., Evansville
Mrs. Catherine Kueber

M & R Nursing Home
1100 N. Read St., Evansville
Mrs. Muriel B. Sprinkle

Maxey Nursing Home
909 First Ave., Evansville
Mr. and Mrs. Pearless Maxey

The Newton Rest Home
923 S. Elliott St., Evansville
Mrs. Gwendolyn Newton

The Newton Rest Home Annex (13)
921 S. Elliott St., Evansville
Mrs. Gwendolyn Newton

Pleasant Nursing Home
109 W. Maryland St., Evansville
Mrs. Maryetta Morris

Ingle Smith Home
521 S. E. First St., Evansville
Mrs. Della Ingle Smith, R.N.

Stinson Rest Home
315 S. E. Second St., Evansville
Mrs. Gertrude Briston

Taylor Nursing Home
915 W. Bond St., Evansville
Mrs. Juanita Taylor

Tindall Rest Home
218 Harriett St., Evansville
Mrs. Dorothy Tindall Pennington

Ulbricht Rest Home
616 W. Franklin St., Evansville
Mrs. Martha Ulbricht

Wells Nursing Home
916 W. Michigan St., Evansville
Mrs. Ada Wells

VIGO COUNTY

Calvary Nursing Home
421 N. Fifth St., Terre Haute
Mrs. Oakie Lawson

Cook Nursing Home
2058 N. 7th St., Terre Haute
Mrs. Grace E. Cook

Foos Nursing Home
418 S. 8th St., Terre Haute
Mrs. Lydia E. Foos

Gano Nursing Home
501 N. 4th St., Terre Haute
Mrs. Anna Gano

Hatfield Nursing Home
2111 N. 13½ St., Terre Haute
Mrs. Eliza Hatfield

Hise Nursing Home
120 N. 12th St., Terre Haute
Mrs. Lillie Hise

Jones Nursing Home (8)
606 N. 14½ St., Terre Haute
Mrs. Bessie A. Jones

Kesler's Nursing Home
724 N. 8th St., Terre Haute
Mrs. Clara A. Kesler

Mary Etta Nursing Home
241 N. 13th St., Terre Haute
Mrs. Mamie Mason

Mrs. Barney Pigg Nursing Home
1334 Sycamore St.
Terre Haute
Mrs. Barney Pigg

Sharps Nursing Home
1518 N. Center, Terre Haute
Mrs. Hazel M. Sharps

Smith Nursing Home
202 N. 23rd St., Terre Haute
Mrs. Edith C. Smith

Sullivan Nursing Home
705 S. 7th St., Terre Haute
Mrs. Grace F. Sullivan

Trainer Nursing Home
1915 N. 11th St., Terre Haute
Mrs. Geneva Trainer

Wallace Nursing Home (12)
502 N. Eighth St., Terre Haute
Mrs. Evelyn Wallace

WABASH COUNTY

The Pilgrim Nursing Home
306 E. 4th St., North Manchester
Mrs. Pearl Lambert

Dunfee Nursing Home
1250 Pike St., Wabash
Mrs. Florence Dunfee

Moss Nursing Home
855 Ferry St., Wabash
Mrs. Irene Moss

WARRICK COUNTY

Hollis Nursing Home
R. R. 5, Boonville
Mrs. Loraine Hollis

Hollis Nursing Home #2
R. R. 5, Boonville
Mrs. Loraine Hollis

WASHINGTON COUNTY

Williams Nursing Home
R. R. 3, Scottsburg
Mrs. Kathleen Williams

WAYNE COUNTY

Bowman's Rest Home
444 W. Main St., Cambridge City
Mrs. Esther Bowman

Aldora Nursing Home
R. R. 1, Centerville
Mr. and Mrs. Alwin Carlton

Pinehurst Nursing Home
R. R. 1, Centerville
Mrs. Gertrude E. Johnson

Twin Pines Nursing Home
Main St., Economy
Marguerite C. Potts

Reynolds Convalescent Home
R. R. 2, Hagerstown
Mrs. Adeline Reynolds

Gains Nursing Home #1
R. R. 2, Box 448, Richmond
Mrs. Emma Gains

Gains Nursing Home #2
R. R. 2, Box 448, Richmond
Mrs. Emma Gains

Gains Nursing Home No. 3
R. R. 2, Box 448, Richmond
Mrs. Emma Gains

Golden Rule Nursing Home (27)
48 S. Seventh St., Richmond
Mrs. Hilda Stull

Jennie Hartman Nursing Home
139 S. W. 14th St., Richmond
Mrs. Jennie Hartman

Rhyne Nursing Home (4)
40 Waterfall St., Richmond
Miss Inez Rhyne

WELLS COUNTY

Davis Nursing Home
627 S. Marion St., Bluffton
Mrs. I. Helen Davis

Clark's Nursing Home
522 E. South St., Bluffton
Mrs. Clara Clark

Cooper Rest Home
306 W. Wabash St., Bluffton
Mrs. Janet Cooper, R.N.

Southview Rest Home
R. R. 3, Bluffton
Mrs. Cora N. Anderson

WHITLEY COUNTY

McGuire Nursing Home (10)
209 N. Main St., Churubusco
Martin M. and Alice McGuire, R.N.

Farris Nursing Home
209 W. Market St.,
Columbia City
Mrs. Louise Farris

Gibson Rest Home (3)
522 N. Elm St., Columbia City
Mrs. Myrtle Gibson

Irvin Nursing Home
604 W. Van Buren St.,
Columbia City
Mrs. Marguerite Irvin

South Whitley Rest Home, Inc.
306 Columbia St., South Whitley
Robert E. Bresnahan and Katherine A. Bresnahan, R.N.

Note: Figures in parentheses indicate capacity of newly licensed or enlarged nursing homes.

CLEARVIEW Telephone 5-6181
Kratzville Road
EVANSVILLE, INDIANA
A PRIVATE HOSPITAL EQUIPPED FOR THE DIAGNOSIS AND TREATMENT OF NERVOUS AND MENTAL ILLNESSES
Separate buildings for the disturbed and convalescent patients.
WE ALSO TREAT SELECTED CASES FOR ALCOHOLISM AND DRUG ADDICTION
Albert J. Crevello, M.D., Medical Director

Physicians Listed Who Donated to Medical Education Fund in 1954*

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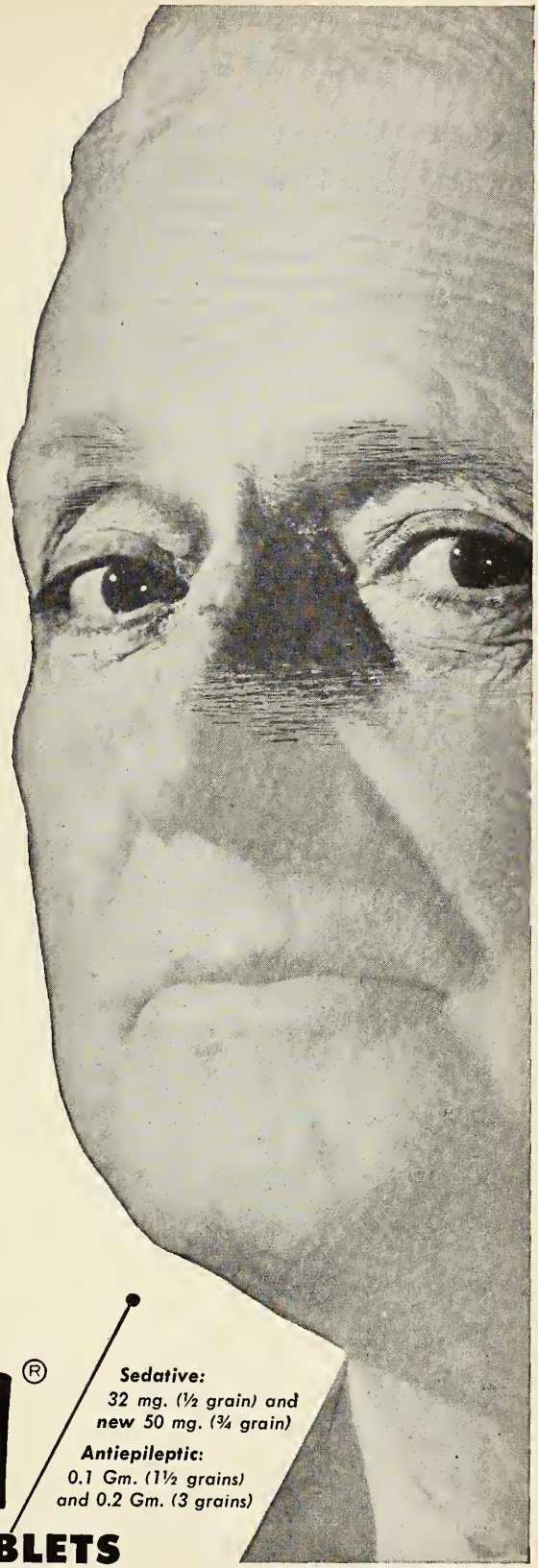
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Deaths of Physicians in Indiana in 1954

(Compiled by James B. Maple, M.D., Chairman of Committee on Necrology)
(M) Member I.S.M.A.; (S) Senior Member; (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Romberger, Floyd T. (M)	66	Jan. 1	West Lafayette	Arteriosclerotic heart disease
Dunham, Wilbur F.	71	Jan. 7	Kempton	Coronary thrombosis
Day, George H.	63	Jan. 20	New Albany	Cerebral hemorrhage
Wharton, Russell S.	59	Jan. 25	Marion	Coronary thrombosis
Weinstein, Joseph H. (M.R.)	77	Jan. 26	Terre Haute	Cerebrovascular accident
Bailey, William A. (S)	85	Feb. 1	Vincennes	Chronic valvular heart disease with congestive failure
Sutter, Charles C. (M)	65	Feb. 3	Evansville	Carcinoma left lung
Collett, George A. (M)	63	Feb. 3	Crawfordsville	Coronary occlusion
Kaye, Morris J.	81	Feb. 3	Indianapolis	Fracture right femur, arteriosclerotic heart disease, diabetes
Neier, Oliver C. (S)	89	Feb. 6	Indianapolis	Prostatic carcinoma
Carpenter, George C.	69	Feb. 7	Terre Haute	Chronic myocarditis, general arteriosclerosis
Gable, Homer B. (M)	68	Feb. 7	Monticello	Congestive heart failure, coronary disease, infarction, diabetes
Ranke, John W. H. (S.R.)	83	Feb. 12	Fort Wayne	Pulmonary edema, arteriosclerotic heart disease, fracture femur
Bolka, Bernard J. (M)	61	Feb. 21	South Bend	Coronary thrombosis
Abel, Virgil T. (S)	76	Feb. 25	Vallonia	Cerebral hemorrhage
Houk, William F.	77	Feb. 26	Crown Point	Congestive heart failure and thrombophlebitis of right leg
Eisenlohr, Eugen (M)	69	Feb. 28	Terre Haute	Cerebral hemorrhage
Lemmon, Brandt E. (M)	70	Mar. 2	Cloverdale	Acute posterior myocardial infarction, thrombosis left branch coronary, diabetes mellitus
Larway, John L. (R.S.)	84	Mar. 5	Indianapolis	Coronary occlusion, auricular fibrillation
Schaible, Ernest L. (R.M.)	75	Mar. 6	Gary	Ruptured abdominal aortic aneurysm
Carmichael, Clyde S. (M)	77	Mar. 6	Seelyville	Arteriosclerotic heart disease, auricular embolus, arterial occlusion both lower extremities
Sweet, Edward M. (S)	89	Mar. 7	Martinsville	Acute cholecystitis, general arteriosclerosis
Kendrew, Thomas	81	Mar. 9	Indianapolis	Metastatic carcinoma of the liver
Shacklett, Henry B. (R.S.)	82	Mar. 11	New Albany	Arteriosclerosis and cerebral hemorrhage
Hack, Edmund C. (M)	66	Mar. 13	Hammond	Arteriosclerotic heart disease, angina pectoris
Nave, Harry E. (R.S.)	76	Mar. 15	Fountaintown	Myocardial infarction and coronary sclerosis
Smith, James M. (M)	70	Mar. 16	Nashville	Glioblastoma multiforme
Gillespie, Joseph F. (S)	90	Mar. 16	Greenville	Uremia, carcinoma of the prostate
Hill, Clarence (S)	80	Mar. 19	Frankfort	Coronary thrombosis
Carter, James C. (M)	68	Mar. 20	Indianapolis	Coronary occlusion, coronary sclerosis
Luzadder, John E. (S)	84	Mar. 22	Bloomington	Coronary thrombosis, arteriosclerotic heart disease
Stephens, Madge L.	85	Mar. 24	Terre Haute	Cerebral thrombosis, general arteriosclerosis
McCool, William E. (R.S.)	85	Mar. 31	Evansville	Chronic myocarditis
Ware, James R. (M)	41	Apr. 1	Huntington	Coronary occlusion
Manning, Joseph C. (M)	37	Apr. 3	Indianapolis	Bronchogenic carcinoma
Smith, Lucian W. (M)	75	Apr. 4	Warren	Coronary occlusion
Washburn, Ira M. (S.R.)	79	Apr. 6	Rensselaer	Chronic arthritis, multiple fractures from fall
Bulson, Eugene L. (M)	60	Apr. 13	Fort Wayne	Acute coronary occlusion
Weis, William D. (S)	80	Apr. 18	Hammond	Bacterial endocarditis, valvular heart disease
Clune, Phillip J. (R)	85	Apr. 18	Hammond	Acute coronary thrombosis
Micheli, Arthur J. (M)	65	Apr. 22	Indianapolis	Myocardial failure, coronary insufficiency
Griffiths, David E. (R)	75	Apr. 23	Gary	Mesenteric thrombosis
Johnson, Morris H. C.	69	Apr. 24	Vincennes	Myocardial infarction, arteriosclerotic heart disease
Comer, Jonathan E. (S)	78	Apr. 25	Mooresville	Uremia
Irey, Paul R. (M)	58	Apr. 28	Plymouth	Coronary occlusion

Name	Age	Date of Death	Address	Cause of Death
Boyd, Claudius L. (S)	76	May 1	Vincennes	Cerebral hemorrhage, diabetes mellitus
Varble, W. Marshall (S)	76	May 2	Jeffersonville	Spinal sclerosis, general arteriosclerosis
Wilson, Ralph (S)	84	May 6	Shirley	Arteriosclerosis, arteriosclerotic heart disease
Cullop, Samuel (R)	94	May 9	Terre Haute	Aortic aneurysm, general arteriosclerosis
Newby, Alonzo C. (S)	75	May 9	Sheridan	Cerebral hemorrhage
Lang, Shirley (M.R.)	71	May 10	Evansville	Arteriosclerotic heart disease
Mathews, Wilbur C. (M)	68	May 11	Kentland	Coronary occlusion
Jacobs, George C. (M)	74	May 13	Kentland	Arteriosclerotic heart disease
Gustafson, Gerald W. (M)	54	May 14	Indianapolis	Postoperative complications
Oliphant, Jacob T. (M)	74	May 16	Farmersburg	Coronary thrombosis, myocardial infarction
McMichael, Robert M. (M)	48	May 19	Muncie	Coronary thrombosis
Bretz, W. Daniel (M)	70	May 21	Huntingburg	Cerebral hemorrhage, general arteriosclerosis, hypertension
Townsend, Ralph P. (M)	39	May 23	Michigan City	Generalized visceral hemorrhage, acute leukemia, chronic granulocytic leukemia, bronchopneumonia
Hefti, Karl R. (M)	48	May 28	Evansville	Acute bronchial asthma
Jenkins, Amon (R)	85	May 31	Evansville	Generalized arteriosclerosis
Arthur, Hamilton M. (S)	81	June 1	Hazelton	Uremia, chronic nephritis
Bracken, Lawson E.	86	June 3	Columbus	Cerebral thrombosis
Little, John A. (R.S.)	85	June 7	Logansport	Cerebral thrombosis
Hooten, Lorenzo (R)	82	June 13	Cross Plains	Lobar pneumonia, chronic myocarditis, general arteriosclerosis
Salerni, Nicola B.	69	June 15	Indianapolis	Myocardial infarction, congestive heart failure, arteriosclerotic heart disease
Hicks, James M.	47	June 16	Huntington	Gunshot wound, self-inflicted
Hollingsworth, Marshall P. (R.S.)	92	June 16	Princeton	Cerebral thrombosis
McKee, Harley S. (S)	75	June 18	Greensburg	Gastric carcinoma
Knox, Edwin S. (R.S.)	84	June 20	Paoli	Cerebral hemorrhage

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McBeth, Walter (R)	78	June 25	Royal Center	Cerebral thrombosis, arteriosclerotic heart disease
Keeling, James E. (R.S.)	86	June 26	Waldron	Chronic nephritis and arteriosclerosis
Malmstone, Francis A. (S)	77	July 1	Griffith	Cardiac thrombosis
Farlow, Merton A. (R)	71	July 3	Indianapolis	Acute hemorrhagic pancreatitis
Rapheal, Isidor J. (M)	56	July 4	Evansville	Acute monocytic leukemia
Seybert, Joseph D. (M)	61	July 5	Kendallville	Arteriosclerotic heart disease, diabetes mellitus
Linton, Charles E. (S)	76	July 5	Medaryville	Arteriosclerosis
Henderson, Arvin A. (M)	66	July 8	Ridgeville	Auto accident injuries, cerebral embolism
Pettijohn, Blanchard B. (R)	76	July 9	Indianapolis	Cerebral accident, arteriosclerosis
Gilmore, Louis L. (R.S.)	78	July 15	Vincennes	Mycarditis, nephritis
Groman, Herman C. (R.M.)	77	July 21	Hammond	Coronary occlusion
Gutelius, Charles B. (R.M.)	76	July 26	Indianapolis	Myocardial infarction, coronary thrombosis
Conrad, Ernest M. (S)	84	July 31	Anderson	Killed in auto wreck, skull fracture
Rosenberg, John H.	72	Aug. 4	Indianapolis	Carcinoma of the tongue
Jewett, Lawrence E. (S)	81	Aug. 7	Wabash	Coronary occlusion, arteriosclerosis
Wiggins, Edward L. (R)	76	Aug. 11	Indianapolis	Fracture of skull, subdural hematoma, bronchopneumonia
Baker, James S. (S)	79	Aug. 17	Evansville	Cerebral hemorrhage
Cook, Charles J. (R.S.)	87	Aug. 18	Indianapolis	Fracture of hip, hypertensive heart disease, bronchopneumonia
Feagler, Jesse P. (R)	79	Aug. 20	Waterloo	Pancreatic carcinoma
Coleman, William S. (R.S.)	78	Aug. 22	Rushville	Bronchogenic carcinoma
Lowe, George E. (R)	79	Aug. 22	Indianapolis	Coronary occlusion, myocardial infarction
Gasaway, Thomas O. (R)	81	Aug. 22	Indianapolis	Adenocarcinoma of ascending colon
Combs, Nelson B. (M)	48	Aug. 28	Mulberry	Suicide by gunshot
McKee, Horace N. (R.S.)	82	Aug. 28	Elkhart	Acute coronary occlusion
Taylor, James A. (R.S.)	85	Sept. 4	Montpelier	Cerebral thrombosis, arteriosclerosis
Myers, William C. (M)	66	Sept. 4	Dana	Coronary occlusion, myocardial failure
Buckley, Ernest P. (M)	64	Sept. 4	Jeffersonville	Hodgkins sarcoma of the lungs, hypertensive heart disease
Rose, Emmett E.	74	Sept. 5	Indianapolis	Coronary thrombosis
Harris, Loftin H.	35	Sept. 18	Evansville	Auto accident
Ward, Harry H. (R.M.)	80	Sept. 19	Coalmont	Coronary sclerosis with angina
Billman, Gustus S. (S)	82	Sept. 29	Shelby County	Coronary thrombosis, coronary sclerosis
Kemper, Arthur T. (R.S.)	84	Oct. 4	Muncie	General arteriosclerosis, cerebral focalization
Lukemeyer, Louis C. (S)	86	Oct. 4	Huntingburg	Cerebral hemorrhage, general arteriosclerosis
Beckman, Henry F. (R)	78	Oct. 5	Indianapolis	Coronary infarction, arteriosclerotic heart disease, diabetes mellitis
Polhemus, Gretchen I. (M)	50	Oct. 6	New Albany	Primary carcinoma of the liver
Pahmeier, John D. (M)	70	Oct. 8	Sandborn	Accidental strangulation from food, partial paralysis of the throat following auto wreck
Laubscher, Samuel R. (S)	79	Oct. 11	Evansville	Coronary occlusion
Voisinet, Raymond A. (M)	67	Oct. 18	Union City	Coronary thrombosis, probable myocardial rupture
Robertson, Agnes M.	62	Oct. 22	Dana, R. R. 2	Cerebral hemorrhage
Bills, Leroy F. (R.M.)	75	Oct. 26	Culver, R. R. 1	Prostatic carcinoma, metastasis to bones
Guthrie, Francis C. (R.M.)	60	Oct. 26	Anderson	Hypertensive cardiovascular disease
Fuller, Carl D.	87	Oct. 28	La Porte, R. R.	Intestinal hemorrhage
Annis, Homer B. (M)	72	Nov. 1	Bluffton	Coronary thrombosis
McCarthy, Daniel J. (R.S.)	80	Nov. 9	Marion	Cerebral arteriosclerosis, pneumonia
Straus, David C. (M)	72	Nov. 9	Pueblo, Colo.	Arteriosclerotic heart disease
Wickler, Gerhard S.	49	Nov. 18	Indianapolis	Coronary occlusion and infarction
Brown, Corydon S. (R)	96	Nov. 23	Indianapolis	Fracture of hip, cardiac decompensation
Tilton, Frank L. (R.S.)	80	Dec. 1	Nashville	Acute coronary occlusion
Brown, Ralph E. (M)	64	Dec. 10	Cayuga	Suicide by revolver wound of brain
Willeford, Ralph W.	70	Dec. 16	Indianapolis	Emphysema with congestive failure
Balla, Morris	63	Dec. 18	South Bend	Carcinoma of left bronchus
Lashley, Donald L. (M)	43	Dec. 22	Tell City	Acute coronary thrombosis, arteriosclerotic heart disease
Ames, George F. (S)	96	Dec. 25	Eaton	Arteriosclerotic heart disease
Wilson, Robert E. (R)	87	Dec. 31	Mount Vernon	Arteriosclerotic heart disease, general arteriosclerosis



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Medical Convention		
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Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	----
*John Moffett (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	----
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	----
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	----
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
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*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
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*Elijah S. Elder, Indianapolis	1894	----
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*Miles F. Porter, Ft. Wayne	1895	1896
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
Medical Association		
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
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*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
Eldridge M. Shanklin, Hammond	1924	1925
Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
George R. Daniels, Marion	1926	1928
Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmersburg	1942	1944
Neslen K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
Cleon A. Nafe, Indianapolis	1946	1948
Augustus P. Hauss, New Albany	1947	1949
C. S. Black, Warren	1948	1950
Alfred Ellison, South Bend	1949	1951
J. William Wright, Indianapolis	1950	1952
Paul D. Crimm, Evansville	1951	1953
Wm. Harry Howard, Hammond	1952	1954
Walter L. Portteus, Franklin	1954	1955

*Deceased.

Constitution and By-Laws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1. — This Association shall consist of Active Members, Associate Members, Senior Members and Honorary Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant membership therein on a basis that does not include membership in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy-five years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the executive secretary as eligible for such membership by the county societies of which they are members.

All members who, previous to the adoption of this amendment to the constitution, were certified as honorary members on the basis of the above qualifications, shall hereafter be classified as senior members.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Rights and Privileges of Members.*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors, and (2) *ex officio* the President, President-elect, and Treasurer. Besides its duties mentioned in the By-Laws, it shall constitute the Board of Trustees of this organization, having full charge

and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the By-Laws, and at all times shall be the finance committee of the Association. Seven Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Councilor districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place two years in advance for holding the annual convention. The time for the convention shall be fixed by the Council, and the Council shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, and thirteen Councilors, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years and approximately one-third of the number shall be elected annually. All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Councilor fails, without reason acceptable to the Council, in any one calendar year to attend a majority of the meetings of the Council, he shall thereby cease to be a Councilor, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business of the last day of the Annual Convention, and no person shall be elected to any such office who is not in attendance on that Annual Convention and who has not been a member of the Association for the preceding two years.

Sec. 4.—The Councilors shall be elected by the respective district societies. If any district fails to meet and elect its Councilor by the time of expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Councilor district shall elect an alternate Councilor whose term of office shall be the same as the Councilor, namely three years. The alternate Councilor shall be elected in a year during which there is no Councilor elected.

The duties of the alternate Councilor shall be:

1. To represent the Councilor district in the absence of the regularly elected Councilor.
2. To vote only in the absence of the regularly elected Councilor either in the House of Delegates or in Council meetings where he represents the regularly elected Councilor.
3. The alternate Councilor shall not have the power of discussion if the regularly elected Councilor is present.

Sec. 6.—Any officer may be removed from office after a hearing before the Council, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Council.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Council shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer shall be filled by an election by the Councilors at the next regular meeting of the Council following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district councilor, the duly elected alternate councilor from the same district shall succeed to the office of councilor in that district for the unexpired term of said councilor.

In the event vacancies occur in any councilor district in the offices of both councilor and alternate councilor, the vacancies shall be filled by an election by the members of the association within the councilor district in which such vacancies occur. A call for such elections shall be issued by the executive secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the State secretary's office of each component society within the district. Such call shall be mailed within ten days after the State secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Council, and the Council shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BY-LAWS

CHAPTER I.—MEMBERSHIP

Section 1.—The term "Member" as used in these By-Laws unless otherwise indicated shall mean both active and senior members.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered

members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President shall be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Committee on Scientific Work, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Council shall appropriate from the funds of the Association for such an amount as in the discretion of the Council shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Committee on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.
b. Medical.
c. Eye, Ear, Nose, and Throat.
d. Anesthesia.
e. General Practice.
f. Obstetrics and Gynecology.
g. Preventive Medicine and Public Health.
h. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and By-Laws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of Delegates to which each Component Society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association annually on or before December first prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

b. Divide the State into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5. — Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than forty-five days prior to the meeting of the House of Delegates to which the resolutions will be presented for action:

Provided, that this sub-section of the By-Laws may be suspended with respect to any resolution upon a two-thirds majority vote of the House of Delegates.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, and the Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect and Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1.—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and Journal offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Council, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Council, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed may be allowed by the Council, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII.—COUNCIL

Section 1.—The Council shall meet as follows: 1. January, April, and July of each year on dates and at places fixed by the Council. 2. On the day

preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a Chairman, and a Clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates.

Sec. 2. — Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Council shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Council shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Council shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Council shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Council shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amounts of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Council shall elect two members of the Association, who, with the President, the President-elect, the Treasurer, and the Chairman of the Council, shall constitute and be known as the Executive Committee.

CHAPTER VIII.—STANDING COMMITTEES

Section 1.—The standing committees shall be as follows:

The Executive Committee.
A Committee on Convention Arrangements.
A Committee on Scientific Work.
A Committee on Scientific Exhibits.
A Committee on Public Policy and Legislation.
A Committee on Publicity.
A Committee on Industrial Health.
A Committee on Medical Education and Hospitals.

A Committee on Public Relations.

A Committee on Constitution and By-Laws.

A Committee on Conference of County Medical Society Officers.

Board of Appeals on Patient-Physician Relations.

A Committee on Rural Health.

The members of such committees, except the Executive Committee, which is elected by the Council, shall be appointed by the President of the Association.

In making such elections or appointments next after the effective date of the amendment the terms of such members shall be as follows:

If a committee consists of an even number of members, one-half shall be appointed for two year terms, and one-half shall be appointed for one year terms.

If a committee consists of an odd number of members, the majority by one shall be appointed for two years and the remainder for one year terms.

Thereafter all members shall be appointed for two year terms. All members shall serve until their successors have been elected or appointed.

Sec. 2.—*The Executive Committee,* consisting of six members as heretofore provided for shall meet on the call of the Chairman or of any three members with the Executive Secretary to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall constitute the Medical Defense Committee of the Association and shall have full authority governing all matters pertaining to the medical defense features of this Association, and shall be governed by the rules and regulations concerning such features as provided for in the By-Laws of this Association. It shall represent the Council during the intervals between meetings of that body, including matters pertaining to THE JOURNAL of the Association, and shall report its doings to the Council.

It shall prepare a budget for the ensuing calendar year; and all expenditures of the Association, except those otherwise provided for under the Constitution and By-Laws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and By-Laws shall be incurred by any officer or committee. A committee or an officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

Sec. 3.—*The Committee on Convention Arrangements* shall consist of five or more members. With the advice and assistance of the Executive Secretary this committee shall provide suitable accommodations for the meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements for and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 4.—*The Committee on Scientific Work* shall consist of three or more appointive members appointed by the President; and of the chairman of the Committee on Scientific Exhibits and of the chairman of the sections as *ex officio* members. It shall be the duty of the officers of the various sections to prepare and submit to this committee prior to the first meeting of the committee a suggested program of subjects and personnel for their respective section programs for the Annual Convention. The scientific program and the financial requirements to provide for it must be approved by the Executive Committee before the program is officially announced.

Sec. 5.—*The Committee on Scientific Exhibits* shall consist of five or more appointive members. It shall have the duty of arranging for scientific exhibits as a part of the Annual Convention, subject to the approval of the Executive Committee.

Sec. 6.—*The Committee on Public Policy and Legislation* shall consist of at least five or more appointive members. Under direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health, medical education, scientific medicine, and the improvement of the medical profession. It shall keep in touch with professional and public opinion and shall endeavor to create and direct public opinion to the end that the public will demand adequate legislation for the promotion of the public good in relation to medicine and the enforcement of such legislation.

Sec. 7.—*The Committee on Publicity* shall consist of three appointive members. It shall be responsible for the dissemination of information concerning individual and community health to the lay public through articles prepared for publication in lay publications, and for addresses or talks delivered before lay audiences under the authority of the Association, and shall in every way seek to give the lay public a better knowledge and understanding of the aims and objects of scientific medicine.

Sec. 8.—*The Committee on Industrial Health* shall consist of five or more appointive members. The duties of the committee shall be: To study and gather facts and become intimately acquainted with the problems regarding industrial health, including any such problems as those relating to the prevention and cure of industrial injuries and diseases; to study the method and means of providing adequate medical and hospital care for

those suffering from industrial diseases and injuries; and to encourage cooperation and mutual understanding among the members of the medical profession, employers of labor, employees and insurance carriers.

Sec. 9.—*The Committee on Medical Education and Hospitals* shall consist of five appointive members. The duties of this committee shall be to cooperate with the authorities of the Indiana University School of Medicine in efforts to improve the educational standards of the state as they pertain to the practice of medicine; to act in conjunction with the members of the Council in providing postgraduate clinics or teaching for the various Councilor medical districts of the state; to cooperate with the Hospital Council of the Indiana State Board of Health in connection with the making and recommending of rules and regulations for the management of hospitals; to select one of its own members as a delegate to the yearly Conference on Medical Education and Hospitals of the American Medical Association; and to cooperate with the corresponding Council of the American Medical Association.

Sec. 10.—*The Committee on Public Relations* shall consist of five or more appointive members. The duties of the committee shall be to develop and carry on continuously a program to improve and sustain good will among the members of the medical profession and the general public; to study and assemble information regarding the means by which the interests of the public relations of the medical profession may best be served; to obtain through public and professional contacts and report to the profession through proper means information regarding the sentiments, criticism and suggestions for improvement which may be made either by members of the profession or by the lay public; and to have the special responsibility of furnishing leadership and guidance in keeping the medical profession as a whole within the deserved respect and esteem of the people.

Sec. 11.—*The Committee on Constitution and By-Laws* shall consist of five appointive members. The duties of this committee shall be: to keep in contact with the developments and changes in procedures in carrying on the work of this Association; to suggest revisions necessary to keep the Constitution and By-Laws always in accord with the practices and procedures best adapted to the functioning of the Association; and to keep the practices and procedures consistent with the provisions from time to time contained in the Constitution and By-Laws—to the end that all members of the profession, by reference to the Constitution and By-Laws, may be able to obtain accurate information regarding procedure and practices within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and By-Laws may be avoided.

Sec. 12.—*The Committee on Conference of County Medical Society Officers* shall consist of seven appointive members. It shall have the duty of arranging for conferences of County Medical Society Officers, preparing the agenda therefor, and fixing the time and place for such meetings.

Sec. 13.—A standing committee to be known as "The Board of Appeals on Patient-Physician Relations" shall be composed of nine physicians, three of whom shall be past presidents of the association, and all of whom shall be appointed by the president of the association. Not more than one physician shall be appointed from any one Councilor District. No member shall hold any elective office in the state association during tenure on this committee. Of the nine physicians first appointed, three, including one past president, shall serve for a period of one year; three, including one past president, for two years; three, including one past president, for three years. Thereafter three shall be appointed each year for a three year term, to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee other than by expiration of terms shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, vice-chairman, and secretary.

In addition to the above provided membership and organization of the Board, the president of the Association shall appoint an accredited psychiatrist as a specialty member of the Board whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Councilor District of the Association irrespective of the membership of the Board including another member from the same Councilor District. He shall have the same rights and privileges as other members of the Board and be subject to the rules, regulations and methods of procedure as approved by the Council of the Association.

Sec. 14.—The duties of this Board of Appeals on Patient-Physician Relations shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians. It may, if it believes the facts justify such action, cite the member to the Council of the state association. It shall, subject to the approval of the Council, draw up a set of rules and regulations governing the procedure and official actions of the Board.

Sec. 15.—The President and Executive Secretary shall be *ex officio* members of all the foregoing standing Committees where their inclusion on the committee is not otherwise provided for in these By-Laws.

CHAPTER IX.—SPECIAL COMMITTEES

The President may appoint such other committees in addition to the standing committees as

he deems necessary or as may be specially authorized by the House of Delegates, the Council, or the Executive Committee. Any such committees shall be known as special committees.

The terms of the members of such special committees shall be as heretofore provided for the terms of the members of standing committees.

CHAPTER X.—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, the chairman to be specified by the President. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Council, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—The following Reference Committees are hereby constituted to which shall be referred all matters as indicated by the titles of the committees:

(1) Sections and Section Work
(2) Rules and Order of Business
(3) Medical Education and Hospitals
(4) Legislation
(5) Public Relations
(6) Hygiene and Public Health
(7) Amendments to the Constitution and By-Laws
(8) Reports of Officers
(9) Credentials
(10) Insurance
(11) Miscellaneous Business

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference Committees as are necessary to cover all subjects included therein; or (b) to only one Reference Committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any Reference Committee shall be rejected on the ground that it covers something not included in the matters which such Committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XI.—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and By-Laws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and By-Laws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the membership is proposed.

Sec. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he has his office or has the major part of his practice.

Sec. 9.—Each component society, shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before August first.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Councilor of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Councilor shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be the calendar year, and all dues shall be for the year and *payable in advance*. The secretary of each component society shall forward the dues for his society, together with the roster of officers and members and list of non-affiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such new members. The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first nine months of any year shall pay the regular annual dues for that year; and those elected to their first membership after October 1 of any one year shall pay $10.00 as dues for the remainder of that year. Interns and residents shall pay $10.00 a year annual dues during their term of service in the hospital. In the event the county society remits a member's dues for good cause, and the secretary of the county medical society recommends in writing the remission of the state association dues of said member of the society, and shows good cause why such recommendation should be granted, the Council shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and By-Laws, not in conflict with the Constitution and By-Laws either of this Association or of the American Medical Association, a copy of which shall be filed with the Executive Secretary of this Association; and furthermore, the Executive Secretary shall be notified at once of any changes or amendments that may be made from time to time.

CHAPTER XII.—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 2. — The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XIII.—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents out of the annual dues of each member of the Asso-

ciation shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to the medical defense features of this Association; with power to enter into agreement for the payment of fees of one attorney whom the physician sued shall have the right to choose, provided such attorney is of good reputation and standing at the bar, and to employ expert witnesses and incur such other expenses as in the judgment of the committee may be necessary in the defense of members against whom suits may be brought; provided, always, that the total expenditure in any single suit shall not exceed 25 per cent of the fund available at the time suit is filed; and provided further that this Association shall not be liable for attorney's fees in such suits unless this committee shall have first agreed in each case with the physician sued and the attorneys representing him in regard to the terms of such employment, including the fees to be paid.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the Chairman of the Council.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these By-Laws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services which are the basis of the suit were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these By-Laws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XIV.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XV.—INVESTMENT OF SURPLUS FUNDS

Section 1.—All surplus funds of this association shall hereafter be invested only in United States Government bonds or in municipal bonds which the United States Government or the municipalities issuing such bonds shall have the direct obligation to pay.

CHAPTER XVI.—AMENDMENTS

Section 1.—These By-Laws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and By-Laws all previous Constitutions and By-Laws are hereby repealed.

Principals of Medical Ethics of the American Medical Association

PREAMBLE

These principles are intended to serve the physician as a guide to ethical conduct as he strives to accomplish his prime purpose of serving the common good and improving the health of mankind. They provide a sound basis for solution of many of the problems which arise in his relationship with patients, with other physicians, and with the public. They are not immutable laws to govern the physician, for the ethical practitioner needs no such laws; rather they are standards by which he may determine the propriety of his own conduct. Undoubtedly, interpretation of these principles by an appropriate authority will be required at times. As a rule, however, the physician who is capable, honest, decent, courteous, vigilant, and an observer of the Golden Rule and who conducts his affairs in the light of his own conscientious interpretation of these principles will find no difficulty in the discharge of his professional obligations.

CHAPTER I

General Principles

CHARACTER OF THE PHYSICIAN

Section 1.—The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Whoever chooses this profession assumes the obligation to conduct himself in accord with its ideals. A physician should be "an upright man, instructed in the art of healing." He must keep himself pure in character and be diligent and conscientious in caring for the sick. As was said by Hippocrates, "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life."

THE PHYSICIAN'S RESPONSIBILITY

Sec. 2.—The avowed objective of the profession of medicine is the common good of mankind. Physicians faithful to the ancient tenets of this profession are ever cognizant of the fact that they are trustees of medical knowledge and skill and that they must dispense the benefits of their special attainments in medicine to all who need them. Physicians dedicate their lives to the alleviation of suffering, to the enhancement and prolongation of life, and to the destinies of humanity. They share whatever they have learned and whatever they may discover with their colleagues in every part of the globe. They recognize instinctively that the improvement for medical knowledge and skills is never at an end, and while they strive toward satisfaction of this need they are zealous in making available to physicians of good character who possess the desire and the ability to learn the aggregate of progress in medical education, research, and discoveries as they may exist at the time. They do not remain content to limit their activities to the care of the infirm, since they recognize also their useful rank among the vast concourse of citizens on whose shoulders the destiny of our nation rests. At the same time they will resist attempts to debase their services by diverting them to ignoble purposes. In their relationships with patients, with colleagues, and with the public, they maintain under God, as they have down the ages, the most inflexible standards of personal honor.

GROUPS AND CLINICS

Sec. 3.—The ethical principles actuating and governing a group or clinic are exactly the same as those applicable to the individual. As a group or clinic is composed of individual physicians, each of whom, whether employer, employee or partner, is subject to the principles of ethics herein elaborated, the uniting into a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

ADVERTISING

Sec. 4.—Solicitation of patients, directly or indirectly, by a physician, by groups of physicians or by institutions or organizations is unethical. This principle protects the public from the advertiser and salesman of medical care by establishing an easily discernible and generally recognized distinction between him and the ethical physician. Among unethical practices are included the not always obvious devices of furnishing or inspiring newspaper or magazine comments concerning cases in which the physician or group or institution has been, or is, concerned. Self laudations defy the traditions and lower the moral standard of the medical profession; they are an infraction of good taste and are disapproved.

The most worthy and effective advertisement possible, even for a young physician, especially among his brother physicians, is the establishment of a well merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of simple professional cards is approved in some localities but is disapproved in others. Disregard of local customs and offenses against recognized ideals are unethical.

THE RELATIONSHIP OF THE PHYSICIAN TO MEDIA OF PUBLIC INFORMATION

Sec. 5.—Many people, literate and well educated, do not possess a special knowledge of medicine. Medical books and journals are not always easily accessible or readily understandable.

The medical profession considers it ethical for a physician to meet the request of a component or constit-

uent medical society to write, act or speak for general readers or audiences. On the other hand, it may often happen that the representatives of popular news media are the first to perceive the adaptability of medical material for presentation to the public. In such a situation the physician may be asked to release to the public some information, exhibit, drawing or photograph. Refusal to release the material may be considered a refusal to perform a public service, yet compliance may bring the charge of self-seeking or solicitation.

An ethical physician may provide appropriate information regarding important medical and public health matters which have been discussed during open medical meetings or in technical papers which have been published, and he may reveal information regarding a patient's physical condition if the patient gives his permission, but he should seek the guidance of appropriate officials and designated spokesmen of component or constituent medical societies. Spokesmen should be empowered to give prompt and authoritative replies and a list should be issued which identifies them and discloses the manner in which they may be reached. These provisions are made with full knowledge that the primary responsibility of the physician is the welfare of his patient, but proper observation of these ethical provisions by the physician concerned should protect him from any charge of self-aggrandizement.

Scientific articles written concerning hospitals, clinics or laboratories which portray clinical facts and technics and which display appropriate illustrations may well have the commendable effect of inspiring public confidence in the procedure described. Articles should be prepared authoritatively and should utilize information supplied by the physician or physicians in charge with the sanction of appropriate associates.

When any sort of medical information is released to the public, the promise of radical cures or boasting of cures or of extraordinary skill or success is unethical.

An institution may use means, approved by the medical profession in its own locality, to inform the public of its address and the special class, if any, of patients accommodated.

PAYMENT FOR PROFESSIONAL SERVICES

SEC. 6.—The ethical physician, engaged in the practice of medicine, limits the sources of his income received from professional activities to services rendered the patient. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered or in the form of a subsequent statement.

Unethical methods of inducement to refer patients are devices employed in a system of patronage and reward. They are practiced only by unethical physicians and often utilize deception and coercion. They may consist of the division of a fee collected by one physician ostensibly for services rendered by him and divided with the referring physician or physicians or of receiving the entire fee in alternate cases.

When patients are referred by one physician to another, it is unethical for either physician to offer or to receive any inducement other than the quality of professional services. Included among unethical inducements are split fees, rebates, "kickbacks," discounts, loans, favors, gifts, and emoluments with or without the knowledge of the patient. Fee splitting violates the patient's trust that his physician will not exploit his dependence upon him and invites physicians to place the desire for profit above the opportunity to render appropriate medical service.

Billing procedures which tend to induce physicians to split fees are unethical. Combined billing by physicians may jeopardize the doctor-patient relationship by limiting the opportunity for understanding of the financial arrangement between the patient and each physician. It may provide opportunity for excessive fees and may interfere with free choice of consultants, which is contrary to the highest standards of medical care.

PATENTS AND COPYRIGHTS

SEC. 7.—A physician may patent surgical instruments, appliances and medicines or copyright publications, methods and procedures. The use of such patents or copyrights or the receipt of remuneration from them which retards or inhibits research or restricts the benefits derivable therefrom is unethical.

DISPENSING OF DRUGS AND APPLIANCES BY PHYSICIANS

SEC. 8.—It is not unethical for a physician to prescribe or supply drugs, remedies, or appliances as long as there is no exploitation of the patient.

REBATES AND COMMISSIONS

SEC. 9.—The acceptance of rebates on prescriptions and appliances or of commissions from those who aid in the care of patients is unethical.

SECRET REMEDIES

SEC. 10.—The prescription or dispensing by a physician of secret medicines or other secret remedial agents, of which he does not know the composition, or the manufacture or promotion of their use is unethical.

EVASION OF LEGAL RESTRICTIONS

SEC. 11.—An ethical physician will observe the laws regulating the practice of medicine and will not assist others to evade such laws.

CHAPTER II

DUTIES OF PHYSICIANS TO THEIR PATIENTS STANDARDS, USEFULNESS, NONSECTARIANISM

SECTION 1.—In order that a physician may best serve his patients, he is expected to exalt the standards of his profession and to extend its sphere of usefulness. To the same end, he should not base his practice on an exclusive dogma or a sectarian system, for "sects are implacable despots; to accept their thralldom is to take away all liberty from one's action and thought."* A sectarian or cultist as applied to medicine is one who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience. All voluntarily associated activities with cultists are unethical. A consultation with a cultist is a futile gesture if the cultist is assumed to have the same high grade of knowledge, training and experience as is possessed by the doctor of medicine. Such consultation lowers the honor and dignity of the profession in the same degree in which it elevates the honor and dignity of those who are irregular in training and practice.

PATIENCE, DELICACY AND SECRECY

SEC. 2.—Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the state. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidences entrusted to him as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would desire another to act toward one of his own family in like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

PROGNOSIS

SEC. 3.—The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's

* Nicon, Father of Galon.

condition as will serve the best interests of the patient and the family.

THE PATIENT MUST NOT BE NEGLECTED

SEC. 4.—A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving notice to the patient, his relatives or his responsible friends sufficiently long in advance of his withdrawal to allow them to secure another medical attendant.

CHAPTER III

DUTIES OF PHYSICIANS TO THE PROFESSION AT LARGE

UPHOLDING THE HONOR OF THE PROFESSION

SECTION 1.—A physician is expected to uphold the dignity and honor of his vocation.

MEMBERSHIP IN MEDICAL SOCIETIES

SEC. 2.—For the advancement of his profession, a physician should affiliate with medical societies and contribute of his time, energy and means so that these societies may represent the ideals of the profession.

SAFEGUARDING THE PROFESSION

SEC. 3.—Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education.

EXPOSURE OF UNETHICAL CONDUCT

SEC. 4.—A physician should expose, without fear or favor, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. Questions of such conduct should be considered, first, before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations, provided such a course is possible and provided, also, that the law is not hampered thereby. If doubt should arise as to the legality of the physician's conduct, the situation under investigation may be placed before officers of the law, and the physician-investigators may take the necessary steps to enlist the interest of the proper authority.

CHAPTER IV

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER

DEPENDENCE OF PHYSICIANS ON EACH OTHER

SECTION 1.—As a general rule, a physician should not attempt to treat members of his family or himself. Consequently, a physician should cheerfully and without recompense give his professional services to physicians or their dependents if they are in his vicinity.

COMPENSATION FOR EXPENSES

SEC. 2.—When a physician from a distance is called to advise another physician about his own illness or about that of one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered him. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss may, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN IN CHARGE

SEC. 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select one physician to take charge of the case. The family may ask the physician in charge to call in other physicians to act as consultants.

CHAPTER V

DUTIES OF PHYSICIANS IN CONSULTATIONS

CONSULTATIONS SHOULD BE ENCOURAGED

SECTION 1.—In a case of serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

SEC. 2.—In every consultation, the benefit to the patient is of first importance. All physicians interested in the case should be candid with the patient, a member of his family or a responsible friend.

PUNCTUALITY

SEC. 3.—All physicians concerned in consultations should be punctual. When, however, one or more of the consultants are unavoidably delayed, the one who arrives first should wait for the others for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any other reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or it be the desire of the patient, his family or his responsible friends, the consultant may examine the patient and mail his written opinion, or see that it is delivered under seal to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

PATIENT REFERRED TO CONSULTANT

SEC. 4.—When a patient is sent to a consultant and the physician in charge of the case cannot accompany the patient, the physician in charge should provide the consultant with a history of the case, together with the physician's opinion and outline of the treatment, or so much of this as may be of service to the consultant. As soon as possible after the consultant has seen the patient he should address the physician in charge and advise him of the results of the consultant's investigation. The opinions of both the physician in charge and the consultant are confidential and must be so regarded by each.

DISCUSSIONS IN CONSULTATION

SEC. 5.—After the physicians called in consultation have completed their investigations, they and the physician in charge should meet by themselves to discuss the course to be followed. Statements should not be made, nor should discussion take place in the presence of the patient, his family or his friends, unless all physicians concerned are present or unless all of them have consented to another arrangement.

RESPONSIBILITY OF ATTENDING PHYSICIAN

SEC. 6.—The physician in charge of the case is responsible for treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, after such a change, it is best to call another consultation; then the physician in charge should state his reasons for departing from the course decided at the previous conference. When an emergency occurs during the absence of the physician in charge, a consultant may assume authority until the arrival of the physician in charge, but his authority should not extend further without the consent of the physician in charge.

CONFLICT OF OPINION

SEC. 7.—Should the physician in charge and a consultant be unable to agree in their view of a case, another consultant should be called or the differing consultant should withdraw. However, since the patient employed the consultant to obtain his opinion, he should be permitted to state it to the patient, his relative or

his responsible friend, in the presence of the physician in charge.

CONSULTANT AND ATTENDANT

SEC. 8.—When a physician has acted as consultant in an illness, he should not become the physician in charge in the course of that illness, except with the consent of the physician who was in charge at the time of the consultation.

CHAPTER VI

DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE

MISUNDERSTANDINGS TO BE AVOIDED

SECTION 1.—A physician, in his relationship with a patient who is under the care of another physician, should not give hints relative to the nature and treatment of the patient's disorder; nor should a physician do anything to diminish the trust reposed by the patient in his own physician. In embarrassing situations, or whenever there seems to be a possibility of misunderstanding with a colleague, a physician should seek a personal interview with his fellow.

SOCIAL CALLS ON PATIENT OF ANOTHER PHYSICIAN

SEC. 2.—When a physician makes social calls on another physician's patient he should avoid conversation about the patient's illness.

SERVICES TO PATIENT OF ANOTHER PHYSICIAN

SEC. 3.—A physician should not take charge of, or prescribe for another physician's patient during any given illness (except in an emergency) until the other physician has relinquished the case or has been formally dismissed.

CRITICISM TO BE AVOIDED

SEC. 4.—When a physician does succeed another physician in charge of a case, he should not disparage, by comment or insinuation, the one who preceded him. Such comment or insinuation tends to lower the confidence of the patient in the medical profession and so reacts against the patient, the profession and the critic.

EMERGENCY CASES

SEC. 5.—When a physician is called in an emergency because the personal or family physician is not at hand, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the personal or family physician. However, he should first report to the personal or family physician the condition found and the treatment administered.

PRECEDENCE WHEN SEVERAL PHYSICIANS ARE SUMMONED

SEC. 6.—When several physicians have been summoned in a case of sudden illness or of accident, the first to arrive should be considered the physician in charge. However, as soon as is practicable, or on the arrival of the acknowledged personal or family physician, the first physician should withdraw. Should the patient, his family or his responsible friend wish some one other than he who has been in charge of the case, the patient or his representative should advise the personal or family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital without the knowledge of the physician who is known to be the personal or family physician, the patient should be returned to the care of the personal or family physician as soon as is feasible.

A COLLEAGUE'S PATIENT

SEC. 7.—When a physician is requested by a colleague to care for a patient during the colleague's temporary absence, or when, because of an emergency, a physician is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy that he would wish used in similar circumstances if the patient were his responsibility. The patient should be returned to the care of the attending physician as soon as possible.

SUBSTITUTION IN OBSTETRIC WORK

SEC. 8.—When a physician attends a woman who is in labor because the one who was engaged to attend her is absent, the physician summoned in the emergency should relinquish the patient to the first engaged, on his arrival. The one in attendance is entitled to compensation for the professional services he may have rendered.

DISPUTES BETWEEN PHYSICIANS

SECTION 9.—Whenever there arises between physicians a grave difference of opinion, or of interest, which cannot be promptly adjusted, the dispute should be referred for arbitration, preferably to an official body of a component society.

CHAPTER VII

COMPENSATION

LIMITS OF GRATUITOUS SERVICE

SECTION 1.—Poverty of a patient, and the obligation of physicians to attend one another and the dependent members of the families of one another, should command the gratuitous services of a physician. Institutions and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, should meet such costs as are covered by the contract under which the service is rendered.

CONDITIONS OF MEDICAL PRACTICE

SEC. 2.—A physician should not dispose of his services under conditions that make it impossible to render adequate service to his patients, except under circumstances in which the patients concerned might be deprived of immediately necessary care.

CONTRACT PRACTICE

SEC. 3.—Contract practice as applied to medicine means the practice of medicine under an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, whereby partial or full medical services are provided for a group or class of individuals on the basis of a fee schedule, or for a salary or for a fixed rate per capita.

Contract practice *per se* is not unethical. Contract practice is unethical if it permits of features or conditions that are declared unethical in these Principles of Medical Ethics or if the contract or any of its provisions causes deterioration of the quality of the medical services rendered.

FREE CHOICE OF PHYSICIAN

SEC. 4.—Free choice of physician is defined as that degree of freedom in choosing a physician which can be exercised under usual conditions of employment between patients and physicians. The interjection of a third party who has a valid interest, or who intervenes between the physician and the patient does not *per se* cause a contract to be unethical. A third party has a valid interest when, by law or volition, the third party assumes legal responsibility and provides for the cost of medical care and indemnity for occupational disability.

PURVEYAL OF MEDICAL SERVICE

SEC. 5.—A physician should not dispose of his professional attainments or services to any hospital, lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit exploitation of the services of the physician for the financial profit of the agency concerned. Such a procedure is beneath the dignity of professional practice and is harmful alike to the profession of medicine and the welfare of the people.

CHAPTER VIII

Duties of Physicians to the Public

PHYSICIANS AS CITIZENS

SECTION 1.—Physicians, as good citizens, possessed of special training, should advise concerning the health of the community wherein they dwell. They should bear their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations.

PUBLIC HEALTH

SEC. 2.—Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, a physician must continue his labors without regard to the risk to his own health.
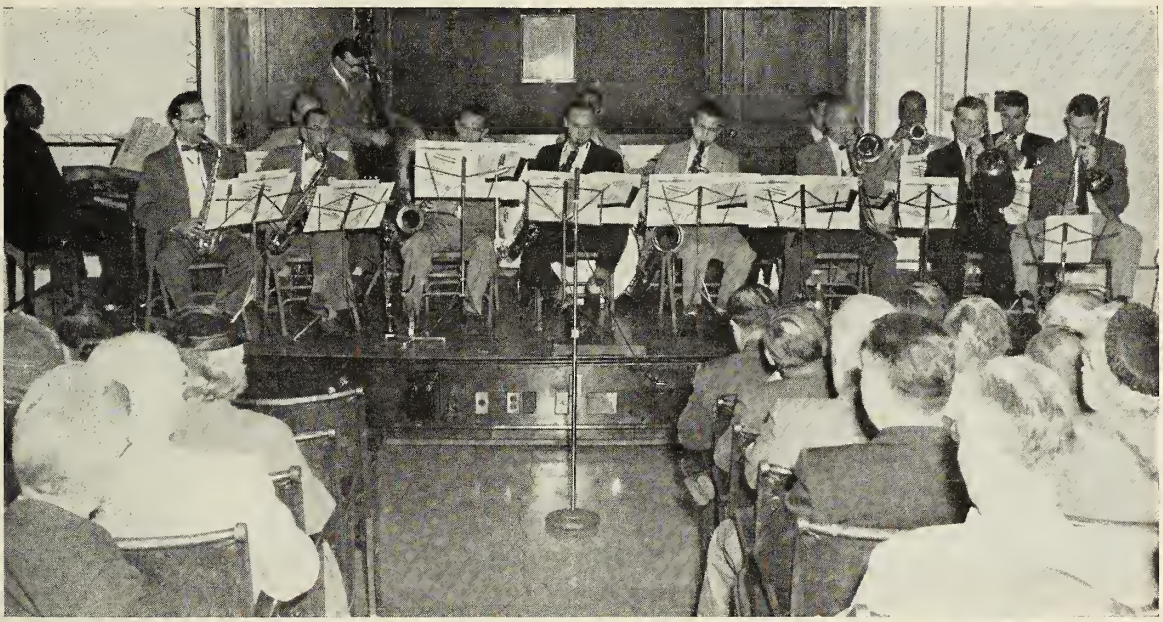
PHARMACISTS

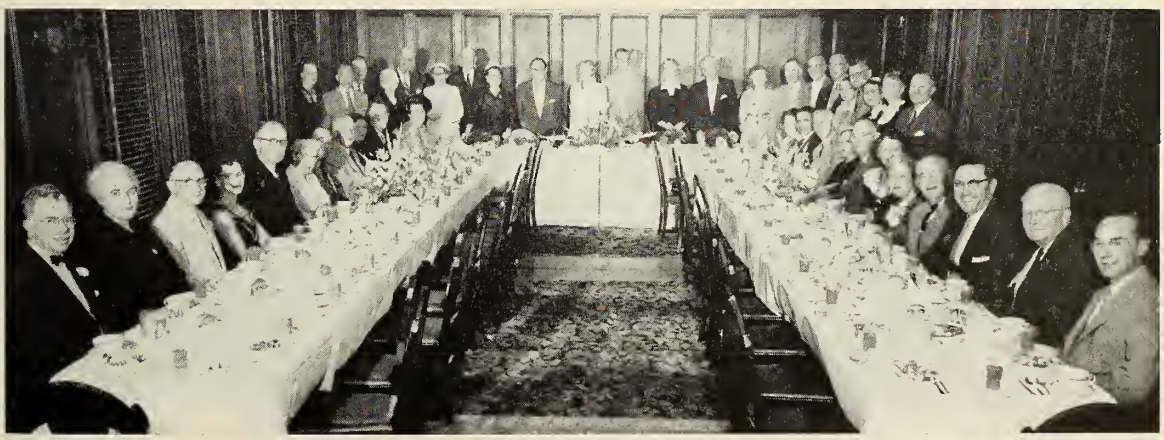
SEC. 3.—Physicians should recognize and promote the practice of pharmacy as a profession and should recognize the cooperation of the pharmacist in education of the public concerning the practice of ethical and scientific medicine.

ALUMNI DAY

Graduates of I.U. School of Medicine converge on the Medical Center campus May 11, for the traditional fried chicken and strawberry shortcake feast. The Lower Basin Street Chamber Music and Choral Society (medics) entertain and the Class of 1925 holds dinner meeting at the Atheneum.







Deaths . . .



Bert Edward Ellis, M.D., Indianapolis otolaryngologist, died June 3 in St. Vincent's Hospital. He had been seriously ill for several months. He was 65.

Doctor Ellis, who had been active in local, state and national medical organizations, was a native of Greene county. He received his medical degree from Indiana University School of Medicine in 1921. During World War I he served in the medical division of the student military training courses at the university. After completing his internship at Indianapolis City Hospital he entered general practice in Jasonville. In 1923 he moved to Indianapolis continuing in general practice until 1927 when he entered the Postgraduate School of Medicine at the University of Pennsylvania for a year's training in otolaryngology. Returning to Indianapolis Doctor Ellis began the practice of his specialty and for several years was active in the clinics and surgeries of all hospitals in the city. He was one of the pioneer surgeons who became interested in the repair of the facial nerve and traveled extensively to study various techniques for the surgery. He was a frequent speaker before medical groups.

Throughout the years, Doctor Ellis gave much time to medical organizations with which he became affiliated. He served as a councilor and chairman of the Council of Indianapolis Medical Society and was president of that group in 1948. On the state level, he had been a member of the Editorial Board of THE JOURNAL, chairman of the state convention committee on three occasions, had served on other committees and been a delegate to ISMA House of Delegates for several years. He was Clinical Professor of Otolaryngology at I.U. School of Medicine where he had been on the staff for a number of years.

Nationally, he was named president of the American Otorhinologic Society for Plastic Surgery in 1950 and was made an honorary member of the Central Illinois Society for Ophthalmology and Otolaryngology.

He was also a past president of the Indianapolis Opthalmology and Otolaryngology Society and a member of the Indiana Academy of Ophthalmology and Otolaryngology, the American Academy of Ophthalmology and Otolaryngology, and the Triological Society.

Outside his profession, Doctor Ellis held church, service club and patriotic organization memberships, and devoted leisure time to raising cattle on his farms.

George William Kohlstaedt, M.D., 65, an Indianapolis physician since 1913, died May 17 in Methodist Hospital, Indianapolis. Doctor Kohlstaedt was a native of Indianapolis and received his degree in medicine from Indiana University School of Medicine in 1912. He served as a captain in the Army Medical Corps during World War I. Doctor Kohlstaedt, who was formerly attached to City Hospital, Indianapolis, served as president of the City Board of Health from 1936 to 1940. He was a member of the Indianapolis Medical Society, the Indiana State and American Medical Associations. Karl C. Kohlstaedt, M.D., Indianapolis, is a son.

Harry J. Laws, M.D., 72, died suddenly early in the morning of May 20 in his Lafayette home. He had kept his usual office hours the previous day and had attended a night baseball game. He was 72. A native of Crown Point, Doctor Laws received his medical training at New York University College of Medicine where he was graduated in 1907. He first established practice in Rensselaer, then moved to Crown Point for three years before going to Lafayette in 1913. Only interruption in his 42 years practice there was two years service overseas with the Medical Corps during World War I.

At the time of his death Doctor Laws was city health officer at Lafayette.

He was a member of Tippecanoe County Medical Society which he had served as secretary early in his career, the Indiana State and American Medical Associations, patriotic and lodge organizations. Among survivors is a son, Kenneth F. Laws, M.D., with whom he was associated.

Henry G. Poncher, M.D., 53, died of a heart attack in his home near Valparaiso May 31. Doctor Poncher was health director of Valparaiso University and had been in private practice in that city since 1952. Previously he had served as chief of pediatrics at the University of Illinois School of Medicine, Chicago, where he had been on the faculty since 1928. He was a 1927 graduate of the University of Michigan Medical School. Doctor Poncher was a fellow of the American Academy of Pediatrics, a member of Porter County Medical Society, the Indiana State and American Medical Associations.

Joseph L. Allen, M.D., who practiced and was active in civic affairs in Greenfield for 49 years, died June 4 in the Veterans Administration Hospital in Marion following a long illness. He was 80 years old.

Doctor Allen was born in Hancock county. He was graduated in 1904 from the Medical College of Indiana at Indianapolis and then spent six years teaching in Rush and Madison counties before beginning the practice of medicine in Hancock county. He was that county's first volunteer in World War I serving as a captain in the Medical Corps. After his return he was

(Please turn to Page 810)

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NEWS NOTES—from State and Nation

Dr. Earl H. Antes, who is associated with the Welborn Clinic, Evansville, has entered military service and is stationed at Fort Belvoir, Virginia.

Dr. W. Martin Dickerson who has been at the Ade Medical Center, Lafayette, has opened an office in Monticello where he will limit his practice to surgery.

Dr. J. Moss Beeler is now associated with the East Mississippi State Hospital at Meridian, Mississippi. His resignation as medical director of Wabash Valley Sanitarium, Lafayette, was effective June 15.

Major James C. Katterjohn, Indianapolis, has been assigned to Walter Reed Army Hospital as a radiologist. He entered service April 3, spent six weeks at Fort Sam Houston and was then transferred to Washington. Mrs. Katterjohn and their three sons have joined him in the east. They are residing at 1306 Chalmers Road, Silver Springs, Maryland. Major Katterjohn writes THE JOURNAL that "any news from home will be appreciated." His address is Major James C. Katterjohn, Walter Reed Army Hospital, Washington 12, D. C.

Dr. Charles M. Sinn, a native of Philadelphia, is associated with Dr. Herman M. Baker with offices at 420 Hulman Building in Evansville. He will specialize in internal medicine, particularly blood disorders. Dr. Sinn received his medical degree in 1949 from Johns Hopkins University School of Medicine and served his internship at the University Hospital. After service with the U. S. Navy he returned to Johns Hopkins for a residency in hematology. He taught there in 1954 under a fellowship. Dr. and Mrs. Sinn and their three children are living on Outer Lincoln Avenue, Evansville.

Dr. Robert L. Mather, Lafayette, has established an office at 4 East White street, Frankfort, where he will practice ophthalmology. He will take over that phase of practice from Dr. Milton W. Erdel who will limit his practice to ear, nose and throat. Dr. Erdel occupies an adjoining office. Dr. Mather was a 1947 graduate of I. U. School of Medicine, served a year's internship at Grace hospital, Detroit, and then established private practice in Brookston in 1948. Entering service he was assigned to the Air Force Hospital at Lackland Air Force Base, Florida, where he was on duty as an eye specialist. Since August, 1953 he has been a resident at I. U. Medical Center.

Dr. Charles B. Nash, Valparaiso city health officer and practicing physician, has closed his offices and left for Janesville, Wisconsin, where he will take over the practice of Dr. Aubrey Pember, who is retiring. Dr. Nash has been in fulltime practice in Valparaiso since 1948 and had been there on a parttime basis since 1941.

Dr. F. Dale Johnson has returned to Waynetown from Phoenix, Arizona, and reopened his office. He had spent several weeks in Arizona for his health.

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North Liberty C. of C. Honors Physicians

Physicians, dentists, veterinarians, and nurses were special guests of the North Liberty Chamber of Commerce at the regular May dinner meeting. Using as a theme, "The Health of the Community" members paid homage "to the hard-working medics of the area".

Dr. F. R. Nicholas Carter, South Bend health commissioner, was a guest speaker and Dr. Willard S. Krabill, Lakeville, showed two films on cancer.

In announcing their meeting the Chamber of Commerce said, "The community owes its thanks and congratulations to these wonderful people who have devoted their lives to the service of others and the physical welfare of the community."

Dr. Slater Knotts, who has been in practice in Rochester for four years, has moved to St. Louis where he will take a three-year residency in radiology at City Hospital.

Succeeding him in his practice in Rochester is **Dr. Pier Johnson,** a graduate of the Univer-

1889 *1955*

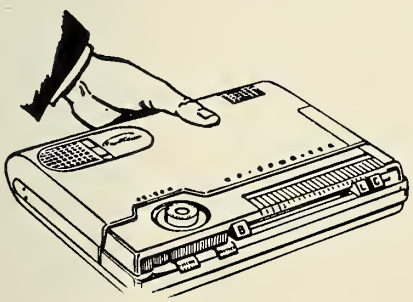
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sity of Illinois College of Medicine who interned at I. U. Medical Center, Indianapolis. He has been a physician at the Epileptic Village at New Castle. He, Mrs. Johnson and their infant son are residing in the Oakwood apartments, Rochester.

Dr. Marshall H. Seat, Washington, has been named city health officer succeeding Dr. Ben O. Burress who died recently. He will serve until December 31, 1958.

Dr. Alfred E. Hollenberg has purchased a combined office and residence at 297 Market street, New Castle. Dr. Hollenberg has been in practice the last two years in Hollansburg, Ohio. He is a graduate of I. U. School of Medicine, interned at Receiving Hospital, Detroit, and then spent two years as a government physician on the Jicarilla Apache Indian reservation in New Mexico. He will take over the practice of Dr. R. L. Newnum who is leaving New Castle to go to the Mayo Clinic, Rochester, Minnesota.

Dr. Thomas Neal Petry has taken over the practice of Dr. John Wagoner in Delphi, effec-

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tive July 2. Dr. Wagoner has gone to Houston, Texas, for special training. He expects to enter service soon. Dr. Petry is a native of Anderson, received his medical degree from Indiana University School of Medicine and completed his internship at Indianapolis General Hospital in June. He spent several years in the Air Force. Dr. and Mrs. Petry and their son will occupy the residence in South Delphi recently vacated by Dr. Wagoner.

Dr. Philip F. D. Seitz Wins American Psychiatric Award

Dr. Philip F. D. Seitz, Indianapolis, was awarded the $1,500 Hofheimer Prize for research by the American Psychiatric Association during the annual meeting in Atlantic City in May.

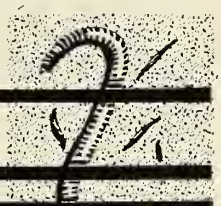
The award is given annually to a citizen of the United States or Canada who is under 40 years of age. It was established to honor Lt. Lester N. Hofheimer, New York City, who lost his life during World War II.

Dr. Seitz was recognized for two research studies he carried out while directing research at I. U. Medical Center from 1949 to 1954. They



I. U. ALUMNI OFFICERS—Pictured above are officers for 1955-56 who were elected at the Alumni Day reunion at Indiana University School of Medicine on May 11. Reading from left to right, are: Dr. Wemple Dodds, Crawfordsville, retiring president; Dr. Olga B. Booher, Indianapolis, reelected secretary; Dr. Norman R. Booher, Indianapolis, president; Dr. Donald J. White, Indianapolis, reelected treasurer; and Dr. Frank Forry, Indianapolis, historian. Dr. Donald Grillo, South Bend, vice-president, was not present when the photograph was taken by an Indiana University News Bureau photographer. Photographs on page 793 were also available through courtesy of the I. U. News Bureau.

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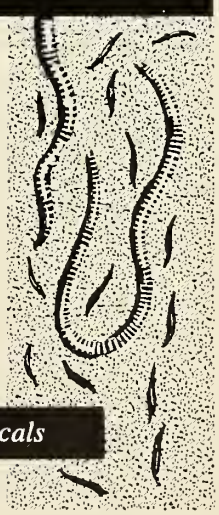
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were concerned with the development of new methods for studying mental diseases and their causes.

Dr. and Mrs. Seitz and their two children plan to leave Indianapolis in August. Dr. Seitz has accepted a faculty appointment at the Chicago Institute for Psychoanalysis.

Dr. August S. Yochem, Jr., who recently resigned as clinical director of Larue D. Carter Hospital, Indianapolis, has moved with his family to Atlanta, Georgia, where he will establish an office for the practice of neurology and psychiatry. He is certified by the American Board of Psychiatry. Dr. Yochem was formerly in practice in Corydon.

Dr. Orville E. Fosgate, who has just completed an enlistment in the Air Force, has opened an office for the practice of medicine at Russiaville. He is occupying remodeled offices of the late Dr. R. M. Evans. The new Howard county physician received his degree in medicine from Indiana University in 1952 and interned at St. Vincent's hospital, Indianapolis, before entering service. Mrs. Fosgate, a chemist and laboratory technician, will assist him in his office.



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Ophthalmologists of the Americas to Meet in Chile

The Fifth Pan American Congress of Ophthalmology will be held in Santiago, Chile, January 9 to 14, 1956, with 30 or more specialists from the United States taking part in the program.

The Pan American Association of Ophthalmology, founded in 1939, has 1,500 members representing all 22 countries of the western half of the world.

Details may be obtained from Dr. Brittain F. Payne, 17 East 72nd Street, New York 21, New York.

Dr. Robert D. Pickett has returned to Indianapolis after spending the last two years as a captain in the Army Medical Corps in Japan. He has resumed his internal medicine practice in association with Dr. Rollin H. Moser, 400 Hume Mansur Building.

Dr. Simon S. Rubin, 504 Broadway, Gary, has been elected president of the Chicago Society for Allergy for 1955-1956.

Dr. C. B. Goodwin, Kendallville's 93 year old practicing physician, took some of his own medicine a few weeks ago . . . he asked a friend to drive his car to Tucson, Arizona, although he has made the trip annually for several years.

Called to attend Dr. I. H. Lawson, 72, another Kendallville physician who had been injured in an accident, Dr. Goodwin told him, "You're too old to be driving a car."

Dr. Goodwin has been practicing 61 years in Kendallville and was at Rome City for four years before settling down in Kendallville.

He celebrated his ninety-third birthday by making his usual rounds.

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Indiana University School of Medicine

SCHEDULE OF POSTGRADUATE COURSES, GUEST SPEAKERS, PROFESSIONAL EVENTS*

This represents the first issue of a bulletin on professional meetings at the Medical Center. It is being issued in an attempt to keep the staff posted on coming events and to avoid, by sufficient advance publicity, conflicts in meetings or schedules of guest speakers.

It is planned as an announcement only, listing dates, speakers when known, and the individual who can supply additional information. Its value will obviously depend on getting information to us as soon as it is available. We plan to distribute at least once a month, and oftener if a large number of revisions come in in a short interval. Please send announcements to Mr. Charles Peake, Faculty Secretary, or call him at Ext. 585, MElrose 5-8441.

Date	Event-Speaker-Place	Sponsor
July 15	American Board of Anaesthesiology Examination	Dr. Stoelting Ext. 558
August 8-12	Institute on International Statistical Classification	Dr. Hopper Ext. 633
September 26 to October 1	Postgraduate Assembly in Endocrinology and Metabolism Guest lecturers— Willard M. Allen, Washington University Brown M. Dobyns, Western Reserve Ralph I. Dorfman, Boston University Frank L. Engle, Duke University Earl T. Engle, Columbia University Roberto F. Escamilla, University of California Robert B. Greenblatt, Medical College of Georgia Charles W. Lloyd, Syracuse University Karl E. Paschkis, Jefferson Medical School Rulon W. Rawson, Cornell University Edw. C. Reifenstein, Jr., E. R. Squibb Co. Edw. H. Rynearson, Mayo Clinic Henry H. Turner, University of Oklahoma Lawson Wilkins, Johns Hopkins	Dr. Mahoney Ext. 585
October 27	Indiana Speech and Hearing Therapists Association	Dr. Fuller Ext. 221
February 15	Heart Symposium (Fifth annual)	Dr. Kohlstaedt Me. 6-6331
27-29	Course in Electrocardiography	Dr. Close Ext. 571
March 19-31	Clinical and Anatomical Course in Otorhinolaryngology (41st annual)	Dr. Manion Ext. 585
27-28	Symposium on Malignancy (ninth annual) Neurogenic Carcinoma	Dr. Heimburger Ext. 564
May 21-22	Course in Clinical Cardiology	Dr. Behnke Ext. 571
23	Course in Lung Diseases and Pulmonary Function	Dr. Behnke Ext. 571

*The Journal will carry revised bulletins as issued by the School of Medicine as a service to ISMA members who may wish to attend courses and events at the I.U. Medical Center and as a reminder that *all meetings* should be publicized well in advance.

District Meeting Reports

SECOND COUNCILOR DISTRICT

The Knox County Medical Society entertained the Second District Medical Association at the Vincennes Country Club on May 26.

Speakers for the scientific program were Dr. A. D. Dennison, Jr., Indianapolis, who presented a talk on "Treatment of Intractable Heart Failure"; Dr. Charles F. Gillespie, also from Indianapolis, who spoke on "Fibroid Tumors"; and Dr. Bart E. Corsentino who gave a paper on "Flat Films of the Abdomen."

At the business meeting members voted to hold the 1956 meeting in Washington, Daviess county. Dr. Robert H. Rang, Washington, was elected president, and Dr. J. S. Brown, Carlisle, was reelected secretary of the district association.

Dinner was served to 40 members and guests.

Dr. Herbert O. Chattin, the retiring district president, introduced Dr. Walter L. Portteus, president of Indiana State Medical Association, who was the after dinner speaker.

Mrs. Harry C. Harvey, Fort Wayne, president of the Woman's Auxiliary, was also a special guest and spoke briefly.

THIRD COUNCILOR DISTRICT

Approximately 75 physicians and their wives, representing the Third Councilor District of the Indiana State Medical Association, met May 25 in the New Albany Country Club for the annual District and Auxiliary programs.

Dr. B. E. Sugarman, French Lick, was elected district president.



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COOK COUNTY
GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES
STARTING DATES, SPRING 1955

SURGERY—Surgical Technic, Two Weeks, July 25, August 8, September 12
Surgical Technic, Surgical Anatomy & Clinical Surgery, Four Weeks, August 8
Surgical Anatomy & Clinical Surgery, Two Weeks, August 22
Surgery of Colon & Rectum, One Week, September 19
General Surgery, Two Weeks, October 3
Gallbladder Surgery, Ten Hours, October 24
Thoracic Surgery, One Week, October 3
Esophageal Surgery, One Week, October 10
Fractures & Traumatic Surgery, Two Weeks, October 17

GYNECOLOGY—Vaginal Approach to Pelvic Surgery, One Week, November 7
Three-Week Combined Course Gynecology and Obstetrics, September 12

MEDICINE—Two-Week Course, September 26
Electrocardiography & Heart Disease, Two Weeks, October 10
Gastroscopy, One Week Advanced Course, September 12
Gastroenterology, Two Weeks, October 24
Dermatology, Two Weeks, October 17

RADIOLOGY—Clinical Diagnostic Course, Two Weeks, by appointment
Clinical Uses of Radioisotopes, Two Weeks, October 10

PEDIATRICS—Clinical Course, Two Weeks, by appointment
Pediatric Cardiology, One Week, October 10 and 17

UROLOGY—Two-Week Course, October 10

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL

ADDRESS:
REGISTRAR, 707 South Wood Street, Chicago 12, Illinois

Dr. Keith Hammond, Paoli, and Dr. John M. Paris, New Albany, were elected district councilor and alternate councilor and will assume those posts January 1, 1956.

Speaker for the scientific program was Dr. Israel Diamond, pathologist at Children's Hospital, Louisville.

Dr. Walter L. Portteus was speaker at the dinner-meeting. The president of the Indiana State Medical Association discussed services available to county and district groups through the state headquarters and stressed the need for all physicians to participate in organizational activities.

Representatives were present from Floyd, Clark, Dubois, Harrison, Crawford, Orange, Washington, Scott, and Lawrence counties which comprise the Third district.

TWELFTH COUNCILOR DISTRICT

Dr. Jack Eisaman, Bluffton, was elected president of the Twelfth District Medical Society at its



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annual meeting May 18 in the Elks auditorium, Kendallville. The Noble County Medical Society was host. Members were present from Adams, Allen, DeKalb, LaGrange, Steuben, Wells, and Whitley counties.

Other officers named included Dr. C. Jules Heritier, Columbia City, vice-president; Dr. A. N. Ferguson, Fort Wayne, secretary-treasurer; Dr. Maurice Glock, councilor for the district; Dr. O. F. Lehmberg, Columbia City, alternate councilor; and Dr. Mahlon F. Miller, director of Blue Cross-Blue Shield.

More than 100 physicians and their wives attended the dinner meeting in the Elks Club and heard Dr. Nicholas P. Dallas, Toledo psychiatrist and creator of the comic strip "Rex Morgan, M.D." speak on "Our Life with Rex Morgan, M.D." in which he told of his experience with mental patients.

NOTE: Reports have been received of the district meetings of the Fifth, Eighth, Ninth, and Eleventh Councilor Districts. They will be published in the General Practice issue in August.

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News from the County Societies

Past presidents of the **Fort Wayne (Allen County) Medical Society** were guests of honor at the final scientific meeting of the current year on May 3 in the Chamber of Commerce. Certificates of recognition were presented 24 past presidents of the society.

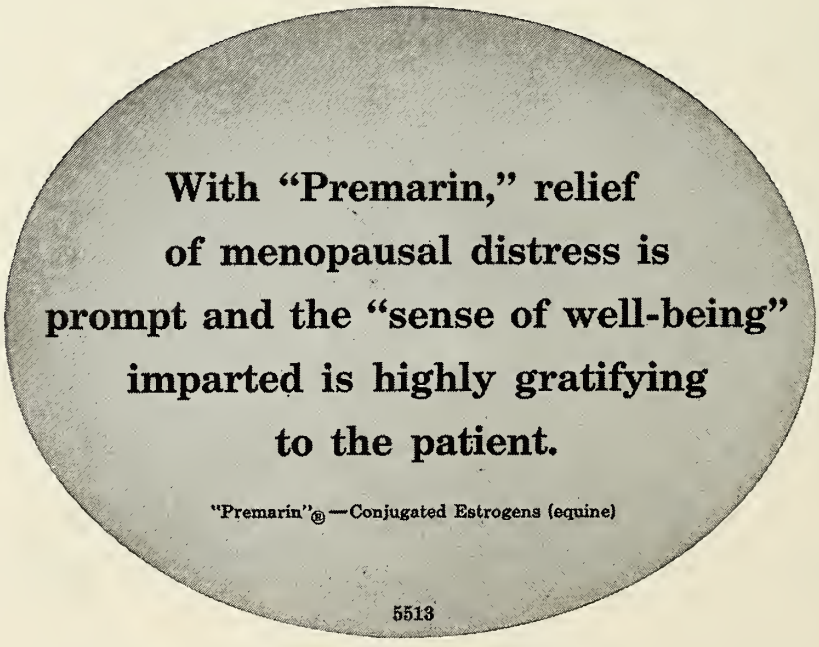
The speaker was Dr. Henry K. Ransom, professor of surgery at the University of Michigan, whose topic was "The Surgical Management of Gastric, Duodenal, and Anastomotic Ulcers".

The annual meeting of the Fort Wayne society was held May 17, also in the Chamber of Commerce. Dr. N. H. Gladstone assumed the presidency of the 230-member group; Dr. S. C. Michaelis was named president-elect; Dr. C. H. Warfield, secretary; and Dr. D. S. Painter, treasurer. Dr. A. J. Roser, retiring president, and Dr. E. W. Nahrwold were named to the board of trustees. Dr. W. E. Kruse was later elected chairman of the board for 1955-56.

The resignation of Harry A. Lehman, who has served as the society's first executive secretary since 1952, was accepted. Mr. Lehman will go to a similar position with the Jefferson County Medical Society at Louisville later in the summer. Dr. S. C. Michaelis was named chairman of a committee to select a new executive secretary.

Annual reports of officers and committees were presented.

Twenty-four members of **Floyd County Med-**



ical Society were present for the May 13 dinner meeting held in the New Albany Country Club.

A film on "Streptococcus Infections" was shown through the courtesy of Wyeth, Inc.

At the business sessions plans were discussed for a meeting later in May with the druggists and members were to be polled to determine whether meetings should be held during the summer months.

Dr. Robert Schimmelpfennig, Evansville pediatrician, was the guest speaker at the **Gibson County Medical Society** meeting held in the Emerson Hotel, Princeton, May 11. He presented a paper on "Office Problems in Pediatrics". Fifteen members attended the meeting.

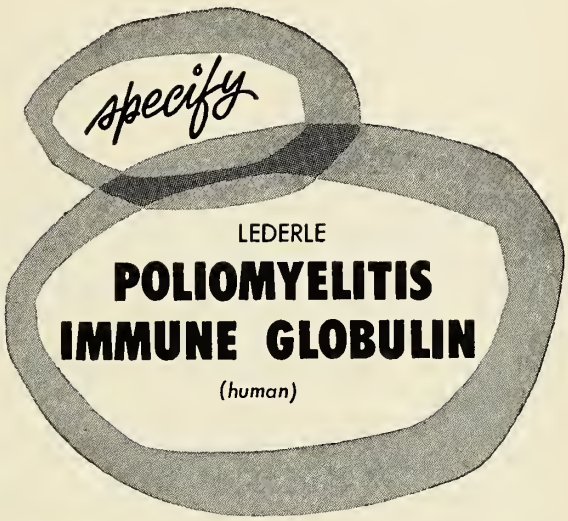
Fifteen members of **Hancock County Medical Society** held a business and scientific meeting following dinner April 25 in the Hancock County Memorial Hospital, Greenfield.

Dr. Robert J. Rohn, Indianapolis physician who is on the staff of Indiana University School of Medicine, spoke on "Paper Electrophoresis".

Members discussed at length the purchase of a tape recorder and distribution and procedure for the Salk vaccination program.

A noon luncheon meeting of the **Hendricks County Medical Society** was held May 10 in the O.K. restaurant in Danville with the 13 members attending discussing business affairs of the society and the Salk vaccine program for their communities.

Dr. Arthur B. Richter, Indianapolis, presented an interesting discussion of "Medical Emergencies" to 16 members of **Miami County Medical Society** on May 27. The dinner meeting was



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held in Veach's Steak House, Peru, with a majority of the society's members attending.

Montgomery County Medical Society members heard a paper on "Disaster" and viewed a film on "Setting Up an Emergency Hospital" at their May 19 meeting in Culver Union Hospital, Crawfordsville. Both talk and film were presented by Mr. B. Beutch, Eastern Area field representative for the American Red Cross.

Twenty-nine members attended the 8 o'clock meeting.

A wire recording of the address given by Dr. Kenneth J. Babcock, director of the Joint Commission on Accreditation of Hospitals, before the Indiana Academy of General Practice meeting in Indianapolis, was played for **Shelby County Medical Society** members May 11. Twelve members attended the evening meeting in the W. S. Major Hospital, Shelbyville.

Action was taken on the recommended welfare plan for the county, the polio immunization program was discussed, and Dr. Harry P. Ross, Richmond, district councilor, made a report of state and district affairs.

The June meeting was the annual picnic held June 15 at the home of Dr. Paul R. Tindall.

The annual meeting and election of officers of **St. Joseph County Medical Society** were held May 10 in Northern Indiana Children's Hospital, South Bend.

Dr. Marion W. Hillman, South Bend, was named president for 1955-56; Dr. W. D. Bu-

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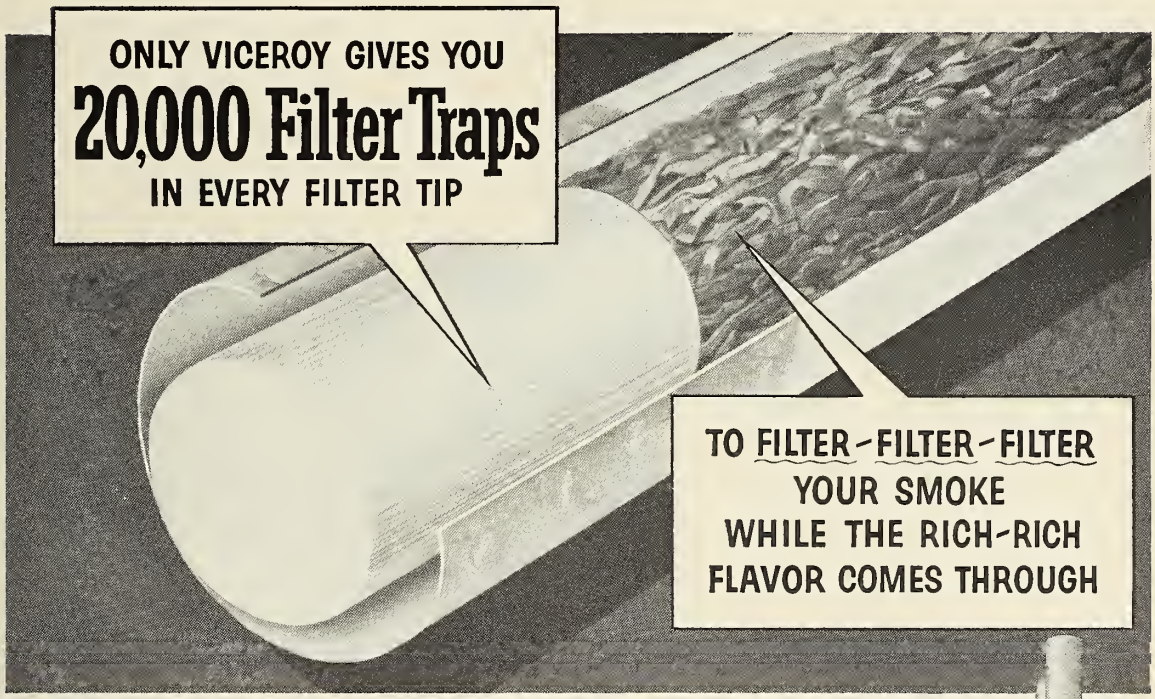
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chanan, South Bend, was named president-elect; and Louis C. Bixler, South Bend, secretary.

Eighty-four members also voted for delegates and alternates to the state convention of I.S.M.A..

The annual spring party of the St. Joseph County Society was held May 18 in the South Bend Country Club.

Approximately 250 doctors from Kentucky, Indiana and Illinois attended the fourth annual Postgraduate Medical Assembly in the Hotel McCurdy, Evansville, on May 12. The affair was sponsored by **Vanderburgh County Medical Society.** Dr. Arthur Greip, Evansville, was chairman, and 60 Vanderburgh county physicians participated in the various panel discussions and programs during the day.

More than 100 physicians attended the annual dinner and heard Dr. W. G. Maddock, professor of surgery at Northwestern University School of Medicine, discuss "Current Trends in Surgery".

Technical exhibits by 24 pharmaceutical houses set a new record.

Meeting May 10 in the Washington County Memorial Hospital in Salem, 11 members of **Washington County Medical Society** heard Dr. Keith Hammond, Paoli, present a paper on "Streptococcus Infection".

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Deaths—(Continued)

one of the organizers of the Hancock County Red Cross chapter and gave much time to that organization. He was one of the leaders in the drive for hospital facilities in Hancock county and was active in establishing the Hancock County Memorial Hospital which opened in 1950. He was also a member of the board which provided Greenfield's Riley park in honor of James Whitcomb Riley, Greenfield native.

Doctor Allen had served as Hancock county coroner and health commissioner and as a member of the Greenfield City Council. He had been active and held office in service clubs and patriotic organizations, in his church and several fraternal groups.

Doctor Long was a senior member of Hancock County Medical Society which he had served 20 years as secretary; a Fifty Year club member of Indiana State Medical Association, which he had also served as a member of several state committees and as a delegate; and a member of American Medical Association.

Clairmont W. Siekerman, M.D., 53, died suddenly in his home June 11. He had been a practicing physician in Indianapolis for 19 years. Doctor Siekerman was a native of Dearborn county and received his medical degree in 1933 from the University of Louisville School of Medicine. He came to Indianapolis in 1934 and served his internship at Methodist Hospital.

Doctor Siekerman was a member of Indianapolis Medical Society, the Indiana State Medical Association and the American Medical Association. He also had church and lodge affiliations.

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References (1) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (2) Balch, H. H.: Mil. Surgeon **115**:419, 1954. (3) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W., & Elstun, W.: *J.A.M.A.* **157**:305, 1955. (4) Kutscher, A. H.; Sequin, L.; Lewis, S.; Firo, J. D.; Zegarelli, E. V.; Rankow, R., & Segall, R.: *Antibiotics & Chemotherapy* 4:1023, 1954. (5) Clapper, W. E.; Wood, D. C., & Burdette, R. I.: *Antibiotics & Chemotherapy* 4:978, 1954. (6) Sanford, J. P.; Favour, C. B.; Harrison, J. H., & Mao, F. H.: *New England J. Med.* **251**:810, 1954. (7) Sanford, J. P.; Favour, C. B., & Mao, F. H.: *J. Lab. & Clin. Med.* **45**:540, 1955. (8) Felshin, G.: *J. Am. M. Women's A.* **10**:51, 1955.

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The Journal

August 1955

of the INDIANA STATE MEDICAL ASSOCIATION

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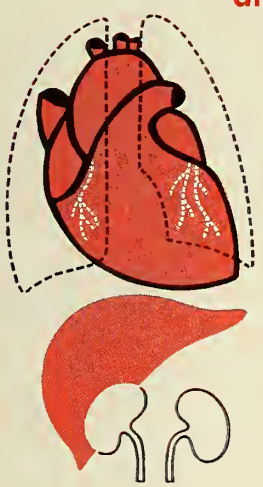
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6	Harry P. Ross, Richmond	Dec. 31, 1958
7	Lester D. Bibler, Indianapolis	Dec. 31, 1956
8	Guy Owsley, Hartford City	Dec. 31, 1957
9	Wemple Dodds, Crawfordsville	Dec. 31, 1955
10	J. P. Vye, Gary	Dec. 31, 1956
11	Elton R. Clarke, Kokomo	Dec. 31, 1957
12	Maurice E. Glock, Fort Wayne	Dec. 31, 1958
13	Kenneth L. Olson, South Bend (Chairman)	Dec. 31, 1956

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District	President	Secretary	Place and date of meeting
1.	Joseph C. Lawrence, M.D., Evansville	James Peck, M.D., Princeton	Princeton, Sept. 15, 1955
2.	Robert H. Rang, M.D., Washington	J. S. Brown, M.D., Carlisle	Washington, 1956
3.	B. E. Sugarman, M.D., French Lick	Eli Goodman, M.D., Charlestown	
4.	J. K. Jackson, M.D., Aurora	George A. Vail, M.D., Lawrenceburg	
5.	C. M. Schauwecker, M.D., Greencastle	James B. Johnson, M.D., Greencastle	Greencastle, May, 1956
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Maurice G. Murphy, M.D., Morgantown	T. V. Petranoff, M.D., Indianapolis	Indianapolis, Oct. 5, 1955
8.	Roger R. Reed, M.D., Anderson	Warren E. Fischer, M.D., Anderson	Anderson, 1956
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Frankfort, 1956
10.	W. G. Pippenger, M.D., Brook	Hugh J. Williams, M.D., Morocco	Whiting, October 12, 1955
11.	Fred Malott, M.D., Converse	Owen Johnson, M.D., Peru	Logansport, Sept. 21, 1955
12.	Jack L. Eisaman, M.D., Bluffton	A. N. Ferguson, Fort Wayne	
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1. Martin, G. A., Garfinkel, B. T., Brooke, M. M., Weinstein, P. P., and Frye, W. W.: *J.A.M.A.*, 151:1055, Mar. 28, 1953.
2. Kohn, J.: *Jour. Trop. Med.*, 53:212, Nov., 1950.
3. Information Please: *GP*, 4:91, Sept., 1951.

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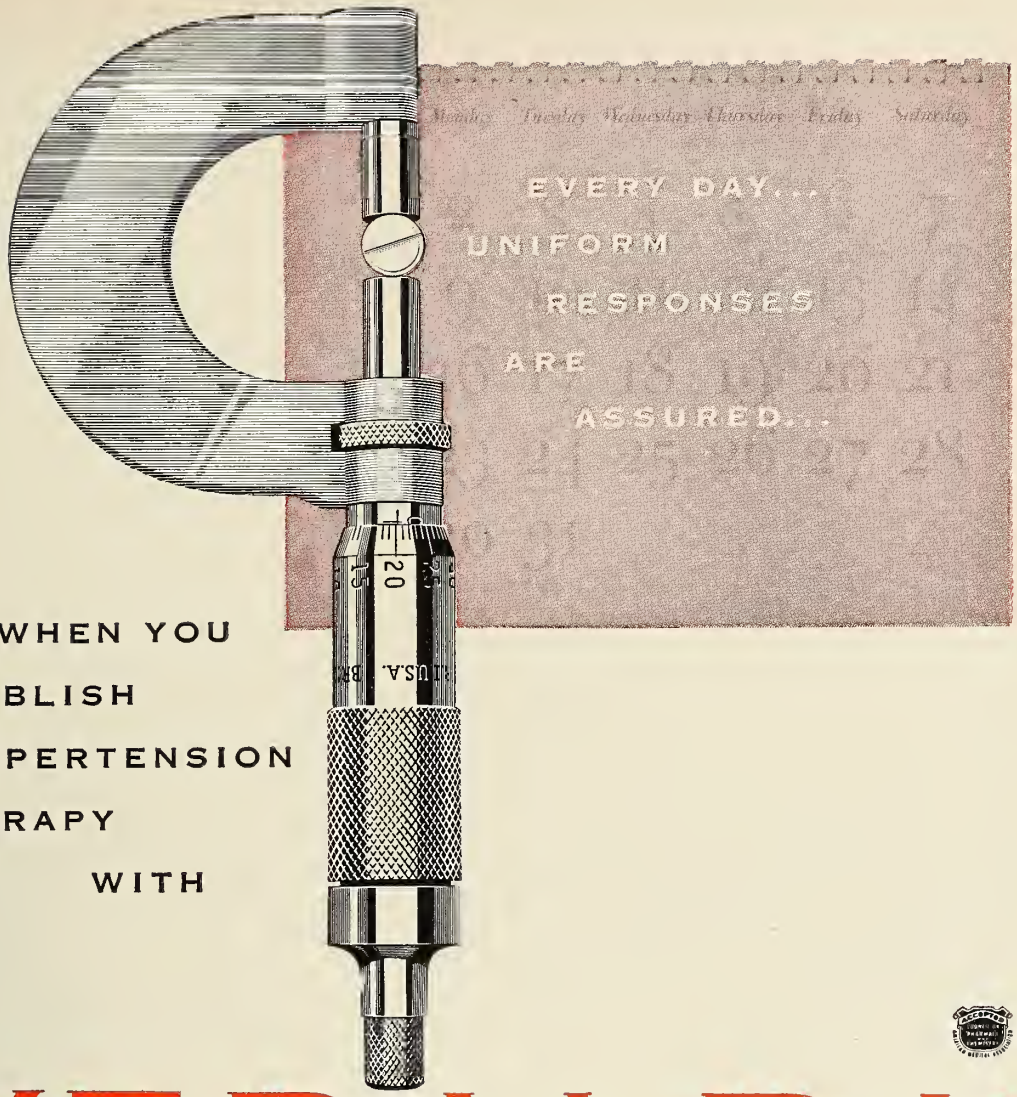
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Wanted: PHYSICIANS LOCATIONS

Three communities sought help from the Physicians Placement Service of the Indiana State Medical Association during June. Each of the following towns has been added to the list sent out regularly to all physicians who inquire about opportunities in Indiana. These three communities all indicate they need either a physician or an additional physician:

ENGLISH—Crawford county; population 750; county seat town. Contact Mrs. William L. Criswall, English.

WARREN—Huntington county; population 1,250. Located 14 miles from Huntington; 18 miles from Marion and Hartford City, and 16 miles from Bluffton, where hospital facilities are available. Excellent opportunity for a doctor interested in rural practice. Contact Paul Stucky, Warren.

PENNVILLE—Jay county; population 625. Ten miles to the nearest doctor. Twelve miles from Portland where hospital facilities are available. Contact John A. Elliott, Pennville.

The following physicians asked for information during May and June concerning communities which need a physician:

Maren Thomsen, M.D. (radiology), University of Texas, Galveston, Texas.

Arthur I. Rudolph, M.D., (Ob.-Gyn.), 503 Eley Rd., Elgin AFB, Florida.

Henry H. Sweetz, Jr., M.D., (pathology), P. O. Box 29, Columbia, Missouri.

Frank E. Prestipino, M.D. (general practice), Quarters No. 3, Naval Aux. Air Station, Saufley Field, Pensacola, Florida.

Thomas A. Randall, M.D. (general practice), St. Joseph's Hospital, South Bend 17, Indiana.

Robert E. Hill, M.D. (general practice), 215 W. Jackson Street, Muncie, Indiana.

John L. Wolford, M.D. (internal medicine), c/o Reigelsperger, Pocahontas, Iowa.

Jack G. Lukens, M.D. (internal medicine), 2282 Ironton Street, Aurora 8, Colorado.

Richard L. Pearse, M.D. (general practice), 36 Hopeland Street, Dayton, Ohio.

Wayne B. Stone, M.D. (general practice), 1822 S. Fillmore, Little Rock, Arkansas.

George P. Anderson, M.D. (general practice), 128 Kensington Road, East Lansing, Michigan.

Hossein, Hashemi, M.D. (surgery and general practice), 816 Betts Street, Cincinnati, Ohio.

Albert L. Lamp, M.D. (pediatrics), 329 Clifton Drive, Erie, Pennsylvania.

Lester E. Imboden, M.D. (anesthesiology), 611 Chatham Road, Columbus, Ohio.

Edward R. Loftus (chest and/or internal medicine), 32 Medford St., Manchester, New Hampshire.

Leonard P. Zelinskas, M.D. (surgery), 2837 Scouill Avenue, Cleveland, Ohio.

Melvin M. Schiff, M.D. (general practice), Montefiore Hospital, Pittsburgh 13, Penna.

Russell M. Shroyer, M.D. (orthopedic surgery), 1390 Vandemar, Cleveland Heights 21, Ohio.

Reynolds Wayne Wade, Jr., M.D. (Ob.-Gyn.), 3122 A. Long Blvd., Nashville, Tennessee.

Arthur B. Snowhite, M.D. (eye, ear, nose and throat), 3720 Ault Park Ave., Cincinnati 8, Ohio.

Raymond A. Vaaler, M.D. (Ob.-Gyn.), University of Kansas Medical Center, Kansas City 3, Kansas.

John B. Griffin, M.D. (orthopedic surgery), 2627 Arleigh Road, East Meadow, Long Island, New York.

Thomas D. Grekin, M.D. (surgery), Wayne County General Hospital, Eloise, Michigan.

Ernest J. Zmolek, M.D. (surgery), 6608 W. Center Street, Milwaukee 10, Wisconsin.

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Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.: J. Pediat. 44:386, 1954.

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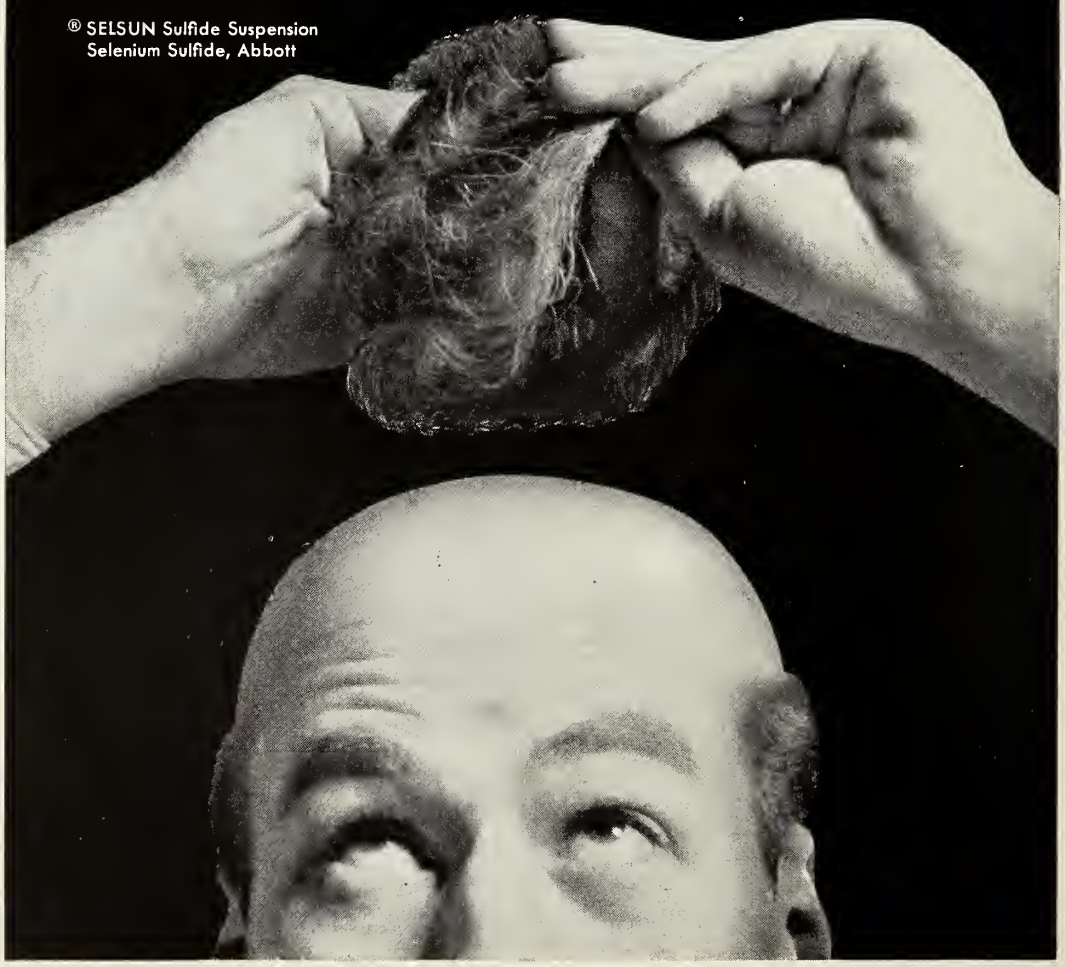
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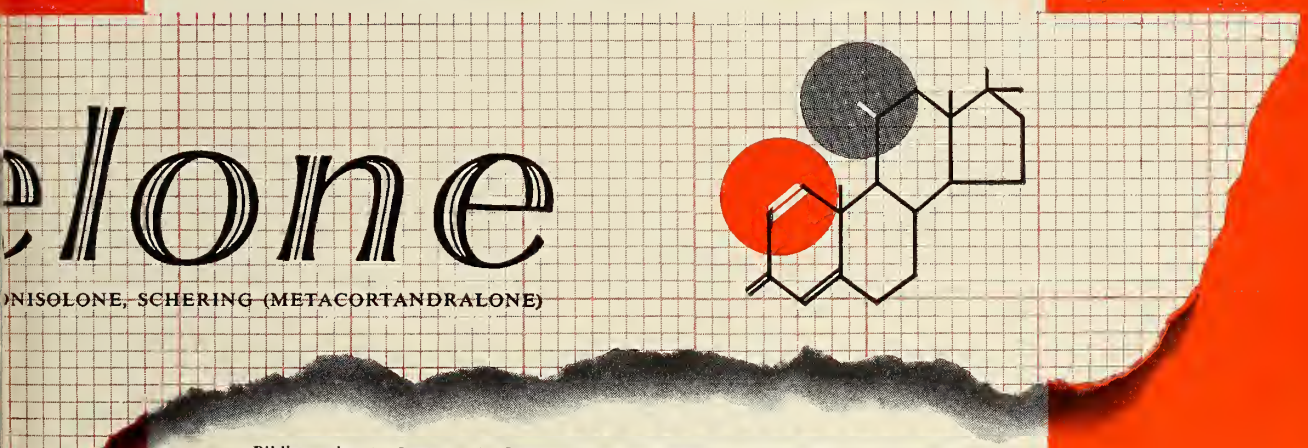


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Bibliography: (1) Bunim, J. J.; Pechet, M. M., and Bollet, A. J.: J.A.M.A. *157*:311, 1955. (2) Waine, H.: Bull. Rheumat. Dis. *5*:81, 1955. (3) Tolksdorf, S., and Perlman, P.: Fed. Proc. *14*:377, 1955. (4) Herzog, H. L., and others: Science *121*:176, 1955. (5) King, J. H., and Weimer, J. R.: Experimental and clinical studies on METICORTEN (prednisone) and METICORTELONE (prednisolone) in ophthalmology, A.M.A. Arch. Ophth., to be published. (6) Boland, E. W.: California Med. *82*:65, 1955; abs. Curr. M. Digest *22*:53, 1955. (7) Dordick, J. R., and Gluck, E. J.: J.A.M.A. *158*:166, 1955. (8) Margolis, H. M., and others: J.A.M.A. *158*:454, 1955. (9) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Dis. Chest *27*:515, 1955. (10) Arbesman, C. E., and Ehrenreich, R. J.: J. Allergy *26*:189, 1955. (11) Skaggs, J. T.; Bernstein, J., and Cooke, R. A.: J. Allergy *26*:201, 1955. (12) Schwartz, E.: J. Allergy, *26*:206, 1955. (13) Robinson, H. M., Jr.: J.A.M.A. *158*:473, 1955. (14) Dordick, J. R., and Gluck, E.: Preliminary Clinical trials with prednisone (METICORTEN) in systemic lupus erythematosus, A.M.A. Arch. Dermat. & Syph., in press. (15) Nelson, C. T.: J. Invest. Dermat. *24*:377, 1955.

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—For more than a year the administration has been attempting to work out a system of voluntary, contributory health insurance for Uncle Sam's two million or so civilian employees and their families. It would seem a simple thing to arrange, considering that most big employers have had similar plans in operation for years. At any rate, the plan is ready now for Congress to act on, but putting it together hasn't been easy.

First, there was the question of how to fit in the many already existing health insurance plans (some conducted by U. S. employee unions), and at the same time to offer coverage to government people working and living where no adequate insurance is being offered.

Also, there was wide disagreement as to how much of the premium the federal government should pay; in private industry, employers' contributions range from a small percentage to the entire cost. U. S. employee unions naturally thought the federal government should set an example in generosity.

The program was first outlined early in the year. It then was put on the shelf for two reasons: a few refinements had to be made, and Congress first had to decide how big a pay raise it was going to allow U. S. workers this year before thinking about a fringe benefit, such as health insurance. The whole program was sent to House and Senate just at the start of the adjournment rush, with the realization that not much could be hoped for this session.

OFFERS A CHOICE

The plan offers U. S. employees the option of signing up with a local non-profit service or indemnity plan, providing 75% of the workers in the particular operation vote for a particular plan and providing that plan is approved by the U. S. Civil Service Commission. If the employees can't get together, or if no adequate plan is available locally, they can sign up for a uniform national indemnity plan to be underwritten by one or more large national insurance companies and negotiated by the Civil Service Commission. The proposed law itself lists specifically the original benefits that must be provided by the uniform plan, but authorizes the Commission to readjust them.

Regardless which type coverage the employee selects for himself and his family, the federal contribution would be figured the same way. It could not exceed one third of the total premium, or $19.50 annually for a single person or $52 for one with dependents, whichever figure is the lesser. If the uniform plan is chosen, the single employee could not be charged more than $39 annually, or the one with dependents more than $108 annually. But under any other plan, the employee would pay the difference between the U. S. contribution and the premium cost.

A system of major medical cost or catastrophic insurance also would be provided. Under it the employee would have to pay the first $100 of cost, after benefits of the basic policy had been exhausted, before major medical cost benefits would become available. From that point on, until $10,000 had been paid by the company, the employee would have to pay only 25%.

CHANGES IN DOCTOR-DRAFT

The first major medical bill enacted was the extension for another two years of the doctor draft act, which for five years has been furnishing the Armed Forces and the Public Health Service with most of their doctors. Before passage, two changes were made in the law. The maximum age for induction was dropped five years. Under the old law a man could not be

taken against his wishes after he had reached his fifty-first birthday; the new law reduced it to his forty-sixth birthday. Also, the law no longer applies to physicians and dentists who have reached their thirty-fifth birthdays and who have been rejected for a medical or dental commission at any time solely on the grounds of physical condition.

Defense Department points out that the man has to be able to demonstrate that he actually applied for a medical or dental commission and was rejected; a 4-F draft board classification is not sufficient. The department also said that the law will not result in the discharge of men already in uniform, even though they could not be inducted under the new law.

POSSIBILITIES

As adjournment approached, prospects were that not much more medical legislation would be enacted this session. Most likely of success was a proposal for U. S. grants to states to help finance Salk vaccine costs; the states would decide the priority of age groups, but in a public program there could be no "means test" to determine whether a family could afford to pay. Under this plan the states would receive a certain amount as a straight grant, based on the state's economic need and the number of uninoculated children. If they wanted to put up dollar-for-dollar, the states also could draw on a second account. The bill does not set any limit on U. S. appropriations.

Two other possibilities were bills for a national survey of mental illness (which passed the House early in the session), and for U. S. grants to medical schools.

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(Postgraduate training credit will be given by the Indiana Academy of General Practice to members attending classes.)

Admission to each class will be by ticket. Classes are limited to 30 physicians. The cost is $1.00 per class with a maximum charge of $3.50 for four or more classes. Plan your course to include six classes and indicate second choices. Enclose your check made payable to Indiana State Medical Association.

Order now—classes are filled early!

INSTRUCTIONAL COURSE SCHEDULE

Time	Monday, October 17, 1955				
2:00 to 3:00	Course 1 Infant Feeding Problems Gustaf W. Erickson South Bend Hunt Room	Course 2 The Painful Shoulder Frank W. Teague Indianapolis Radio Room	Course 3 Peripheral Vascular Diseases; Varicose Veins Joseph F. Ferrara Franklin Demon's Den	Course 4 Your Income Tax; Your Will Robert R. Girk Indianapolis South Foyer, Convention Hall	Course 5 Treatment of Congestive Heart Failure Francis B. Warrick Richmond Blue Room
3:00 to 4:00	Course 6 Pediatric Emergencies Joseph E. Coleman Evansville Radio Room	Course 7 What Can Be Done for the Arthritic? James S. Browning Indianapolis South Foyer, Convention Hall	Course 8 Office Management of Minor Psychiatric Disorders Philip B. Reed Indianapolis Hunt Room	Course 9 The Differential Diagnosis of the Pelvic Adnexal Mass Gordon C. Cook South Bend Demon's Den	Course 10 Management of Hypertension Richard M. Nay Indianapolis Blue Room
Time	Tuesday, October 18, 1955				
8:30 to 9:30	Course 11 Common Errors in the Treatment of Fractures of the Extremities Wayne R. Glock Fort Wayne Radio Room	Course 12 The Proper Neurological Examination with Demonstrations Philip T. White Indianapolis Hunt Room	Course 13 Practical Applications of Routine Laboratory Procedures David L. Adler Columbus South Foyer, Convention Hall	Course 14 Emergencies in the Diabetic, Young and Old Charles E. Test Indianapolis Demon's Den	Course 15 Chest Pain; Cardiac Versus Non-Cardiac A. D. Dennison, Jr. Indianapolis Blue Room
9:30 to 10:30	Course 16 Office Treatment of Common Foot Disorders Thomas A. Brady Indianapolis Radio Room	Course 17 Treatment of Infectious Diseases in Children Wallace E. Bash Fort Wayne Demon's Den	Course 18 Practical Interpretations of Electrocardiograms Roy H. Behnke Indianapolis Blue Room	Course 19 The Management of Prolonged Labor Charles F. Gillespie Indianapolis Hunt Room	Course 20 Treatment in Impending Death; Pain Relieving Procedures James O. Ritchey Indianapolis South Foyer, Convention Hall
Time	Wednesday, October 19, 1955				
8:30 to 9:30	Course 21 Office Treatment of Piles, Fissures and Fistula Donald Grillo South Bend Radio Room	Course 22 Premarital and Marital Counseling C. McCormick, Sr. Indianapolis North Foyer, Convention Hall	Course 23 Indications and Contraindications for the use of Cortisone and Allied Materials Glenn W. Irwin Indianapolis Hunt Room	Course 24 Surgical Emergencies in the Newborn Stanley Battersby Indianapolis South Foyer, Convention Hall	Course 25 What to Do About Gastro-Intestinal Hemorrhage I. J. Kwitney Indianapolis Demon's Den
9:30 to 10:30	Course 26 Incontinence and Other Urological Problems in the Geriatric Patient Gerald F. Ward Fort Wayne North Foyer, Convention Hall	Course 27 Gynecological Problems during Puberty S. H. Gardiner Indianapolis Hunt Room	Course 28 Attendant Dangers of Certain New Drugs R. A. Solomon Indianapolis South Foyer, Convention Hall	Course 29 Indications and Methods for the Induction of Labor C. Curtis Young, Jr. Evansville Radio Room	Course 30 Diagnosis and Treatment of Virus Pneumonia Richard S. Griffith Indianapolis Demon's Den

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Instructional Course Committee
Indiana State Medical Association
1021 Hume Mansur Building
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	Monday, October 17	Tuesday, October 18	Wednesday, October 19
First choice.....	2:00 p.m. No.:	8:30 a.m. No.:	8:30 a.m. No.:
Second choice.....	2:00 p.m. No.:	8:30 a.m. No.:	8:30 a.m. No.:
First choice.....	3:00 p.m. No.:	9:30 a.m. No.:	9:30 a.m. No.:
Second choice.....	3:00 p.m. No.:	9:30 a.m. No.:	9:30 a.m. No.:

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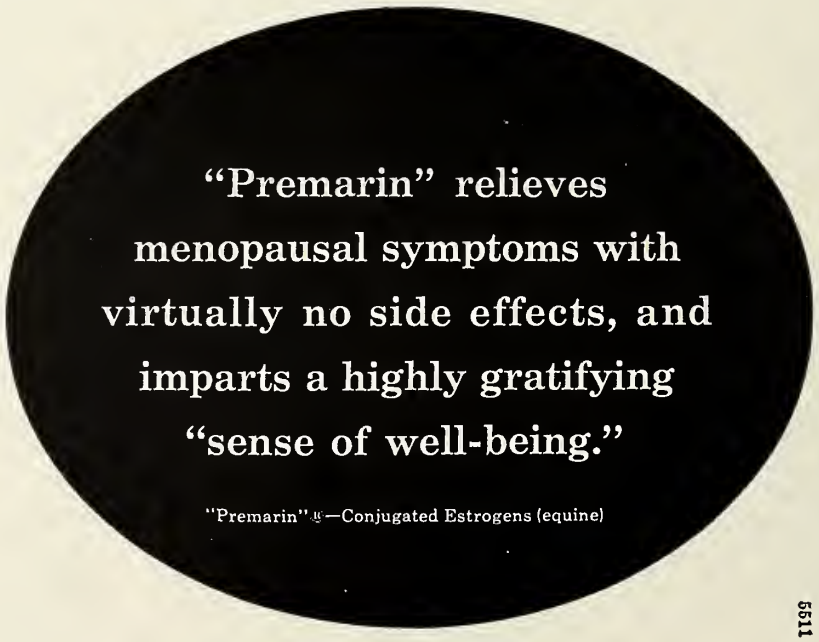
DURING THE APRIL 1 through June 30 quarter the Indiana State Board of Medical Registration and Examination issued 26 permanent certificates to physicians to practice medicine in Indiana. In the same period 40 temporary permits were issued.

Permanent certificates were issued to: Peter A. Blichert, Fort Wayne; Richard J. Shelley, Indianapolis; Zelda Teplitz, Chicago; Donald F. Rayl, Evansville; Paul A. Alfano, Gary; Donald E. Bailey, Marion; Lynn P. Carmichael, Mooresville; Leroy Collins, Gary; Alvin S. Crawford, Indianapolis; Lee M. Cattell, Kokomo; Anthony S. Kenwick, Homewood, Illinois; Harris D. Hanson, Indianapolis; William L. Daugherty, Indianapolis; Ross E. Richardson, Indianapolis; Richard H. Timpton, Gary; Wilford D. Janney, Indianapolis; Frank P. Johnson, New Castle; John B. Tisserand, Jr., Evansville; William L. DeRenne, Newport; Lloyd L. McCormick, Fremont; Henry J. Nowak, Marion; Kenneth E. Sherer, Richmond; Aaron L. Goldberg, Hammond; Robert L. Taylor, Richmond; Charles G. Weissman, Hammond; and David C. Breil, Indianapolis.

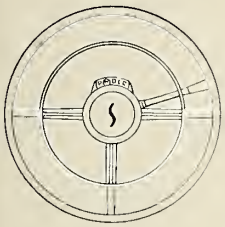
Of the 26 physicians licensed, 10 had received their medical degrees before or during World War II, and the remaining 16 since that time.

Addresses listed are either permanent or present locations.

Eight of the newly licensed physicians had received their medical degrees from the University of Illinois; two from Northwestern University; two from St. Louis University; and one each from the University of Michigan; Johns Hopkins University; University of Buffalo; College of Medical Evangelists; University of Chicago; University of Louisville; Meharry Medical College; Georgetown University; Loyola University; Jefferson Medical College; University of Wisconsin; University of Maryland; Yale University and Marquette University.



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AMA Approves Five New Simplified Insurance Claim Forms

APPROVAL HAS BEEN GRANTED by the AMA's Council on Medical Service to five new simplified insurance claim forms drawn up by a special committee of the Health Insurance Council. This committee which worked in collaboration with the AMA Council's Committee on Prepayment Medical and Hospital Service included representation from all types of private insurance carriers. At the present time, a total of six simplified insurance claim forms have been approved by the American Medical Association. The additional claim forms may be identified by the following symbols and titles: ID-1—Attending Physician's Statement, Accident or Sickness (Individual Insurance); IDS-1—Attending Physician's Supplementary Statement (Individual Insurance); GD-1—Attending Physician's Statement (Group Insurance); GDS-1—Attending Physician's Supplementary Statement (Group Insurance), and IPHS-1—Attending Physician's Statement, Accident or Sickness (Individual Hospital or Surgical). These five forms together with GS-1 (Group Surgical Expense, approved in 1954) are, in essence, adaptations of two basic forms—one designed for groups and the other for insurance underwritten on an individual or non-group basis.

It is hoped that the majority of the insurance companies identified with the Health Insurance Council soon will use these forms in their day-to-day claims administration and that physicians throughout the country will cooperate by completing the simplified forms promptly to facilitate the administration of claims.



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A Workship in Medical Writing will be held on Saturday, October 1, 1955, from 8 A.M. to 12 noon, at the Hotel Jefferson, St. Louis, Missouri. This is a part of the annual meeting of the American Medical Writers' Association, and will be conducted by members of the journalism faculties of the University of Illinois, University of Missouri and University of Oklahoma, under the coordination of Richard Hewitt, M.D. of Rochester, Minnesota.

Specific subjects to be presented are "From First Draft to Printed Article", "Devices for Increasing the Readership of Medical Articles", and "Writing Magazine Articles for the Lay Reader". Any interested physicians are invited to attend. For those who are not members of the A.M.W.A. the fee is $5.00.

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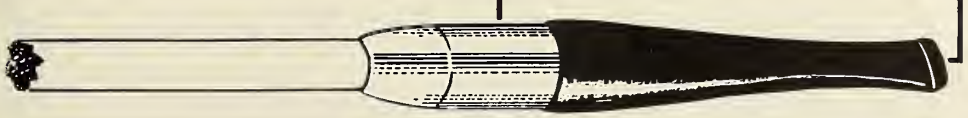
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"Danger at the Source", AMEF Film, Stresses Role of Medical Schools

THE NATIONAL FUND FOR MEDICAL EDUCATION has produced its first documentary film, "Danger at the Source," it was announced by the Fund's president, S. Sloan Colt, New York.

Prepared as a public service by Fox Movietone, the 13½ minute film tells the story of medical education in America. Ray Middleton, star of "Annie Get Your Gun" and "South Pacific," contributed the narration.

"Filmed in medical schools and teaching hospitals, supervised by leading medical educators, 'Danger at the Source' highlights the glories and the hard work of the American brand of medical teaching that has made ours the healthiest nation in the world," Colt said.

"Our first film will be a potent aid in bringing home to the American public the critical importance of the nation's 81 medical schools, the seedbed of all medical care. These schools face the threat of diminishing funds to carry on their teaching programs. Medical education and the need to support it as a free and progressive force for the national welfare is the business of all of us. I hope the film will make this obligation apparent to all who view it."

The National Fund for Medical Education was founded in 1949 to gain private support for the medical schools. The Fund has already distributed nearly $7 million in unrestricted grants to the 81 schools. The need—and the goal—is $10 million each year.

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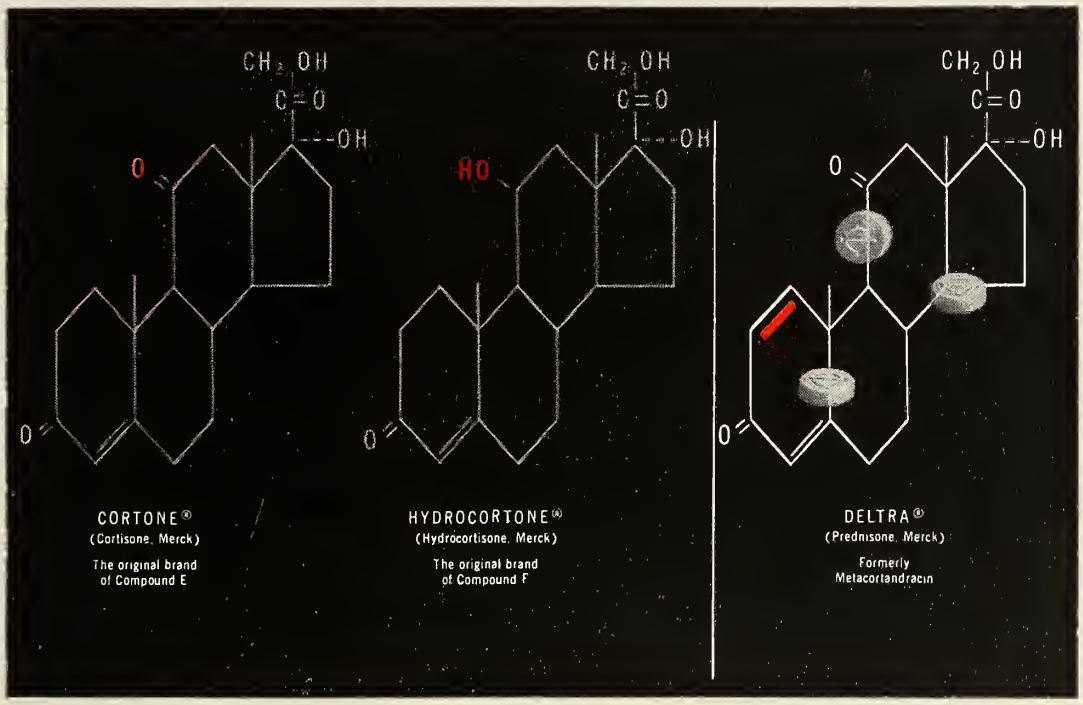
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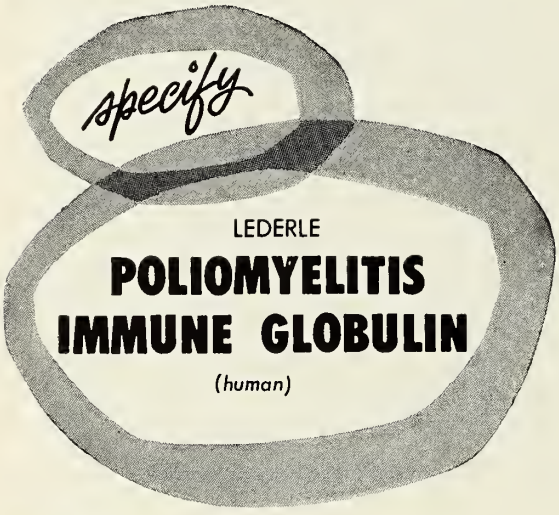
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Dr. J. H. Stygall Heads National Specialty Group

The American College of Chest Physicians elevated Dr. James H. Stygall, Indianapolis, to their highest office at the annual meeting of the group in Atlantic City June 4.

As president of the international organization which has 62 chapters, Dr. Stygall will participate in many meetings during the coming year. The membership totals more than 5,000.

Dr. Stygall is assistant professor of medicine at Indiana University School of Medicine, is a Fellow of the American College of Physicians and is serving as chairman of the Committee on Tuberculosis of the Indiana State Medical Association. He is also chief of staff of Flower Mission Hospital.

Dr. Stygall served as a captain in the Medical Corps in World War I.

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Dermatological Association Announces Essay Contest

Four cash prizes are being offered by the American Dermatological Association for the best essays submitted for original work relative to some fundamental aspect of dermatology or syphilology. Prizes will be $500, $400, $300 and $200 and the candidate winning first prize may be invited to present his paper before the annual meeting of the American Dermatological Association with expenses paid, in addition to the cash prize.

All entries must be written in English, double spaced with ample margins and illustrations, charts and tables. All are to be submitted in triplicate not later than November 15, 1955 to Dr. J. Lamar Callaway, Secretary, American Dermatological Association, Duke Hospital, Durham, North Carolina. Dr. Callaway may be contacted for additional details regarding the contest for essayists.

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Surgical Anatomy & Clinical Surgery, Two Weeks, August 22.
Surgery of Colon & Rectum, One Week, September 19.
General Surgery, Two Weeks, October 3; One Week, October 17.
Gallbladder Surgery, Ten Hours, October 24.
Thoracic Surgery, One Week, October 3.
Esophageal Surgery, One Week, October 10.
Basic Principles in General Surgery, Two Weeks, September 26.
Fractures & Traumatic Surgery, Two Weeks, October 17.

GYNECOLOGY & OBSTETRICS—Vaginal Approach to Pelvic Surgery, One Week, November 7.
Three-Week Combined Course Gynecology & Obstetrics, September 12.

MEDICINE—Two-Week Course September 26.
Electrocardiography & Heart Disease, Two Weeks, October 10.
Gastroscopy, One Week Advanced Course, September 12.
Gastroenterology, Two Weeks, October 24.
Dermatology, Two Weeks, October 17.

RADIOLOGY—Clinical and Didactic Course, Two Weeks, October 3.
Clinical Uses of Radiosotopes, Two Weeks, October 10

PEDIATRICS—Clinical Course, Two Weeks, by appointment.
Pediatric Cardiology, One Week, October 10 and 17.

UROLOGY—Two-Week Course October 10.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 48 — August 1955 — Number 8

Diseases of the Terminal Portion of the Colon*

JOHN R. HILL, M.D.†

Rochester, Minnesota

AS YOU KNOW, Dr. L. A. Buie had been scheduled to speak here today. He has been unable to keep the commitment and I am here in his stead. Just what Dr. Buie had planned to include in his discussion of diseases of the terminal portion of the colon I do not know. But it has seemed important to me to point out that approximately 12 per cent of all malignant conditions of the human body are estimated to originate in the anus, rectum or lower part of the sigmoid colon.[1] For this reason, I decided to confine my consideration primarily to the various types of neoplasms which may be found in this part of the body.

As will be shown, there are many of these. The most common tumor to be found in this region, and in recent years the one which has received much attention in the literature, is the adenomatous polyp. At various cancer-detection centers and large clinics, many sigmoidoscopic examinations are done routinely. In such places, approximately 10 per cent of all patients who are more than 40 years of age are found to have one or more polyps in the lowest 10 inches of the bowel.

Now, it is generally conceded that adenomatous polyps may undergo malignant change. In fact, many of them have undergone adenocarcinomatous degeneration by the time they are discovered. We might say that, ideally, it ought to be impossible even to learn whether or not all adenomatous polyps eventually become cancerous, because all should be destroyed as soon as they are detected.

Another interesting question, the answer to which is not clear and may never be, is whether all adenocarcinomas of the colon begin as adenomatous polyps. My own opinion is that they do not, because occasionally I find lesions only a few millimeters in diameter which have the gross and microscopic characteristics of full-blown cancers. By "gross characteristics" I mean

* Read at the meeting of the Indiana chapter of the American Academy of General Practice, Indianapolis, Indiana, April 15, 1955.

† Section of Proctology, Mayo Clinic and Mayo Foundation. The Mayo Foundation is a part of the Graduate School of the University of Minnesota.

that the lesions are ulcerous, indurated and appear to be infiltrating the deeper layers of the wall of the bowel.

One of the most baffling characteristics of polyps is that most of them give no warning signs or symptoms. Bleeding, the most frequent sign, usually occurs only when the polyps are large. Cancerous lesions also may remain "silent" until they are well advanced. Yet we know that nearly half of all malignant lesions of the colon can be discovered by digital examination of the rectum, and we know that at least 70 per cent of malignant lesions of the colon can be reached with a 10-inch sigmoidoscope. Hence, by all means, every reasonable opportunity should be taken to look for them.

Unfortunately, proctologists still see rectal malignant lesions while they are examining patients who underwent surgical operations for some minor condition of the anus at a time when the malignant lesion undoubtedly was present. We have to conclude, then, that it was missed. But if a careful preliminary digital examination of the rectum had been made, the examiner scarcely could have failed to detect the serious condition, because malignant lesions usually are not difficult to recognize as such.

Actually, it is fortunate that this portion of the body can be examined so readily. The opportunity for early detection of tumors of that region is mainly the family physician's.

DIGITAL EXAMINATION

Before digital examination of the anus and rectum is begun, the anal and perianal regions must be thoroughly inspected for evidence of disease. We perform this examination with the patient inverted on a table. We stand to the left of the table and examine with the index finger of the left hand. It is an awkward-looking method, but has the advantage of permitting ready palpation of the posterior rectal wall, and it avoids as much as possible the resistance of the buttocks to this examination.

How the digital examination is carried out is relatively unimportant. The important thing is that it be done thoroughly.

SIGMOIDOSCOPE

The instrument which we use for sigmoidoscopic examination has its source of illumination at the distal end. More important than the type of instrument used is the examiner's familiarity with its use. For instance, for one who is used to a sigmoidoscope with distal lighting, an instrument with proximal lighting may be very confusing because the field has a different appearance. The fulgurating sigmoidoscope will be described in the section devoted to polyps.

Insertion of Sigmoidoscope.—When the sigmoidoscope is being inserted through the anus, two things must be remembered. First, the obturator must be in place to reduce discomfort to the patient and to prevent possible injury to the anus. Second, it should be borne in mind that the anal canal meets the lumen of the rectum at an acute angle and that the anterior rectal wall may be injured if the instrument is pushed directly ahead.

Advancement of Sigmoidoscope.—It is impossible, I believe, to learn the technic of sigmoidoscopy by listening to someone talk about it. Hence, the only point I wish to make here is that once the end of this instrument is through the anus, the obturator should be removed and the remainder of the examination done under direct vision. Otherwise, the bowel may be traumatized and possibly even perforated.

ADENOMATOUS POLYPS AND ADENOCARCINOMAS

There is a close parallelism between the location of polyps and the location of adenocarcinomas in the various portions of the colon. Approximately 70 per cent of both polyps and adenocarcinomas occur in the lowest 10 inches of the bowel. This is one reason for the belief that adenomatous polyps and adenocarcinomas are related.

Sentinel Polyp.—The frequency with which carcinomas and polyps are found in the same person is another indication that adenocarcinomas may develop from polyps. At sigmoidoscopy we frequently see one or more small polyps adjacent to a carcinoma, and so frequent is this observation that we refer to the relationship as a "sentinel polyp." About 20 per cent of excised specimens of bowel show a sentinel polyp. Because of this association, we should be stimulated to search diligently for a carcinoma when a polyp is found by sigmoidoscopic examination.

Sessile Polyp.—By "sessile polyp" is meant one which is attached to the wall of the bowel



Fig. 1. Small sessile adenoma as seen by endoscopic camera. Most adenomas or polyps, when discovered, are of this type.

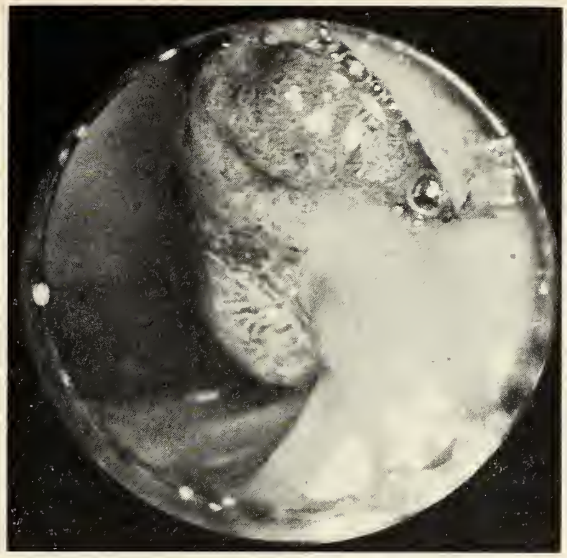


Fig. 2. Large pedunculated polyp as seen by endoscopic camera. In this instance the pedicle is relatively short.

by its base rather than by a pedicle (Fig. 1). Most polyps when found are of the small, sessile variety, only a few millimeters in diameter. Usually, their color is the same as that of the surrounding normal mucosa. We destroy a small polyp like this at the time of original examination, by fulguration.

Some sessile polyps can attain considerable size. It is with larger polyps of this type that the most care must be exercised in choosing the type of treatment. No rule can be made as to the size of the polyp and whether or not it can be treated conservatively (that is, by fulguration).

Of at least equal importance in determining whether treatment will be conservative or radical is the consistency of the lesion, its mobility on the underlying coats of the bowel, its location and, of course, its microscopic content. If the lesion lies low in the rectum, it usually is possible to excise it locally, after which thorough study of the polyp may be carried out microscopically to determine whether or not the lesion is invasive, or in other words, malignant. When dealing with higher-lying lesions, there is no substitute for *experience* in determining the type of treatment to be used, and even experience may be of little value in a small group of borderline lesions. In such cases I believe it is better to err on the side of being too radical than too conservative.

Villous Tumor.—Villous tumors tend to become very large. They may involve most of the rectum. They are soft, are covered with papillary or fingerlike processes, and they secrete a large amount of mucus. Such tumors are basically benign, but a malignant process may develop in their centers. Even so, they do not tend to metastasize early. Frequently, however, by the time they are discovered they are too large for conservative treatment, and if so treated they have a tendency to recur locally.

Pedunculated Polyp.—A pedunculated adenoma is one which is attached to the wall of the bowel by a stalk which is covered with normal mucous membrane (Fig. 2). The average pedunculated polyp is larger than the average sessile polyp, and it usually is redder than the surrounding mucosa. A pedunculated adenoma, or polyp, may attain a diameter of 4 to 5 cm., and the pedicle may be an inch or more in length. Why pedicles develop in some adenomas and not in others is not completely understood. It is true that such pedicles are more likely to form on tumors in the mobile sigmoid than on tumors in the relatively fixed rectum. From the standpoint of treatment this is good, for pedunculated lesions usually can be removed by conservative means; that is, fulguration or an electric snare, if they can be reached with the sigmoidoscope. An important factor to remember is that pedunculated adenomas may move over a wide range in the bowel. On one examination such a lesion may be seen at 20 cm. above the anus, and on the next occasion the instrument may have to be introduced for 30 cm. or more before the lesion

can be reached. Hence, before treatment is started, the exact location of the attachment of the pedicle of the polyp to the wall of the bowel must be known.

Multiple Polyps.—When one adenoma is found, it is always wise to search for others. In other words, a roentgenogram of the colon becomes necessary. There may be multiple polyps in one segment of the bowel, or there may be scattered polyps in various segments of the bowel. The fact that a patient has multiple adenomas does not necessarily mean that familial polyposis is present. We may see up to 25 or 30 polyps in the lowest 10 inches of the bowel, yet repeated roentgenograms of the colon will show no others.

Familial Polyposis.—When the entire length of the colon is studded with discrete polyps which are separated by normal mucous membrane, the condition is called "familial polyposis." This is one form of the disease. One or more malignant processes will always develop therefrom unless the condition is treated. The preferred treatment is removal of the colon down to the lower sigmoidal area, with establishment of end-to-end anastomosis of the ileum to the sigmoid colon. The polyps in the remaining portion of the sigmoid and rectum are fulgurated. For this procedure to be feasible, the portion of sigmoid and rectum which is left of course must be free of malignant processes or potentialities therefor. All patients in whom polyps have been treated should undergo follow-up sigmoidoscopic examination at intervals of months, so that recurrences and new polyps, if they have developed, can be detected. This is particularly true of patients with familial polyposis.

In another form of familial polyposis the mucosa of the entire colon is hyperplastic, with polypoid tumors superimposed. Proper treatment of this form of the disease requires complete colectomy, which should include the rectum.

Familial polyposis is a hereditary disease. Usually, several members of a family are affected. Hence, when a patient with this condition is encountered, it is of the utmost importance that all the other members of the family similarly undergo careful examination of the rectum and colon. Symptoms, the first of which often is an increased frequency of bowel movements, as a rule appear during the second or third decades of life. If familial polyposis can be diagnosed and treated early, cure can be effected. Far too often, however, the patient will have ignored the symptoms until they became severe, and by the time diagnosis is made the disease is beyond control because of malignant transformation and metastasis.

Fulgurating Sigmoidoscope.—The fulgurating sigmoidoscope differs from the ordinary instrument in that it contains a built-in tube for the evacuation of smoke and gases while fulguration is being carried out. Without this special facility there would be danger of explosion of the intestinal gases. For the removal of fluid the ordinary suction tube, which is inserted through the lumen of the sigmoidoscope, is used.

Fulguration Technic.—Fulguration of most polyps can be carried out in the office, without anesthesia. If the polyp is close to the anus, anesthesia may be necessary because of pain, in which case caudal and sacral block anesthesia can be used. Sometimes, when the lesion is situated close to the anus, it may be simpler to do local excision.

In fulguration, it is best to hold the tip of the applicator a few millimeters from the polyp. In this way the polyp is desiccated, rather than coagulated. The object is to convert the polyp into a charred mass. For fulguration a monopolar current is employed.

The ideal location of a large sessile polyp, so far as fulguration is concerned, is on the posterior wall of the midrectum. In this situation, (1) it is below the peritoneal reflection and (2) there are no vital structures to be harmed by burning deeply.

Adenocarcinoma.—Approximately 95 per cent of all malignant processes of the terminal part of the colon are adenocarcinomas. In general, it can be said that adenocarcinomas of a low grade of malignancy tend to grow into the lumen of the bowel to form polypoid tumors which eventually ulcerate when there is interference with the blood supply. Adenocarcinomas of a high grade of malignancy are more likely to grow away from the lumen of the bowel and to invade the surrounding tissues. As I have said, the size of a lesion may not be important, so far as the quality of malignancy or benignancy is concerned. Some adenocarcinomas, particularly those of a high grade of malignancy, apparently begin as indurated ulcers, and such

lesions occasionally are seen when they are only a few millimeters in diameter. It is not my purpose to discuss the treatment of adenocarcinoma of the rectum except to say that some type of radical resection is necessary.

Adenocarcinoma of the anus usually is an extension into the anus of a lesion beginning low in the rectum. On rare occasions an adenocarcinoma may arise in a sweat gland in the anal region. Once the anus has been invaded by a rectal adenocarcinoma, the patient begins to complain of pain, which often is severe.

Multiple Adenocarcinomas.—It must always be borne in mind that a patient may have more than one adenocarcinoma of the colon (Fig. 3). For this reason, when such a lesion is discovered by sigmoidoscopic examination, it is always wise to make roentgenograms of the patient's colon, unless the known lesion is producing enough obstruction to make roentgenologic examination hazardous.

EPITHELIOMA OF THE ANUS

Primary malignant lesions of the anus are rare. The most common primary malignant process of the anus is the epithelioma (Fig. 4), which comprises about 2 per cent of all malignant tumors of the terminal part of the colon. It arises in the anal skin, and at no stage has a characteristic appearance. The ulcerous lesion of an epithelioma can be very similar in appearance to an adenocarcinoma. A biopsy is the only way a definite diagnosis can be made.

Epitheliomas of the anus often are of a high grade of malignancy, and prognosis, regardless of treatment, is poor. Probably the best treatment is combined abdominoperineal resection plus radical resection of the inguinal lymph nodes, since anal malignant processes tend to metastasize to these nodes.

Inflammatory Lesions Which May Be Confused With Epitheliomas.—Ulcerating epitheliomas also must be distinguished from the various types of inflammatory ulcers which occur in this region, including anal fissures, those associated with chronic ulcerative colitis and regional enteritis, and those of the tuberculous variety (rare).

In the early stages, an epithelioma may be confused with a condyloma, which is an inflammatory lesion of viral origin. Condylomatous lesions usually are multiple (Fig. 5), however, which would rarely be true in an epitheliomatous condition. A large mass of condylomas cannot positively be distinguished from a nonulcerative epithelioma except by biopsy.

HYPERTROPHIED PAPILLA

Anal papillas may enlarge to form polypoid tumors. They are benign lesions composed of fibrous tissue covered with skin. They arise at the anorectal junction and their color is the same as that of the anal skin. Frequently they are confused with adenomatous polyps, which are redder and always arise above the anorectal junction.

When a papilla enlarges to some degree, it

Fig. 3. Removed specimen, showing two adenocarcinomas (from the right colon).



Fig. 4. Large epithelioma of the anus.





Fig. 5. Condylomas in the perianal region. Multiple lesions are characteristic of this condition. A large mass of condylomas may simulate epithelioma.



Fig. 6. Basal cell epithelioma of perineal region. The patient said this lesion had been present for 20 years, and that only during the year prior to consultation had he noted enlargement of the lesion.

could conceivably be mistaken for a malignant tumor of the anus.

BASAL CELL EPITHELIOMA

Basal cell epithelioma in the anal region is very rare, has no pathognomonic features, and diagnosis can be made only by biopsy. I have seen three patients with lesions of this type, one of which actually was perineal rather than anal in location (Fig. 6). This lesion had been present for 20 years when I first saw the patient, who could not remember the initial appearance of the lesion. The only thing he was sure of was that during the year prior to my seeing him the lesion had been slowly enlarging. The tumor was removed by wide local excision, which usually is all that is necessary in respect to basal cell epitheliomas.

SUBMUCOSAL NODULES OF THE RECTUM

I should now like to mention briefly another group of tumors which involve the rectum. These tumors lie beneath the rectal mucosa, and may be due to a variety of causes. The most common submucosal nodule which we see is the so-called oleoma, which results from the injection of a substance with an oily base for the treatment of hemorrhoids. Such nodules also may be caused by inflammatory lesions, such as abscesses, and by benign and malignant neoplasms. In my experience, the most commonly encountered benign neoplasms are leiomyomas, lipomas and lymphomas, while lymphosarcomas, leiomyosarcomas and carcinoids are the most frequent malignant ones. As the submucosal nodules grow, the overlying mucosa may become ulcerated, particularly when the nodules are malignant.

A definite diagnosis of submucosal tumors can be made only by microscopic examination of the nodules, after local excision or biopsy.

A submucosal lipoma which I recall is of interest chiefly because it was actually located high in the sigmoid colon, and it protruded through the anus occasionally during defecation.

One of the most interesting of the submucosal tumors is the carcinoid (Fig. 7). In a 7-year period ending December 31, 1953, 112 patients who had carcinoids were seen at the Mayo Clinic.[2] Forty-four patients, or 39.3 per cent of

the total, had carcinoids of the rectum. Most of these carcinoids were tiny submucosal nodules, only a few millimeters in diameter, and were treated by wide local excision. A few patients had larger lesions which had ulcerated the rectal mucosa and simulated rectal carcinomas. Those patients were treated by some type of radical operation.

There is considerable difference of opinion concerning the origin of carcinoids, which I shall not mention. Most pathologists agree, however, that all are at least potentially malignant, and metastasis has been reported. Our experience indicates that minute carcinoids (a few millimeters in diameter) can be removed safely by local excision, while those more than 1 cm. in diameter and those that are invasive must be treated radically.



Fig. 7. Carcinoid of the rectum, taken with an endoscopic camera, illustrating the small size of the usual lesion of this type which we see. The lesion is slightly elevated, frequently is yellowish, and is covered with normal-appearing mucous membrane. Larger carcinoids may cause ulceration of the mucosa and may simulate adenocarcinomas.

COMMENT AND SUMMARY

About 12 per cent of all malignant conditions of the human body originate in the anus, rectum, or lower part of the sigmoid colon. The most common tumor arising in this area is the adenomatous polyp; 10 per cent of persons more than 40 years old have been found, in various detection centers, to have one or more adenomatous polyps in the lowest 10 inches of the bowel. Detection is facilitated by the fact that 70 per cent of all adenomatous polyps and malignant lesions of the colon can be reached with a 10-inch sigmoidoscope. Specific lesions considered are sentinel polyps, sessile polyps, villous tumors, pedunculated polyps, multiple polyps, familial polyposis, adenocarcinomas, multiple adenocarcinomas, epithelioma of the anus, hypertrophied papillas, basal cell epithelioma of the anus and submucosal nodules. As herein used, the terms "adenomatous polyp," "polyp" and "adenoma" are synonymous. Use of the sigmoidoscope and of fulguration is briefly mentioned.

REFERENCES

1. Smith, Dudley: Cancer of Anus, Rectum and Rectosigmoid. In Piersol, G. M.: Cyclopedia of Medicine, Surgery and Specialties. Philadelphia, F. A. Davis Company, 1936, vol. 10, p. 1106.
2. Jackman, R. J.: Submucosal Rectal Nodules With Particular Reference to Carcinoids. Am. J. Surg. 88:909-911 (Dec.) 1954.

The Management of Refractory Heart Failure*

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DEFINITION: "When a patient fails to respond to 'optimal' treatment, he is said to have refractory or intractable heart failure."[1] Treatment calls for all the acumen, deductive reasoning, and experienced judgment the physician can muster. Such a situation is a challenge to therapeutists. There are ten vital questions one would like to know and should ask when facing such a problem. Knowing the proper answers may lead one into correct therapies and a successful outcome—the difference between life and death.

I. What precipitated failure?

A. Respiratory or urinary tract infections are notoriously common.

1. Oral temperature recordings are inaccurate in the dyspneic individual. Mucopurulent sputum indicates respiratory infection regardless of temperature.

2. Antibiotic therapy is recommended and may turn the tide in lifting resistant failure. Some authorities recommend antibiotics routinely in patients with congestive heart failure and "wet lungs."[2]

II. Has the correct etiologic diagnosis been made?

A. So much hypertensive heart disease and arteriosclerotic (coronary) heart disease is seen that one forgets some of the other problems—fails to consider them. Rarities are the spice of medicine; rarities keep physicians on their toes.

1. Failure to recognize subacute bacterial endocarditis and establish appropriate antibiotic therapy has resulted in overwhelming failure going on to death. It is desirable to check aerobic and anaerobic blood cultures.

2. Some of the rarities may give refractory heart failure.

a. Fiedler's myocarditis.

b. Primary systemic amyloidosis.

c. Subendocardial fibroelastosis.

d. Hemochromatosis.

e. Levy-Van Glahn syndrome.

f. Leukemic infiltration of the myocardium.

g. Primary or metastatic cardiac tumors.

h. Ruptured valvular cusp as seen with trauma or subacute bacterial endocarditis.

i. Ruptured chorda tendineae as seen in subacute bacterial endocarditis.

III. What associated disease states are present?

A. Thyrotoxicosis, myxedema, beri-beri, anemia, cirrhosis, prostatism, renal insufficiency or any obstructive uropathy may perpetuate failure.

1. Some of these may be the sole and primary cause of failure or act as a double etiology with the more common types of heart disease.

2. It is extremely important when facing a problem of heart failure to know all

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existing medical enemies. The case should be reviewed with this in mind.

IV. Has the patient received standard treatment?

A. Rest.

B. Adequate digitalization.

C. Strict low sodium diet—no slip ups.

D. Various diuretic measures.

1. Mercurials.
2. Ammonium chloride—to enhance mercurial diuresis and prevent the low chloride syndrome.
3. Aminophylline—to potentiate mercurial diuresis.
4. Potassium chloride—to cover potassium loss and prevent digitalis intoxication.
5. Mictine.
6. Diamox.
7. Resins.

E. Elimination of antidiuretic agents—narcotics and sedatives.

F. Specific therapeutic measures for specific non-surgical problems.[3]

1. Antibiotics in adequate dosage for subacute bacterial endocarditis.
2. Penicillin for luetic heart disease.
3. Steroid therapy with or without salicylates for rheumatic carditis.
4. Hexamethonium or ansolysen for severe hypertension contributing to intractable heart failure . . . reducing the load on the heart.[4]
5. Thyroid for myxedema heart disease.

V. Are thromboembolic complications present?

A. Thromboembolic complications account for about 30 per cent of deaths in cardiacs, and contribute partially to another 20 per cent. Many episodes thought to be pneumonia in cardiac patients are really such complications. Some authorities recommend anticoagulants routinely in congestive heart failure.[5] Deepening of failure may coincide with onset of pulmonary infarction. Apprehension, rise in pulse, perhaps hemoptysis, fever, pleural or anterior chest pain may point to this. It is often helpful to listen for an increase in the intensity of the pulmonic second sound.

VI. Are there any frank or occult nutritional disturbances to correct?

A. Hypoproteinemia

1. Invites refractory edema, resistant to mercurials. When plasma, blood, or salt free albumin is given parenterally with the addition of low sodium, oral protein supplements and Lonalac, resulting in restoration of serum albumin level, diuresis may occur.[6]
2. Occurs with anorexia, disturbed hepatic function or loss of protein through paracentesis.

B. Vitamin B deficiency

1. Thiamin loading experiments in cardiacs and non cardiacs revealed a lower urinary excretion in cardiacs which suggested tissue depletion. Patients were holding on to the Vitamin B_1 because they needed it.[7]
2. Urinary determination of thiamin following mercurial diuresis—thiamin output per 24 hours rose from 135 mcg. to 403 mcg. Mercurials wash out water soluble vitamins.[8]
3. The low sodium (salt poor) diet is somewhat deficient in vitamins. Appetite is poor and absorption from engorged, edematous, anoxic G.I. tract is impaired. Metabolic processes by congested liver are altered.
4. Patient may have occult vitamin B deficiency as a secondary type of heart disease—beri-beri—along with the original problem.[9] Vitamin C—adrenal stress of congestive heart failure may increase needs for C.
5. Examine patient for cheilosis, glossitis and pains in the legs.

C. Anemia—in the presence of arteriosclerosis in the older individual this may be the sole cause of congestive heart failure.[10]

1. May be corrected by transfusion of washed, packed or sedimented red cells.

VII. *Do any electrolytic imbalances exist?*—Major cause of resistant heart failure. Clinical patterns not always as easily pigeon-holed as depicted here.

A. Hypochloremic, metabolic alkalosis—usually with hypopotassemia.

1. This is likely to occur in an individual who has received mercurial diuretics without the concomitant administration of ammonium chloride. Mercurials cause a choluresis usually equal to or often greater than the naturesis.[11]
2. Mercurial resistance develops when chloride concentration falls to 86 mEQ/L.
3. Often associated with hypopotassemia—mercurials also cause a considerable urinary loss of potassium.
4. Treatment
 a. Ammonium chloride orally.
 b. Ammonium chloride I.V.—250 c.c. of 2% solution given slowly (perhaps in divided dosage).
 c. Potassium chloride.
 d. Cation exchange resins—plus added potassium.
 (Raise plasma chlorides—slowly.)
 e. Diamox—plus added potassium.
 (Raise plasma chlorides—slowly.)

B. Hyponatremia (low sodium syndrome)—serum sodium usually reduced from 140-125 mEQ/L.

1. Two types of hyponatremia
 a. Sodium depletion—due to primary sodium loss—the result of strict low sodium diets and frequent mercurial injections.
 b. Sodium dilution—due to excessive retention of water in severe heart failure. Represents excessive antidiuretic hormone activity and abnormal behavior of volume regulating centers.[12]

C. Differential diagnosis of hyponatremia.[13]

1. Depletion type of hyponatremia.
 a. Strict low sodium diet.
 b. Frequent mercurial injections.
 c. Has lost weight and mobilized edema rapidly.
 d. Vomiting, sweating, diarrhea, anorexia, hot weather, paracentesis.
 e. Change in the psyche.
 f. Peripheral collapse.
 g. Gastrointestinal symptoms.
 h. Low serum sodium.
 i. Azotemia.
2. Dilution type of hyponatremia.
 a. Edematous cardiac.
 b. Signs of increasing congestive failure.
 c. Gaining weight.
 d. Responding poorly to mercurials.
 e. May have received little or no treatment and have no other obvious cause for sodium deficiency.
 f. Often some acute infection present.
 g. Possibly over or under-digitalization.
 h. Low serum sodium.
 i. Azotemia.
 j. May have a mixture of both dilution and depletion type.

D. Treatment of hyponatremia.

1. Depletion type.
 a. Slow intravenous administration of hypertonic saline solution (3-5%) in divided doses to elevate the extracellular sodium level by 5-10 mEQ/L.
 b. Restrict fluid intake on day of infusion.
 c. Supplements of calcium and potassium may be required.
2. Dilution type.
 a. Treatment directed toward increasing myocardial efficiency, whether by adequate digitalization, restoration of tissue potassium content, control of intercurrent infection, relief of anoxia.
 b. One must take the risk of administering some hypertonic salt solution to rule out or take care of an associated depletion element.
 c. Prognosis usually very poor.
 d. ACTH—15 to 25 units every six hours for 10-12 days. May promote water diuresis and further response to mercurials in a seemingly hopeless case.[14]

E. Hypochloremic Acidosis.

1. In patients with renal insufficiency it is important to bear in mind that hypochloremia may be associated with acidosis rather than alkalosis, and ammonium chloride administration under these circumstances is contraindicated.[15]
2. Treatment embodies use of molar lactate solutions.

F. Severe hyperchloremic acidosis.[16]

1. May be caused by administration of ammonium chloride to patients with congestive heart failure and renal insufficiency whose renal capacity to excrete a markedly acid urine is impaired.
2. Reveals lassitude, stupor, dyspnea of the Kussmaul type, high blood chloride levels, low CO_2 combining power and marked azotemia.
3. Treatment embodies giving 1/6 molar sodium lactate solution I.V. or $NaHCO_3$ orally.

G. Hypopotassemia—may appear with or without hypochloremia, with or without hyponatremia.

1. Invites digatalis intoxication.
2. Treatment by potassium chloride if alkalosis present, potassium triplex if acidosis present.
3. Good idea to give potassium day of and day after mercurial injection. Mercurials wash out potassium as do Diamox, resins, and ammonium chloride.[17]

H. Hypocalcemia—occasionally carpopedal spasm occurs when mercurials are given frequently. May give calcium lactate or gluconate orally for treatment.

VIII. Is an arrythmia present and contributing to the therapeutic failure?[18]

A. Excessive tachycardia is not well tolerated even by the normal heart, since the shortening of the cardiac cycle is brought about mainly at the expense of the diastolic rest period. More of a strain naturally, in a diseased heart.

B. Prolonged paroxysmal auricular tachycardia or paroxysmal ventricular tachycardia can be disastrous. Both require immediate correction.

C. Auricular fibrillation with a rapid ventricular response not controlled by digitalis usually requires quinidine and responds, provided, of course, that hyperthyroidism is not present.

1. To convert or not to convert, that is the big question. Rate may be slow after conversion, efficiency may improve and embolization may stop. Conversion difficult to carry out at times, and difficult to maintain. On this point need careful cardiologic advice and electrocardiographic control in the hospital.

IX. Are mechanical or surgically correctible problems contributing to a poor therapeutic result?[19]

A. Pleural or pericardial effusions.

B. Ascites.

(Paracenteses of these cavities may at times greatly enhance diuresis and hasten convalescence.)

C. Constrictive pericarditis—decortication procedure.

D. Congenital heart disease—coarctation of aorta, tetralogy of Fallot, pulmonic stenosis, patent ductus arteriosus—surgical correction.

E. Mitral or aortic stenosis—valvulotomy.

F. Acquired arteriovenous fistula—quadruple ligation.

X. As a final court of assistance or appeal, can metabolic demands be reduced?

A. Thiouracil derivatives—tapazole.

B. Radioactive iodine (I^{131}).[20]

BIBLIOGRAPHY

1. Soloff, Louis A.: Some Clinical Aspects of Refractory Heart Failure, *Mod. Concepts Cardiovas. Dis.*, 26:73, August, 1950.
2. McVay, Sprunt and Stern: Antibiotic Prophylaxis In Chronic Congestive Failure, *Am. J. of M. Sc.*, 226:491-503, November 1953.
3. Stead, Eugene A. and Hickam, John: Heart Failure, Disease-A-Month, Page 28, January 1955.
4. Johnson, John B.; Jordan, Alphonzo; Greene, Clarence S., and Pogue, William: The Influence of Hypertension on Intractable Heart Failure, Abstract, *Second World Congress of Cardiology*, Page 322.
5. Levison and Griffith: Evaluation of Anticoagulant

Therapy in Congestive Heart Failure, *Circulation,* 4:416-419, September 1951.

6. Peel, Fitzgerald A. A.: Hypoproteinemia in Refractory Cardiac Edema, Abstract, *Second World Congress of Cardiology,* Page 32.

7. Wohl, M. S.; Shuman, C. R.; Tumen, R. and Tittipolde, J. J.: Thiamine Deficiency in Organic Heart Disease, *Circulation,* 8:744, November 1953.

8. Wohl, M. S.; Shuman, C. R. and Tumen, R.; Effect of Mercurials in Thiamine Excretion in Patients with Congestive Heart Failure, Proc. Soc. Exper. Biol. and Med., 83:323, June 1953.

9. Durant, Thomas M.: Nutritional Factors in Cardiac Disease, *Ann. Int. Med.,* 35:400, August 1951.

10. Durant, Thomas M., and Harvey, Wells F.: The Treatment of Cardiac Decompensation. With Special Reference to Resistant Cases, *M. Clin. North America,* Page 975, July 1953.

11. Schwartz, William B. and Relman, Arnold S.: Electrolyte Disturbances in Congestive Heart Failure, *J. A. M. A.,* 154-1237-1241, April 10, 1954.

12. Griffith, George C. and Magidson, Oscar, With comments by: Stead, Eugene A., Leiter, Louis: Unrecognized Hyponatremia and Hypochloremia, Clinical Conference, *Circulation,* 20:1, January 1955.

13. Leiter, Louis, Weston, Raymond E. and Grossman, Jacob: The Low Sodium Syndrome, its origin and varieties, *Bull. New York Acad. Med.,* 29:833-45, November 1953.

14. Schemm, F. R., and Camara, A. A.: The Correction of Electrolyte Deficits in Cardiovascular-Renal Disease, *Circulation,* 10:535, September 1954.

15. Soloff, Louis A.: Some Clinical Aspects of Refractory Heart Failure, *Mod. Concepts Cardiovas. Dis., 26*:73, August, 1950.

16. Blumgart, Herrman L., Clinical Progress in the Management of Congestive Heart Failure, *Circulation,* 7:136, January 1953.

17. Seldin, Donald W.: Management of Congestive Heart Failure, *Arch. Int. Med.,* 95:392, March 1955.

18. Durant, Thomas M., Harvey, Wells F.: Treatment of Cardiac Decompensation, *M. Clin. North America,* Page 978, July 1953.

19. Hanenson, Irwin B.; Weston, Raymond E.; Grossman, Jacob, and Leiter, Louis: Pathogenesis and Treatment of Congestive Heart Failure, *M. Clin. North America,* 37:13, May 1953.

20. Blumgart, H. L.; Freedburg, A. S. and Kurland, G. S.: Hypothyroidism Produced by Radioactive Iodine (I^{131}) in the Treatment of Euthyroid Patients With Angina Pectoris and Congestive Heart Failure, *Circulation,* 1:1105, 1950.

PHYSICIANS SEEK FACTS ON LEUKEMIC TWINS

Two Minneapolis physicians urge their colleagues to report cases of leukemia, a serious blood disease, when it occurs among twins, since evidence about hereditary factors in the disease is scarce.

They estimate that over a 10-year period there would be no more than about 450 cases of leukemia among twins in this country. They also believe the chances of leukemia occurring in each of a set of identical twins appears to be about one in 2,000. Reports showing the exact incidence of the disease among twins could help to establish whether heredity is a prime factor, a secondary factor, or of no importance in the development of the disease.

The discussion by Drs. Ray C. Anderson and Harold W. Hermann appears in the June 25 Journal of the American Medical Association.

They report on two sets of identical twins in which three of the children were fatally stricken by the presently incurable disease. One twin girl was fatally stricken by the disease but the other still appeared healthy several years later. In the other set each twin was stricken.

The physicians say these reports were like others made previously since they yielded no evidence whether a second twin is likely to suffer the disease after one twin is stricken. They add it would be helpful if all information about leukemic twins could be reported to centers involved in leukemia research.

Cortisone: Contraindications and Indications*

OTHER MORE CONSERVATIVE APPROACHES TO THE TREATMENT OF THE ARTHROPATHIES

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THE CONNOTATIONS of the term "miracle drugs", in lay publications, are a constant source of exaggerated hope to the sick and an annoyance to the profession. They suggest a regression to the old medicine man of the gaslight era when a cure-all could be pulled from a hat.

There seems to be a phase in the ever changing panorama of medicine in which any new therapeutic discovery is heralded if not as a cure-all, at least as any easy solution of the treatment of many of the most formidable diseases which have baffled physicians for years. We have seen the most noteworthy discoveries such as sulfachemotherapy, a long list of antibiotics, and more recently ACTH and Cortisone publicized in the most extravagant and injudicious way. The effect: An impatient public has been led to believe we can cure anything and do it right now. The end result: multitudes of disillusioned laymen and many cynical nihilistic doctors.

Cortisone is the immediately highly publicized therapeutic agent under consideration. Cortisone and Hydrocortone will relieve (and the term *relieve* is emphasized) painful swollen joints and decrease the sedimentation rate. Intra-articular hydrocortone injections constitute practical means of relief for varying lengths of time. It is a strong personal conviction that cortisone has been excessively and recklessly used. Further, that its specific indications have proved to be greatly decreased over the past five years. Dr. Russel Cecil has commented that cortisone is the answer in less than 10 per cent of the previously considered medical problems. Dr. Walter Bauer has very recently emphasized the hazards rather than the benefits of this drug.

Rheumatoid arthritis is unquestionably the most intractable of all the arthropathies. Its etiology still remains obscure and its treatment is still much in the "try and try again" state; hence the multiplicity of therapeutic agents that have been advocated for it.

The first essential is to confirm in every way possible that the case in question is one of rheumatoid arthritis. Probably the greatest diagnostic errors are made by failing to differentiate rheumatoid arthritis from the very common degenerative form.

Once the diagnosis of rheumatoid arthritis is made, several salient features of the disease must be considered. It has been aptly said that the disease occurs from 8 to 80 in both sexes, the incidence being highest in the female. The disease may be very insidious in onset or may be rapidly precipitated. The course is usually one of long-drawn out invalidism with flexion-contraction deformities common.

Cortisone inhibits fibroplasia and diminishes hyaluronidase activity. The latter enzyme is the so-called "spreading factor" in the collagen tissues. Cortisone acts at the connective tissue level. It does not cure rheumatoid arthritis but suppresses it. The nutritional status suffers with *concomitant anorexia, muscle wasting* and *sec-*

* Presented at the Seventh Annual Scientific Session of the Indiana Academy of General Practice, April 13, 1955, in Indianapolis.

ondary hypochromic anemia. These phases all must be considered in treatment.

For several years rheumatoid arthritis has been increasingly under scrutiny as one of the outstanding examples of a psychosomatic disorder. Now, a brief appraisal of the personality of rheumatoid patients follows. Generally there is an obvious degree of passivity in most of these patients. An inherent dependent type of personality may be concealed and manifestations of deep dependency trends appear later. After a few weeks or months, the rheumatoid arthritis increases the state of dependency of the patient and any vestiges of aggressiveness steadily disappear. These patients accept their discomforts, deformities, and invalidism as a status preferable to exercising any capacities for struggling against the disease and the unpleasant forces of the world about them. A high percentage of the female patients are childless. For some obscure reason, the women marry, securing mates who accept their invalidism and continue to be over solicitous. Many of these husbands become fixed in the roles of houseman, handyman, and nurse.

Who has not seen many rheumatoid arthritics in a hopeless state of deforming invalidism who remain cheerful, and not only happy, but at times euphoric. The seclusion of invalidism and the ministrations of husband or family over the years are accepted and life is tolerated with an air of passive resignation that excites the wonder, pity, and even horror of those about them. This latter psycho-emotional or psychosomatic facet of the rheumatoid arthritic is sufficient to cause one to consider the administration of cortisone with the utmost misgiving.

Selye postulated over-reaction to stress which leads to a variety of diseases in the adaptation phase of the reaction that bears his name. Rheumatoid arthritis is one striking example of a "stress disease" appearing after the alarm reaction, shock phase, and counter-shock phase reactions have passed.

Some brief comments on the social and psychological features of this group are apropos. Patients with unstable personalities are apt to react badly to Cortisone. In a series of 239 cases carefully studied at the New York Bellevue Center, the mean age was 47.

A survey of the series showed:

First—*Marital status and family:* Presence of problems of heterosexual adjustment were evident. Fifty per cent had restricted heterosexual relationships and were frequently fearful and distrustful of people of the opposite sex. One-third had never married and in only one-third was the marriage permanent. Two-thirds did not want children and among those who expressed a desire for children they rarely showed a positive interest but were ambivalent in attitude. Most frequently the mother had been dominating and controlling and the father passive, ineffective, disinterested and seldom available. The relationship with siblings was often one of subdued competition, resentfulness, and jealousy, associated with tremendous feelings of inferiority.

Second—*Educational:* Many did not complete higher educational study. The apparent reasons for terminating school were lack of interest or effort.

The Precipitating Factors: Many did not discuss emotional traumata but the careful chronological history oftentimes revealed them. In many, serious illnesses, death, or separation of some immediate member of the family often preceded the onset of the disease.

Psychosocial Consequences: The illness functioned as the defense of the patient against his family by providing punishment for self or family. Often it provided a satisfactory excuse for withdrawal from the pressure of environment and a justified dependence and rationalization for his or her inadequacy.

Hence there is the great risk in Cortisone administration for patients with psychoneurotic tendencies. The transitory euphoria and improvement are generally followed by fixed addiction; and let it be emphasized strongly at this point that Cortisone is an addictive drug. Withdrawal is followed by a disastrous exacerbation of all preceding symptoms plus intense psychoneurotic reactions. Cortisone is notorious for its bad side effects, disturbing the psycho-emotional status.

To understand the hazards of Cortisone it is necessary to think first of all of one of its specific actions—that is a resolution of fibrous tissue and actual inhibition of fibroplasia by the fibroblasts. Rheumatoid arthritis is characterized by excessive production of fibrous tissue or pannus which overgrows the joint surface and obliterates the joint spaces. Obviously Cortisone would act immediately and rapidly in causing resolution of

pannus and hence the dramatic picture of the stiffened cripple "kicking up his heels."

However, what about the withdrawal phase of Cortisone? Fibrolysis ceases, fibrosis begins to return followed by stiffness and pain. The euphoria and heightened optimism produced by Cortisone disappear and the old symptoms reappear. The patient now is rapidly depressed by the recurrence of his miserable symptoms; he does not know whether to "cuss, complain, or cry". However, in many with serious psychoneurotic taints and even submerged psychotic tendencies, fulminant psychic changes often appear in the phase of withdrawal. Our population is now littered with cortisone cripples, psychic, and musculoskeletal.

Further, considering contraindications, prolonged administration of Cortisone reduces the size of the adrenal cortex and thus produces chronic adrenal exhaustion or acute adrenal failure and collapse.

Patients who have been on Cortisone for any length of time are surgical hazards. An increasing number of cases of deaths during surgery or soon thereafter are being reported. In addition, due to the inhibition of fibroplasia, a surgical wound may not heal or will heal with difficulty. It is wise to advise a surgeon of the history of Cortisone intake of any patient contemplating surgery.

What are the indications for Cortisone? The following appear to be the essential ones. 1. Acute rheumatic fever, treated alone with cortisone or in conjunction with antibiotics. 2. In acute rheumatic fever Cortisone, preferably in conjunction with Terramycin, acts well by inhibiting fibroplasia of the heart valves and endocardium. This treatment may also prevent a complicating pericarditis. 3. Rheumatoid arthritis, in which there is flexion-contraction of joints without ankylosis and with the plan of relieving deformities by orthopedic measures, namely the application of resting shells, casts, or splints. 4. The action of Cortisone in chorea is unpredictable. In some it helps dramatically, in others it acts unfavorably. It may be tried but with extreme caution. These are the essential conditions today that seem to have a definite indication for the administration of Cortisone in the rheumatic diseases.

What do we have to offer these patients other than this hazardous drug? First of all, Butazolidin gives results but must be used with care and especially under careful supervision with repeated blood counts to detect any early evidence of purpura or other signs of bone marrow damage. Intra-articular Hydrocortone in some cases seems to give relief but the effect is often transitory and it is presumed now that rather than acting locally, Hydrocortone has its benefit by general systemic action just like oral Cortisone. Gold has been used but never should be used in conjunction with cortisone because the actions are almost opposite. Gold is administered because of its effect in stimulating the reticuloendothelial system. If an associated hypercholesteremia exists, the administration of small doses of thyroid extract with methionine, choline, and inositol often help.

Due to the prevalent coexistence of osteoporosis with rheumatoid arthritis, the administration of androgenic hormones alternating with the administration of estrogens, and careful watch for virilizing effects in females and prostatic hyperplasia, does a great deal to help correct osteoporosis, by synthesizing some of the higher bone stabilizing protein molecules. In conjunction, Alpha-Tocopherol seems to act synergistically with the administration of androgens.

Anemia of a hypochromic type is almost a constant finding in rheumatoid arthritics. They all seem to exhibit a deficiency in the absorption and assimilation of iron in the gastrointestinal tract. Therefore, the administration of parenteral liver plus B-12 seems to obviate or accelerate the beneficial effects of iron administered by mouth.

High potency vitamins with trace minerals, a high protein diet, tonics to stimulate appetite, systematic graduated exercises, and physiotherapy may add to the patients' comfort. Whole blood transfusions help greatly in severely debilitated cases. Lastly, the psychomatic survey, psychoanalysis and psychotherapy of these cases is oftentimes futile, especially in those persons past 35 in which life's mental pattern has assumed a rigid type.

CONCLUSION

It is a firm conviction that Cortisone and Hydrocortone are hazardous drugs to administer to the chronic rheumatoid arthritic, and the limitations of these drugs have become more evident in the last five years.

Insulin Edema: Report of a Case

ARTHUR H. GRIEP, M.D.

Evansville

THE DEVELOPMENT of varying degrees of localized and generalized allergic reactions to insulin has been reported many times; however, the development of severe, generalized edema following insulin administration is a comparatively rare occurrence. Herzstein and Pollack[1] cited several cases from the literature and reported one case of their own. Jorpes[2] reported nine cases with varying degrees of localized and generalized reaction. Allan and Scherer[3] reported that only one or two per cent of all patients sensitive to insulin exhibit general manifestations. Klein[4] points out that insulin allergy can cause generalized urticaria with angioneurotic edema, arthralgia and gastrointestinal symptoms, as well as bronchial asthma and circulatory failure; he states that "a generalized reaction develops in approximately one person in a thousand using insulin". Gastineau and Leavitt[5] report a case with local reaction and generalized edema adequately controlled by Benadryl. Swirsky[6] reported three cases. In addition, he nicely summarized the present concepts regarding insulin allergy and pointed out that (a) it may occur in atopic or nonatopic persons, (b) reactions to insulin vary from slight local induration to generalized reactions, (c) hypersensitiveness is most often due to the insulin molecule and not the protein of the species from which it is obtained, (d) insulin allergy and insulin resistance are not the same immunologic process, and (e) antihistaminics are valuable adjuvants in insulin hypersensitivity.

The following report of a young female nurse illustrates a severe type of generalized anasarca which occurred following insulin administration.

CASE REPORT

A 27 year old married white female nurse was admitted to the Welborn Memorial Baptist Hospital on June 18, 1954. She had been having polyuria, polydipsia and polyphagia for two months and had lost 20 pounds in weight. The past history was not remarkable; she had no history of atopy. Physical examination revealed no striking abnormalities except for the presence of a Monilia vulvovaginitis. The fasting blood sugar was 344 mgm. per cent, and the CO_2 combining power was 17 mEq. The urine showed a four plus glycosuria and was positive for acetone. The complete blood count was normal. The blood Mazzini test was negative. The patient was managed in routine fashion with a commensurate diabetic diet and insulin. The initial desugarization was carried out with U40 regular insulin (Iletin, Lilly) followed subsequently by a single daily fasting maintenance dose of 50 units of U80 NPH Insulin (Iletin, Lilly). She experienced no untoward reactions and was dismissed, aglycosuric, on her maintenance program on the eighth hospital day.

Twelve days later she was readmitted with a ten day history of progressive anasarca. She had become markedly edematous and had gained 25 pounds in weight. With this she complained of arthralgia, headache, blurring of vision, shortness of breath with minimal wheezing and abdominal distention. The patient had noted local induration at the site of all insulin injections. Examination on this admission revealed a striking massive edema of the upper and lower extremities with marked facial edema, retinal edema and ascites. There were no definite urticarial lesions. The blood pressure was 118/80. Urine examination was negative. The blood NPN was 33 mgm. per cent. The total serum proteins were 5.2 grams per cent with 3.9 grams per cent albumin and 1.3 grams per cent globulin. Blood values showed moderate hemodilution; the differential count was normal with no evidence of eosinophilia. The spinal fluid examination was entirely negative; the spinal fluid pres-

sures were normal. The fasting blood sugar was 185 mgm. per cent, and the CO_2 combining power was 23 mEq. Blood electrolyte studies revealed 143.5 mEq. of sodium, 4.6 mEq. of potassium and 106 mEq. of chlorides (as NaCl). Skull x-rays were negative. Intradermal tests using U40 Regular Insulin (Iletin, Lilly) were negative. It was elected to continue with the same diabetic management program, omitting salt from the diet and adding diuretic agents to the treatment program. No antihistaminics were used. The patient diuresed rapidly and was dismissed edema free on the eighth hospital day, on her preadmission diabetic management program.

The patient has been seen on several subsequent visits, and her diabetes has remained under good control. She has remained edema free and experiences no headache or blurred vision. She continues to have local induration at the site of the NPH Insulin injections.

DISCUSSION

So-called insulin edema is an uncommon occurrence. In this instance, there was no evidence of atopy, and no urticarial lesions were present. Presumably, the condition is most frequently seen in young white females with diabetes mellitus of recent vintage, shortly after management with insulin is instituted.[7] The edema in this case was, however, very striking. It involved not only the subcutaneous tissues but was also evident as ascites, retinal edema, and presumably cerebral edema. No antihistaminics were used, although in retrospect this might have been advisable. Whether or not the edema in this case would have subsided spontaneously, or whether the salt restriction and diuretics were of benefit remains unknown.

SUMMARY

Generalized edema due to insulin administration, though rare, does occur. In the case presented, there was no evidence of nonspecific atopy from the past history or for specific atopy to the insulin molecule using crystalline insulin for the intradermal test.

BIBLIOGRAPHY

1. Herzstein, J., and Pollack, H.: Insulin allergy, J. Mt. Sinai Hosp. 6: 3 (May-June) 1939.
2. Jorpes, J. E.: Recrystallized insulin for diabetic patients with insulin allergy, Arch. Int. Med. 83: 363 (Apr.) 1949.
3. Allan, F. N., and Scherer, L. R.: Insulin allergy, Endocrinology, 16: 417, 1932.
4. Klein, S. P.: Insulin allergy, Arch. Int. Med. 81:316 (Mar.) 1948.
5. Gastineau, C. F., and Leavitt, M. D.: Treatment of allergy to insulin with Benadryl, Proc. Staff Meet., Mayo Clin. 21: 316 (Aug. 21) 1946.
6. Swirsky, J.: Hypersensitiveness to insulin, J. M. Soc. New Jersey, 47: 327 (July) 1950.
7. Fajans, Stefan S.: Personal communication.

INDIANAPOLIS AUTHORS WRITE HIGH SCHOOL HEALTH TEXTBOOK

Henry Holt & Company mailed me a copy of one of its newest books, entitled "Modern Health," which I believe doctors could recommend most highly to their patients.

The authors are James H. Otto, head of the science department, George Washington High School, Indianapolis; Cloyd J. Julian, consultant in health, safety, physical education and athletics for the public schools of Indianapolis, and Dr. J. Edward Tether, practicing physician and assistant professor of neurology, Indiana University School of Medicine, Indianapolis.

The authors stress the fact that "it's normal to be healthy." Among other things, the book aims to develop a genuine understanding of health—based on the essential physiology of the human body; to show what can go wrong with the body, and why, and to describe scientifically, but in simple and colorful language, what can be done to prevent things from going wrong.

The book is certainly "must reading" for high school students.

George F. Lull, M.D.
Secretary-General Manager, AMA

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GENERAL PRACTICE ISSUE

THE STAFF of The Journal wishes to express its thanks to the officers of the Section on General Practice of the Indiana State Medical Association for their assistance and advice in the preparation of the General Practice Issue for 1955. Much of the work of selecting the scientific and special articles has been done by a committee headed by Dr. Keith Hammond of Paoli, secretary of the Section, under the general direction of Dr. Frank H. Green, Jr. of Rushville, chairman, and Dr. Russell J. Spivey of Indianapolis, vice-chairman. Other members of the special committee were Dr. Wilson L. Dalton, Shelbyville, and Dr. W. D. Snively, Jr., Evansville.

For several years the August issue of The Journal has been compiled as a tribute to the general practitioners of the state. Articles are selected on the basis of their appeal to physicians engaged in the general practice of medicine. Several in this issue were chosen from the splendid program of the Indiana Academy of General Practice in April of this year. Other presentations have been included because of their special interest.

Editorials and usual features were prepared by the regular staff of The Journal.

BLUE CROSS UP

MORE PERSONS ENROLLED in the Blue Cross Plans of the United States and Canada during the first three months of 1955 than in any other three-month period since 1950. Enrollment gains of 872,334 during the first quarter of 1955 brings the total enrollment to 48,475,375 persons or about 30 per cent of the population in areas covered by Plans.

PENSIONS FOR THE SELF-EMPLOYED

THE SUMMER congressional recess provides an ideal opportunity for physicians to write to or consult with their congressional representatives in regard to the Jenkins-Keogh bills. This proposed legislation is designed to correct the inequity of the federal income tax laws in regard to pension funds for the self-employed.

The accompanying editorial is reproduced from the April 9, 1955 issue of the Journal of the American Medical Association to explain why doctors and all self-employed individuals are vitally interested in this question.

The most compelling argument against the adoption of the Jenkins-Keogh bills is that a substantial reduction of federal income would result. In all fairness, it would be better policy to eliminate the discrimination against the self-employed, and adjust the tax level to produce the required income on a schedule which would treat both employed and self-employed citizens on an equitable basis.

Better see your congressman. Most of them were self-employed and will understand the difficulties of accumulating retirement funds under the present system.

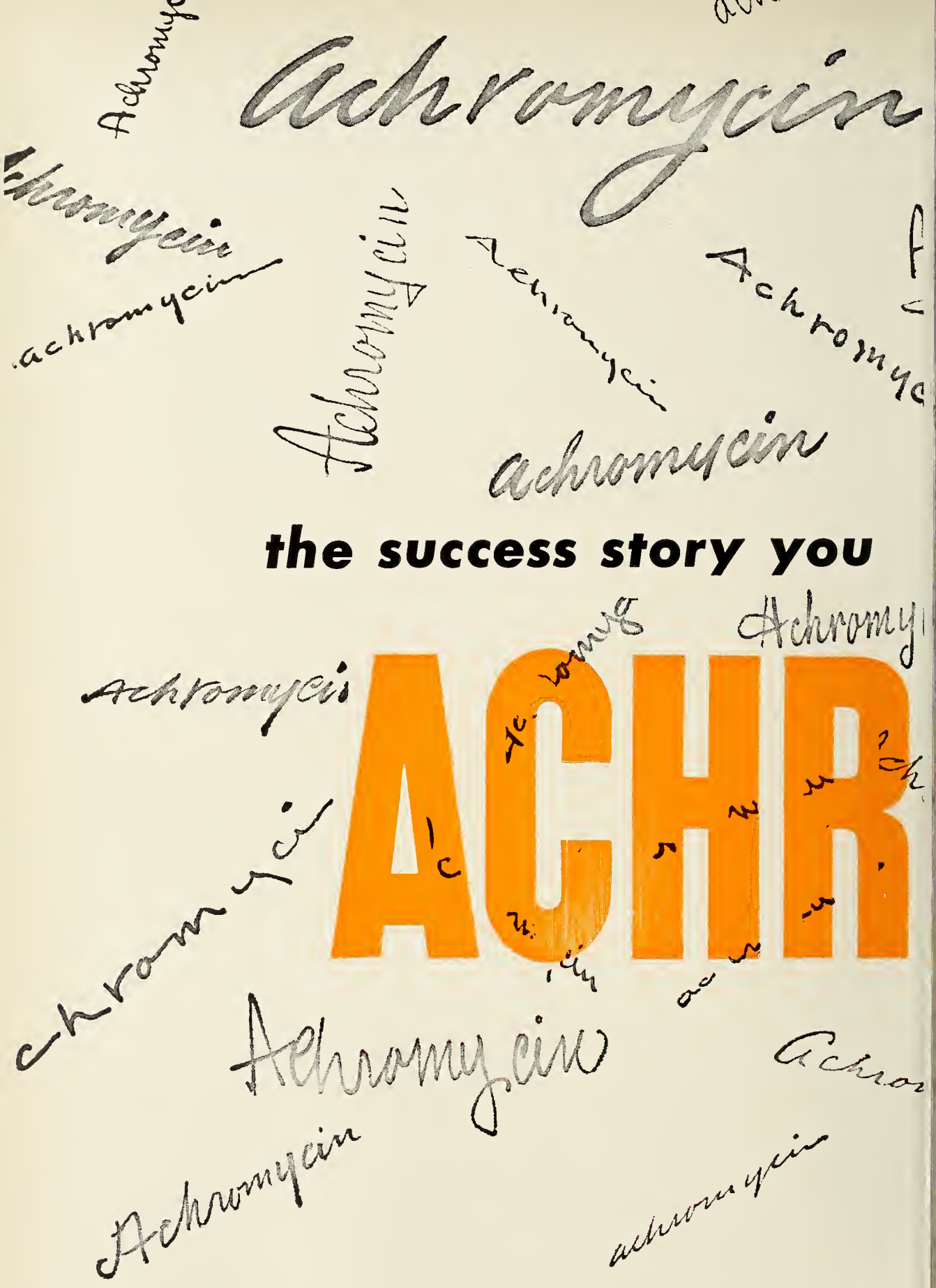
A HOLE IN THE PENSION UMBRELLA

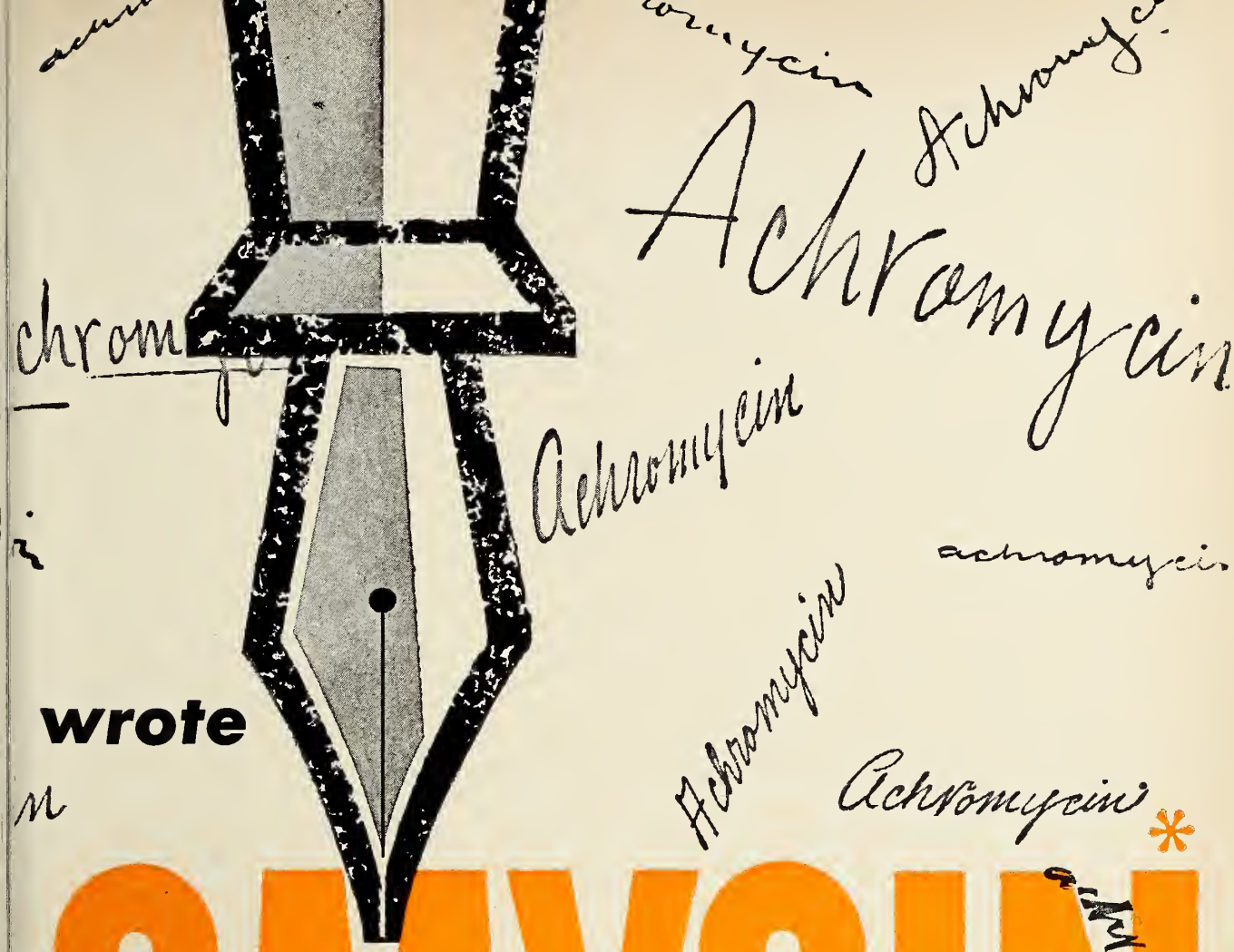
An editorial reprinted from The Journal of the American Medical Association, 157:1313 (April 9) 1955.

THE SOCIAL SECURITY ACT of 1935 and its many amendments do not fit the economic pattern of the life of the self-employed citizen, but its enactment did mark a significant change in government policy. In 1942 this policy was further enunciated and greatly strengthened by provision for a system whereby pension plans of employers if approved by the Bureau of Internal Revenue would permit the employer's contributions to the pension fund to be considered as business expense. Such contributions then would not be considered currently taxable income for the employee. More than 26,000 such pension plans have now been approved by the Bureau of Internal Revenue, and more than 20 million employed taxpayers are covered. The provisions of the 1942 Revenue Act, the amendments thereto, and the Revenue Act of 1954 made no provision for the self-employed. Since such persons work for themselves, the required employer-employee relationship is missing, and they cannot postpone taxes on contributions to retirement plans until they actually retire. This is a gaping hole in the pension umbrella that has been raised over an aging population by the federal government during the past two decades.

Elsewhere in this issue (page 1339) the present status of the Jenkins-Keogh bills and other similar bills designed to bring the self-employed under this umbrella is discussed. The American Medical Association has joined with the American Bar Association and a score of other national organizations in drawing attention to the need for filling the gap in pension legislation. These joint efforts are also designed to help millions of self-employed taxpayers who are not professional persons, as the latter comprise only about a half million of the 11 million self-employed. In discussing the pension plight of the self-employed with congressmen and senators, it would be well for members of the medical profession and other professions interested in these bills to let each self-employed merchant, farmer, independent salesman, and gasoline station operator know that this is also his battle.

Under present revenue laws the employers of more than 30 million pensionless persons could give them tax deferment benefits by establishing


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pension or profit-sharing retirement plans, but they have not yet done so. Although the rapid increase in the number of approved plans may ultimately fill this need, the Jenkins-Keogh bills would grant these pensionless employed persons the same options as the self-employed. The opportunity for a pensionless employed person to invoke the provisions of this proposed legislation should stimulate the growth of employer-sponsored plans. The pensionless employed have no spokesman; they are an unorganized group.

These bills appeal to those who believe in the doctrine of individual responsibility, a cornerstone in the practice of every profession. Advocates of totalitarianism for many years have wanted all workers to be employed by a few large firms because they believe it would then be easier for them to destroy the system of free enterprise and develop a completely socialistic commonwealth. The most ardent advocates of a free society agree that the man who works for himself is certainly a cantankerous obstacle in the path of those who would develop a totalitarian society. The self-employment continues to become less and less attractive in an era of fringe benefits, small labor and small business will surely be swallowed up by large labor and large business. Patching the hole in the pension umbrella will make self-employment more attractive.

INFORMATION ON INVESTMENTS

THE PUBLIC AFFAIRS COMMITTEE of New York City, during the last 20 years, has published a series of informational pamphlets as a public service. Such publications have become known for their accuracy, timeliness and readability. One of the recent issues in the series is a 28-page pamphlet entitled "When You Invest—The Role of Investment Companies". It is illustrated and contains information on various types of savings and investment opportunities, including a discussion of investment companies and their functions. Copies of the pamphlet may be obtained at a price of 25 cents from Public Affairs Pamphlets, 22 E. 38th St., New York 16.

VOLUNTARY HEALTH INSURANCE

THE CONTINUED and phenomenal growth of voluntary health insurance is evidenced by a recent report from the Health Insurance Council. The report is a summary of the 1954 experience of all insurance companies in the United States, both commercial and nonprofit, in the field of health insurance.

Hospital expense protection is now enjoyed by 101,493,000 persons. The 1954 increase amounted to 4.3 per cent. The population increase for one year is approximately 1.7 per cent.

Surgical expense protection was increased by 6.1 per cent, over three times as fast as the population growth. At the end of 1954 the total number covered for surgical expense, not counting duplications, was 85,890,000.

Medical expense protection expanded at an even faster rate—10.7 per cent—more than six

times the population increase. 47,428,000 persons are now included in medical expense policies.

Major medical expense protection, sometimes referred to as catastrophic coverage, has been of recent origin, and is enjoying the fastest growth. During last year its beneficiaries increased by 83 per cent, to a total of 2,235,000 persons.

The fifth category of voluntary health insurance is that which insures against the loss of income on account of illness or injury. This type is the oldest of the five, and has been sold for more than 50 years. Whereas the first four listed types of health insurance are sold to cover the family provider and all his or her dependents, income insurance is sold only to income producing persons. In view of this it is remarkable that in 1954 38,904,000 workers had this coverage. This is very close to the 44,053,000 persons primarily covered by hospital expense protection (the 57,440,000 other persons covered by hospital expense protection are dependents).

While the increase in number of people protected has been remarkable, the increase in benefits paid has been increasing at a faster rate due to expansion in benefits. During 1954 a total of 2.7 billion dollars was paid to beneficiaries under the five types of medical insurance. This is an increase of 11 per cent over 1953.

Hospital benefits in 1954 amounted to $1,445,000,000. Surgical and other medical payments totaled $735,000,000. Loss-of-income benefits added up to $530,000,000.

More remarkable and even more important than the growth in number of participants, is the continued and aggressive development of new policies in health insurance—new plans of protection, broader coverage, and more and more insurance companies to foster these improvements.

To quote the report of the Insurance Council directly: "Voluntary health insurance has not yet reached the limits of its potential service to the American people. . . . All in all, as the figures indicate, the competitive system and the voluntary, free enterprise way have worked well in health insurance. The American people now have a wide variety of policies, plans, and insuring organizations from which to make selections best meeting their needs and desires. And the inherent vitality of the voluntary health insurance movement is continually being demonstrated by the development of new and improved insuring methods."

"No class of men needs friction so much as physicians; no class gets less. The daily round of a busy practitioner tends to develop an egoism of a most intense kind, to which there is no antidote. The few set-backs are forgotten, the mistakes are often buried, and ten years of successful work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self-centered.

To this mental attitude the medical society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms. . . . The very marrow and fitness of books may not suffice to save a man from becoming a poor, mean-spirited devil, without a spark of fine professional feeling, and without a thought above the sordid issues of the day. . . . The man who knows it all and gets nothing from the society reminds one of that little dried-up miniature of humanity, the prematurely senile infant, whose tabetic marasmus has added old age to infancy. . . . He feels better at home, and perhaps that is the best place for a man who has reached this stage of intellectual stagnation."

—Sir William Osler
Counsels and Ideals from the Writings of William Osler

The President's Page

DOCTOR LULL'S SECRETARY'S LETTER, dated June 24, revealed some interesting statistics concerning health insurance. To quote, "Some 104 million persons will have voluntary health insurance against hospital expenses. About 89 million people will have surgical expense protection and 50 million will have regular medical expense protection." This means that nearly two out of every three men, women, and children in the United States are now protected by VOLUNTARY HEALTH INSURANCE. Of the aggregate benefit payments in 1954 by all forms of voluntary health insurance 56% of the total came from insurance companies and Blue Cross and Blue Shield contributed about 39% of that total. Persons interested in catastrophic coverage have increased 89% in the past year.

These figures indicate a rapid acceptance on the part of the public of the voluntary insurance program. The statistics emphasize the increasing responsibility of organized medicine in giving service to the persons so covered. Over utilization becomes a point in question if we are to prevent governmental medicine. I believe as individual physicians we must be willing to discourage unnecessary usage and educate our own members against abuses to prevent premiums rising to a level that will price voluntary insurance out of the market. Industry and labor are willing to go along with the voluntary plans so long as we can eliminate the few who by their acts jeopardize the plan as a whole.

Blue Cross and Blue Shield are the only companies in the health insurance field which can possibly offer a pay-all type of contract, since we alone can commit our services to patients on that basis. If we make our average fees known and have prior discussion of any exception with our patients we will prevent many of the criticisms directed toward us as a profession. By virtue of our close association with Blue Cross and Blue Shield, as their sponsoring bodies, we have assumed a responsibility whether we like it or not. This obligation must not be cast aside lightly for fear we will be a party to the dissolution of the voluntary prepay health insurance program. I am convinced the consumer of our skills has a right to know the price he will have to pay. Insurance coverage in no way nullifies the right of a doctor to charge what he deems his service is worth. Labor, however, would like to know just what that price will be, and is in no way reluctant to meet the premium, provided they can budget their costs.

Comprehensive coverage in its true sense, as demanded by many groups, should be viewed with considerable concern. The very definition of comprehensive means total coverage. This in itself puts it in the realm of governmental insurance because no company operating in the field of individual enterprise can offer this type of coverage without pricing itself out of the market for those it would protect best. When the total premium is paid by management such costs are added to the product sold resulting in a vicious, inflationary spiral that is comparable to government control. Consultation by medicine with labor and management regarding the so-called health benefits is absolutely essential if we are to prevent the establishment of a situation that will lead to the demise of free enterprise in the practice of medicine.

W. L. Bortens M.D.

The Woman's Auxiliary

REPORTS TO I. S. M. A.

Greetings:

When we attend a national convention of the A.M.A. we are very proud to report the accomplishments of the Woman's Auxiliary to the Indiana State Medical Association. This year Indiana's Auxiliary won first place in the nation in per capita giving to the American Medical Education Foundation.

Under the enthusiastic leadership of Helen Fargher, state A.M.E.F. committee chairman, and Ethel Gastineau, national chairman, Indiana won three county prizes in addition to the state prize. As the A.M.A. awarded Mrs. Gastineau a special medal of merit for her accomplishment, the whole assembly cheered.

At the board meeting the A.M.E.F. committee was made a standing committee. The A.M.E.F. project, as you know, is one of the two permanent requests the A.M.A. has made of us; the other, to put your magazine, "Today's Health" in the black. We are near that goal, and when a sufficient number of subscribers is gained, A.M.A. will no longer have to subsidize the magazine. That money could then be used for another purpose—perhaps to help us achieve 100% membership; then we can do a 100% job.

Doctors, please note—if your wife is not a member of the Auxiliary, be proud to enroll her. As you have pride in your profession, your wife has pride in being your public relations representative in your community. Some states reach 100% membership in their Auxiliaries because their dues are included in the M.D.'s dues. How many of you doctors can afford another two dollars and thus include your wife in this close federation of helpers?

These are the goals of the Woman's Auxiliary to the Indiana State Medical Association. Don't you agree we should all belong 100%?

NEW FRIENDSHIPS—We invite YOU to join with other physician's families as we work and play together. At our meetings you will find: Congenial companions, excellent entertainment, and worthwhile work.

SERVICE TO THE MEDICAL PROFESSION—We assist the medical society when requested to do so. It may be with: Health legislation, medical benevolence, A.M.E.F., or special local projects.

NEW HORIZONS IN COMMUNITY SERVICE—We work together to improve community health by self-education through informed speakers, study groups, and special literature.

Community health . . . we encourage use of free health films, Today's Health, sponsor health fairs and forums, radio and TV programs.

We participate in: Community projects, sponsor nurse recruitment and scholarships, and assist local health agencies.

Membership is open to doctor's wife or widow, unmarried daughters, sister and mother.

Helen W. Mather
Mrs. J. Winford Mather, President

General Practitioner — 1955

FRANK H. GREEN, M.D.

Rushville

IT HAS BEEN SAID that in the last 20 years there have been so many changes and so many new theories in the treatment of the ill patient that a man who had not attempted to keep up with these would be completely lost in the new concepts of therapy we have today. We know, too, that the broader the base, the higher the summit that can be reached in the care of the sick patient.

General practitioners, down through the centuries, have broadened their knowledge from the time of graduation from medical school to the close of their careers by reading, by postgraduate courses where available, and by association with their fellow physicians. This they have done to be able to meet all of their patients' problems; and to handle them in a manner both professional and in the best interests of the patient.

To aid in this continuing plan of education the Academy of General Practice has a program which is designed to bring the latest information to general practitioners on any problem which may present itself in medical or surgical practice. This is a noble effort in theory and practice. To retain membership, general practitioners must avail themselves of this postgraduate education. We believe the only way general practitioners can maintain the high standard of medical practice that is required by a public which is very discriminating is to keep up with the progress of medicine.

General practitioners in 1955 have the advantage of quick communication of all media. They can reach a county medical society meeting, or an Academy Road Show, to hear an authority speak, in a matter of just minutes. If they are prevented from attending in person, they may have a wire or tape recording of that same speech to listen to in their own offices. They can hold telephone consultation, a conference hookup if necessary, which may mean the saving of a life; they can get to their state university medical center for meetings of national importance in a few hours. From the printed information in their medical journals they learn today of medical history which was made only yesterday. They need only, in the words of Solomon, "Observe the opportunity."

As chairman of the General Practice Section of the Indiana State Medical Association, and as president of the Indiana Academy of General Practice, I want to express my personal appreciation for the opportunity given the general practitioners of Indiana to contribute to the August issue of THE JOURNAL of the Indiana State Medical Association—an issue dedicated to the family physicians.

In his early sixties with—as it turned out—more than 20 years of productive work still ahead of him, Thomas Alva Edison spent part of a day with a friend, reviewing earlier inventions. The list kept growing and growing, and some of his wonders which had been almost forgotten came back to mind. Thinking over the list and smiling at this chronology of past life and work, he said to his friend, "Say, I have been mixed up in a whole lot of things, haven't I?"

Concerning "Metabolic Aspects of Atherosclerosis"

THOMAS B. NOBLE, M.D.

Indianapolis

ONLY ON RARE OCCASIONS do we have the privilege of assembling information from distant place and time into ordered force of our logic. In May, 1955, we had the opportunity of examining three older Hopi Indians in Indianapolis, and found reason to inspect the writing of Philip Kurtz in the June JOURNAL of the Indiana State Medical Association.

Kurtz points to the role played by muscle activity in carbohydrate metabolism and therefore in determining lipid distribution.

The Gilmans performed a masterpiece of research in Africa, finding the liver fatality due to faulty diet and the destructive and degenerative liver pathology resulting therefrom. The main food supply of the African natives affected was maize.

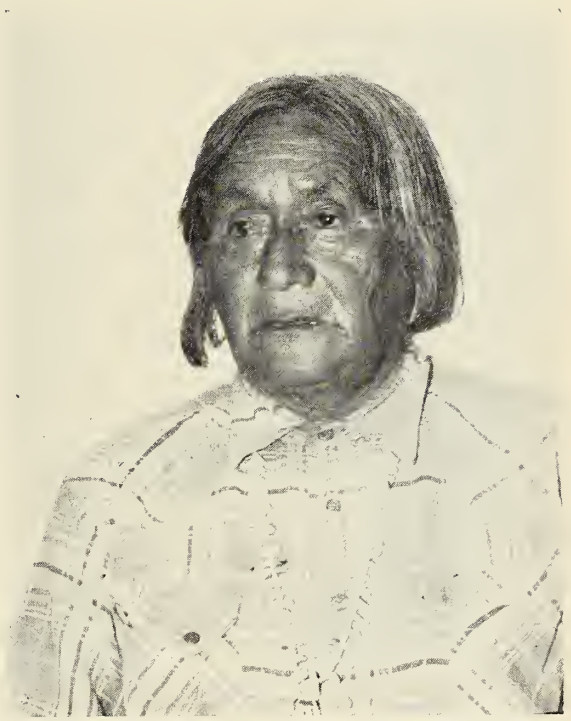
In Arizona, for centuries, the main source of food has been maize. The Hopi have planted it and depended upon it since the world began, if their teaching is correct.

Why then is it that the Africans are doomed to very early death because of their diet, and the Hopi are not?

The three Hopi were the appointed leaders of the villages. Their ages were 92, 86, and 76. The oldest was the active leader in determination of their plan of action.

They drove to Washington to ask the government to send a commission to Hopi land and to investigate at first hand the problem of land tenure. The commission has been so ordered. The Hopi request is for justice, judgment based on existing treaty, and for no special privilege or advantage.

The three men spoke at length here. There was chance to observe their mental acuity, and to run a casual sort of physical examination.



1—Mr. 92, after an all night ride from Washington in an automobile, and after all the meeting and speaking which consumed 6 hours.

Without notes, prompting, or interruption, each spoke for nearly 30 minutes. There was no stumbling for lost words. Their approach to their problem was without detour from their direct line of thinking. There was no irrelevant story, wandering from the point being made, and no vaguery. If any degree of senility existed, there was no slightest evidence.

The blood pressures ran uniformly 120/70. Pulse rate, after the prolonged speaking, re-



2—Mr. 76, planting his corn in his own sand plot.

mained at 70. The systolic pressure did not deviate from its peak in each case. The heart sounds were clear and normal for this area. The valve sound was sharp, without snap.

The optic discs showed no evidence of arterial sclerosis. There were no beads along any artery of an extremity. Pressures were equal in each extremity as is expected in normal variation.

Exercise caused little response, and there was quick return to normal.

Lungs were clear, and the diaphragmatic excursion was a good inch wider in range than we expect to find in normal Hoosiers.

As to stress; the Hopi is a man of peace. He has been set upon by unfriendly Indians and has had to leave his land for many years at a time. The Spaniard drove the Hopi into the remote desert. President Arthur established the Hopi Reservation as their land, but loose wording of the treaty has permitted other Indians to squat on Hopi land and reduce it to less than needed for their own slight increase of population.

The Hopi Way of life is the "Life Plan of Maasawe", their Great Spirit. The white man has exerted considerable pressure directly through "education", and through the very pressure of his modern civilization, against the continuance of the Hopi Way. There has been little time of peace for the Hopi. Stress has been greater than we might think, since we too easily call a proud stoicism "dullness".

There is a difference between Hopi corn and that of the Africans. Hopi plant *22* inches below the surface of the sand. A stick is used for each spot, and no machine is used. As the shoots come to the surface, only the center stalk is allowed to produce the grain. The others merely protect the stalk from sand blowing. Few weeds can grow on sand, so the hoe is used to prevent hardening of surface clay after rain.

African corn is grown from surface loam, and is planted an inch deep; as we plant in Indiana. It is a matter of common knowledge that grain growing from soil that is "primitive", therefore nearest to rock in structure, contains a different mineral value.

The Hopi Way of life has been different up to the present. Dan, 92, was known to have made the 100 mile trip from his village to Flagstaff in 2 days by a kind of dog trot. This was not unusual for Hopi men. Many of us remember in the days of the Olympics before World War I that the Hopi were considered among the most remarkable long distance runners.

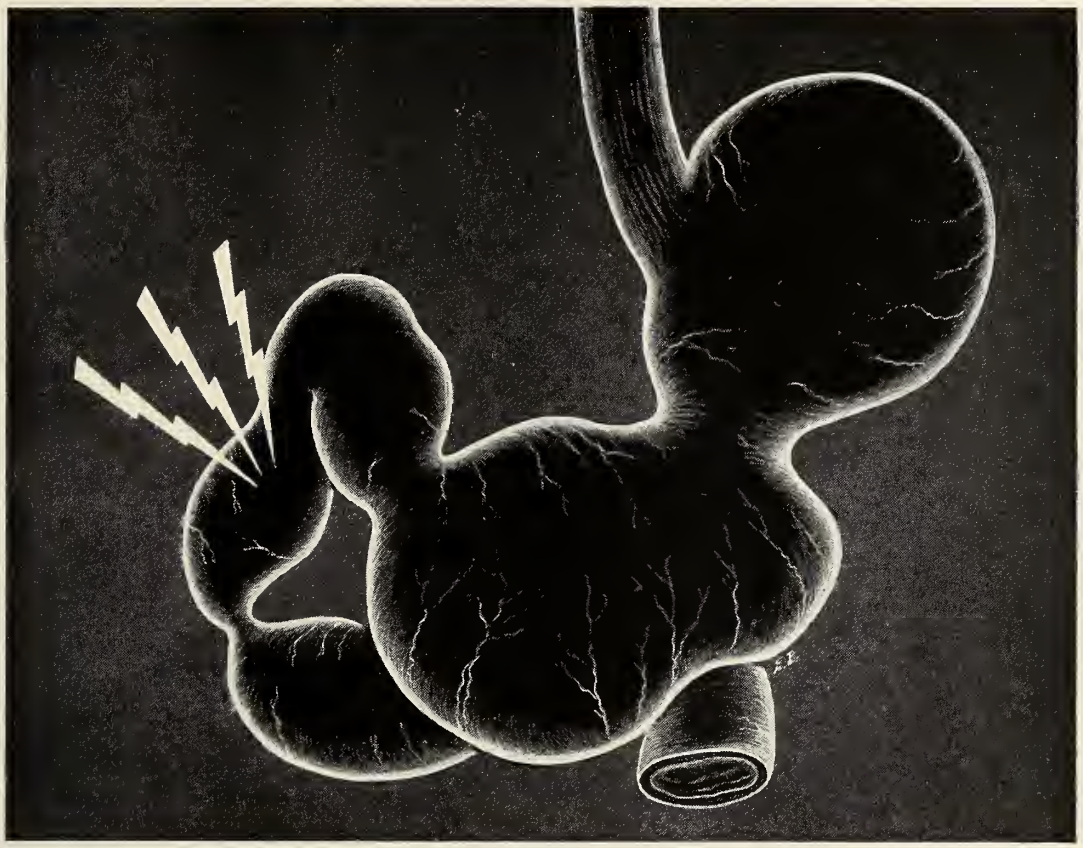
It is not uncommon today to see a young Hopi trotting a short distance of 10 miles to another village before breakfast; wearing big hat, shoes, levis, and jacket.

A corn field may fill many acres of a sand wash. One man, the user of the soil, plants, hoes, and harvests. In addition, he will glean the bean field of the white man who uses machinery to harvest his crop. I have seen a 60 pound sack of beans taken from the surface soil of a bean field in a day, using only the yucca basket as tool.

The Hopi is accustomed to hard work in the making of his living and in his willingness to travel on foot to where he wants to go. The horizon is no limit.

The importance of Kurtz's remarks, and the deep meaning contained in a few words are demonstrated by the brief study of the Hopi; and here may lie the answer to the African tragedy, and a thought for our own future.

PRO-BANTHĪNE FOR ANTICHOLINERGIC ACTION



Abnormal Motility as the Cause of Ulcer Pain

Until recently the general opinion was held that ulcer pain was primarily caused by the presence of hydrochloric acid on the surface of the ulcer.

Present investigations[1,2] on the relationship of acidity and muscular activity to ulcer pain have led to the following concept of its etiologic factor:

> "... abnormal motility[2] is the fundamental mechanism through which ulcer pain is produced. For the production and perception of ulcer pain there must be, one, a stimulus, HCl or others less well understood; two, an intact motor nerve supply to the stomach and duodenum; three, altered gastro-duodenal motility; and four, an intact sensory pathway to the cerebral cortex."

Pro-Banthīne® has been demonstrated consistently to reduce hypermotility of the stomach and intestinal tract and in most instances also to reduce gastric acidity. Dramatic remissions[1] in peptic ulcer have followed Pro-Banthine therapy. These remissions (or possible cures) were established not only on the basis of the disappearance of pain and increased subjective well-being but also on roentgenologic evidence.

Pro-Banthine Bromide (Beta-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) has other fields of usefulness, particularly in those in which vagotonia or parasympathotonia is present. These conditions include hypermotility of the large and small bowel, certain forms of pylorospasm, pancreatitis and ureteral and bladder spasm.

1. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: A Clinical Evaluation of a New Anticholinergic Drug, Pro-Banthine, Gastroenterology *25*:416 (Nov.) 1953.

2. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, Gastroenterology *23*:252 (Feb.) 1953.

SEARLE

Postgraduate Medical Education

FRANCIS L. LAND, M.D.*

Fort Wayne

IT IS NOW GENERALLY RECOGNIZED that the education of a physician and surgeon is clearly defined into three spheres; (1) *Undergraduate:* leading to an M.D. degree, (2) *Graduate:* consisting generally of programs on a full time basis for those possessing an M.D. degree, (3) *Postgraduate:* consisting of educational activities which are designed primarily to keep the doctor of medicine abreast of his own particular field of medicine.

The American Academy of General Practice is a pioneer in postgraduate medical education in that it, at its organization and continuously since, has required each member to complete 150 hours of acceptable postgraduate study every three years or be dropped from membership.

Fifty of these hours shall be designated as *formal* and shall exclusively include:

(a) Any postgraduate course given by an accredited medical school or recognized postgraduate medical school.

(b) Any course sponsored by the AAGP or by any of its constituent chapters or by a medical school administrator, approved by the regional advisor of the Commission on Education, and processed and disseminated by the AAGP or its constituent chapter.

(c) The Annual Scientific Assembly of the AAGP.

(d) The Annual Scientific Assembly of each state chapter providing it be approved in advance by the regional advisor for the Commission on Education.

(e) The publication of scientific papers which shall receive five hours credit if published in a state journal and fifteen hours credit if published in a national journal.

(f) Other courses of postgraduate training approved by the Commission on Education of the AAGP.

One hundred of these hours shall be designated as *informal* and shall include:

(a) The scientific meetings of the AMA.

(b) Local and state medical society scientific meetings.

(c) Hospital staff scientific conferences and clinical pathologic conferences.

(d) Postgraduate seminars and assemblies not otherwise covered.

The Indiana Academy of General Practice has established a system of "Road Shows" in order to provide formal postgraduate training in home communities. These programs consist of a two hour afternoon session, dinner, and a two hour evening session. Each of the two instructors present a one hour paper in the afternoon and a one hour paper on a different subject in the evening.

Although selection of instructors has not been completed for the coming year, the following tentative schedule of Road Shows has been established.

Location	Month
Elkhart	November
Terre Haute	January
Gary	October
Evansville	Not determined
Kokomo	February
New Albany	November
Seymour	February
Fort Wayne	December

Further announcements concerning these meetings will be made in the Hoosier News Letter and THE JOURNAL of the Indiana State Medical Association.

In addition to the Road Shows, which are given formal postgraduate training rating for members of the Indiana Academy of General Practice, all Indiana physicians may participate in training offered by the Indiana University Medical Center. Professional courses which will be available at the Medical Center are listed on page 918 in this issue of THE JOURNAL.

* Chairman of the Committee on Postgraduate Education of the IAGP.

Cooperating Medical Groups Disclose Nursing Home Regulations

PAUL G. ISKE, M.D.*

Indianapolis

THE LIAISON COMMITTEE of the Indiana State Medical Association and the Indiana Association of Licensed Nursing Homes have been meeting together and have some pertinent information with which all physicians should become acquainted.

We should like to point out that the Department of Public Welfare has made it mandatory for all licensed nursing homes and institutions for aged and chronically ill to keep record forms. An approved record must be kept on each patient in the home or institution.

The Department of Public Welfare has provided a sample form which will be provided upon request to each home. If the home has a form which they have been using and is adequate, this must be submitted to the department for approval. The form is not complicated and includes only the essential information which should be kept on each patient.

The attention of the physician to this ruling is necessary because he is essential to the keeping of this record. It should be pointed out that this is important from several viewpoints not the least important being the medico-legal aspect.

Following is a reproduction of the form. Blank lines to be filled in have been condensed to conserve space. The actual forms are printed on both sides of a full page.

State of Indiana
Department of Public Welfare

SDPW Form No. 1365
(1955)

PATIENT REGISTER AND ADMISSION RECORD

For Nursing Homes and Institutions for Aged or Chronically Ill

Name of Patient _____ Sex _____ Race _____
Last Address _____
Admission Date _____ Date of Birth _____ Marital Status _____
Previous Occupation or Profession _____ Social Security No. _____
Church Membership _____ Name of Pastor _____
Address _____ Telephone _____
Patient's Sponsor _____ Relationship _____
Address _____ Telephone _____
Is patient a recipient of old age or blind assistance? _____ What County? _____
Amount of weekly or monthly fee $ _____ Per _____
Names of relatives, close friends, etc.

Name	*Address*	*Telephone*	*Relationship*

* Chairman of the I.S.M.A. Liaison Committee with the Indiana Association of Licensed Nursing Homes.

Other information regarding patient:

MEDICAL HISTORY

Has patient ever had Typhoid Fever?_____Tuberculosis? _____

Mental Illness? _____Patient in Mental Hospital?_____ Diabetes?_____

Heart Trouble?_____(Give dates)_____

Name of Family Physician_____Address _____

Additional History:

ENTRANCE MEDICAL EXAMINATION

Patient's Name _____

Condition of Patient on date of admission:

Report of special examination: X-ray, Biopsy, Laboratory, Etc.:

Does patient have contagious disease in a communicable state?

Recommendations for routine medical care, nursing attention, diet, exercise etc.:

Additional Medical Comment:

Physician's Signature _____

Date _____Address _____Telephone _____

TO BE COMPLETED AT TIME OF DISCHARGE OR DEATH

Date and Time of Discharge_____Date and Time of Death_____

New Address_____Cause of Death_____

Reason for Leaving _____Released to_____

State of Indiana
Dept. of Public Welfare
SDPW Form No. 1366
(1955)

Patient's Name _____

PHYSICIAN'S OBSERVATIONS, PROGRESS NOTES AND ORDERS

Nursing Homes and Institutions for Aged or Chronically Ill

Date	

State of Indiana
Dept. of Public Welfare
SDPW Form No. 1367
(1955)

Patient's Name _____

NURSING NOTES

Nursing Homes and Institutions for Aged or Chronically Ill

Date and Time	Temperature	Pulse	Respiration	Running Notes	Nurses Initials

Endocrine Society's Postgraduate Assembly at I.U. Limited to 100

"ENDOCRINOLOGY AND METABOLISM" is the subject for the seventh annual Postgraduate Assembly of the Endocrine Society being held in Indianapolis, September 26 through October 1, with the cooperation of Indiana University School of Medicine.

Continuation study facilities of the I.U. Medical Center will be utilized for the sessions.

The faculty will consist of 21 eminent clinicians and investigators in the fields of endocrinology and metabolism. The program will cover the various endocrinopathies with emphasis on the clinical aspects, demonstration of laboratory tests, presentation of cases and question and answer panel discussions. The course is designed to cover the main aspects of diagnosis and therapy in this field for the physician in general practice and those in other specialties who wish a general knowledge in this rapidly growing field. A syllabus with brief abstracts of lectures will be available to registrants at the time of the assembly.

Registration is limited to 100; the tuition fee is $100.00. Applications will be processed in order of their receipt.

Full details may be obtained from the Postgraduate Office, Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis 7, Indiana.

In addition to the guest speakers listed on page 918 of this issue of THE JOURNAL, the following members of the faculty at the Medical Center will participate: Drs. Sprague H. Gardiner, Robert H. Garrett, Carl P. Huber, Glenn W. Irwin, Franklin B. Peck, Sr., Charles E. Test, and Don E. Wood, who is also serving as chairman of the committee on local arrangements.

Officers of ISMA General Practice Section

Selection of the committee which arranged for a major number of the scientific and special articles in this issue of THE JOURNAL, which is dedicated to the general practitioners of Indiana, was made by the officers of the Section on General Practice.

Pictured below, they are: Dr. Frank H. Green, Rushville, chairman; Dr. Keith Hammond, Paoli, secretary; and Dr. Russell J. Spivey, Indianapolis, vice-chairman.



Dr. Green



Dr. Hammond



Dr. Spivey

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Bonamine is also indicated for the control of nausea, vomiting and vertigo associated with labyrinthine and vestibular disturbances, Menière's syndrome and radiation therapy.

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Bonamine Chewing Tablets *25 mg.*



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Deaths . . .

Carlton H. Tomlinson, M.D., who had been a practicing physician in Cicero for 54 years, died June 20 in Riverview Hospital, Noblesville, where he had undergone surgery June 7. He had celebrated his eighty-sixth birthday in the hospital.

Doctor Tomlinson was a native of Hamilton county. He was an 1895 graduate of the Medical College of Indiana. He established his practice in Cicero that year and continued in active practice until 1949. He had served as county health officer for more than 25 years and had been active in many civic affairs.

Doctor Tomlinson was a member of the Fifty Year Club of Indiana State Medical Association, an associate member of American Medical Association, and a member for many years of Hamilton County Medical Society. He had served as a delegate to I.S.M.A.

George H. Dando, M.D., 87, died June 28 in his Hartford City home where he had been seriously ill for several weeks. He had been in failing health since February 2 when he was hospitalized for surgery.

Doctor Dando had practiced in Hartford City for 30 years. Previously he had been at Orland and Montpelier. A native of Cleveland, he was a graduate of the University of Illinois College of Medicine in 1905.

A staunch supporter of organized medicine, Doctor Dando had been a member of Delaware-Blackford County Medical Society throughout his career. At the May meeting of the society he had received his Certificate of Distinction and Fifty Year Club pin from Indiana State Medical Association. He was also a member of American Medical Association and was affiliated with several Masonic bodies. He was a 50 year member of the Scottish Rite.

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APPROVED BY: American College of Surgeans, Cauncil of Haspitals.

LICENSED BY State of Ohia.

D. A. JOHNSTON, M.D...*Medical Director*
W. N. WRIGHT, M.D. *Resident Psychiatrist*
HENRY GRUENER, M.D. *Resident Physician*
ELLIOTT OTTE.....*Business Administrator*

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New Phone No. Kirby 1-0135

Write for descriptive booklet
THE CINCINNATI SANITARIUM
5642 Hamilton Avenue Cincinnati 24, Ohio
Telephones: Kirby 0135, Kirby 0136

Franklin T. DuBois, M.D., retired Union county physician, died July 2 in his home in Liberty following a long illness. He was 85.

Doctor DuBois was a native of Union county and taught school for several years before entering New York University College of Medicine where he received his degree in 1899.

During the Spanish-American war he served as a captain in the army for three years. He was stationed in the Philippines as a surgeon. In 1904 he went to Liberty and began practice in association with Dr. James E. Morris. He had served as Union county coroner and health officer.

Doctor DuBois was a member of Wayne-Union County Medical Society, was a Fifty Year Club member of Indiana State Medical Association and an associate member of American Medical Association. He was also a 50-year member of Masonic lodge.

John Wesley Norrel, M.D., a practicing physician in Indianapolis since 1904, died June 17 in his home. He was 80.

Doctor Norrel was born in Frankfort, Kentucky. He was graduated in 1898 from Western Reserve University School of Medicine in Cleveland. He practiced in Elizabethtown, Kentucky, and in Muncie before establishing his practice in Indianapolis. He was a 50 year member of the National Medical Association and a 50 year member of his church.

In 1948, the Indiana State Medical Association awarded him a Certificate of Distinction when he completed 50 years as a practicing physician.



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Medical Director

Roy Kinzer
Manager

NEWS NOTES—from State and Nation

Dr. Edward V. Schaffer, who recently completed a year's residency at I.U. Medical Center, became associated with Dr. J. Neill Garber in the practice of orthopedic surgery on July 1. Their offices are at 806 Hume Mansur Building, Indianapolis. Dr. Schaffer was graduated in 1948 from New York College of Medicine, served internship and residency at New York City Hospital in 1949 and 1950 and then served two years in the air force. On his return from service he was in residency for six months at St. Vincent's, Indianapolis, spent 18 months at the VA Hospital and the last year at the Medical Center. He is married and lives at 6168 Compton Road.

Dr. Charles R. Alvey has returned from service with the U.S. Air Force and opened his office for the general practice of medicine at 307 Western Reserve Building, Muncie.

Dr. Wei-Ping Loh, who has been with the Department of Pathology, Indianapolis General Hospital, left June 28 for Quincy, Massachusetts, where he began a year's residency July 1 at Quincy City Hospital. He plans to return to Indianapolis.

Dr. Leroy E. Burney, former secretary of the Indiana State Board of Health and state health commissioner, is listed by the American Public Health Association as a member of the national committee which recently completed two years research on the role of nutrition in modern public health practice. Their findings have been compiled in a publication, "Nutrition Practices: A Guide for Public Health Administrators" which may be obtained for $1 per single copy from the American Public Health Association, 1790 Broadway, New York 19, N. Y.

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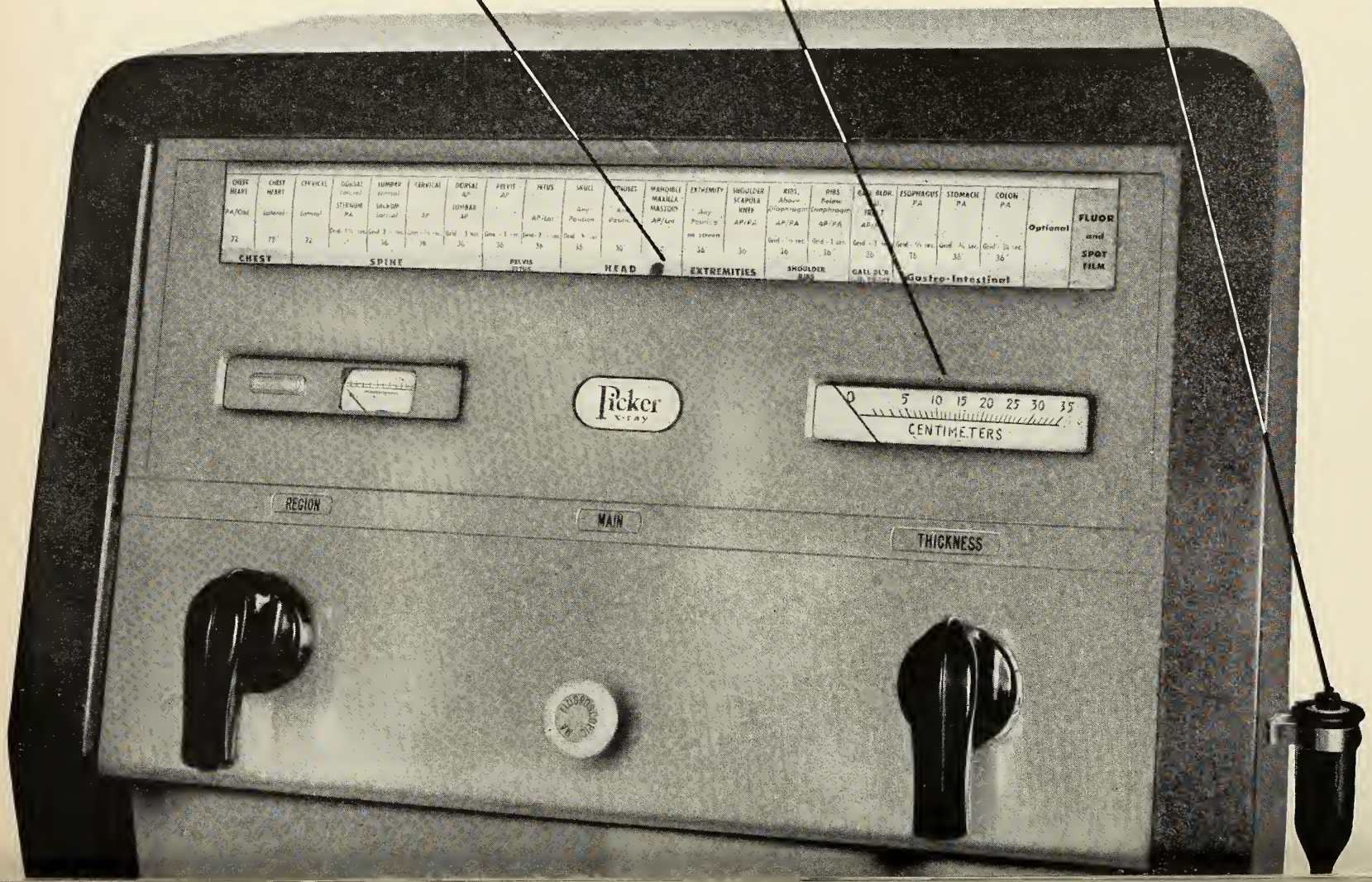
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of sodium retention
and potassium depletion

*T.M.

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you can't help getting a "good picture every time"
when you 1 dial-the-part, 2 set the thickness, 3 take it!



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EVANSVILLE, IND., 3108 Sheridan Road
COATESVILLE, IND., Box 126
LOUISVILLE 2, KY., 1191 East Broadway

Dr. John M. Nohl has opened an office for the practice of general medicine and surgery at 975 North Emerson Avenue, Indianapolis. His office is in the area where he has always made his home. Dr. Nohl received his degree in medicine from Indiana University School of Medicine in 1954 and during the last year has served his internship at St. Vincent's Hospital, Indianapolis. He served with the army for three years. Dr. Nohl lives at 912 North LaSalle Street.

The Norbury Sanatorium

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Dr. Charles A. Yale has purchased the offices of Dr. Dale King at Fairmount and is now practicing general medicine there. He recently completed two years active service with the U. S. Public Health Service. He has been stationed at El Reno, Oklahoma on the medical staff of the U. S. Reformatory. Previously he had been in private practice in Winamac where he also served as Pulaski county coroner. Dr. Yale, a former resident of Fairmount, received his medical degree in 1949 from I. U. School of Medicine and interned at Indianapolis General Hospital. Mrs. Yale is a graduate nurse. Dr. and Mrs. Yale and their two daughters will move into their new home at 504 North Main Street, Fairmount, later in the summer.

Dr. Leon T. Bogmenko, a graduate of the Imperial University of Saratov, Russia, in 1916 and a resident of the United States since 1922, has been named medical and clinical director of the Wabash Valley Sanitarium at Lafayette. Dr. Bogmenko served internship and residencies in dermatology and syphilology and psychiatry in American hospitals. He was at Cook County Hospital, Chicago, for several years. Later he was in service with the U. S. War Department and the Veterans Administration. He served as a health officer with the army of occupation in Japan. Dr. Bogmenko has been in psychiatric practice in New Mexico and in Washington. He is licensed to practice in Illinois, Indiana, New Mexico and New York and is a member of the American Psychiatric Association. Dr. and Mrs. Bogmenko will live on the hospital grounds.

CLEARVIEW Telephone 5-6181

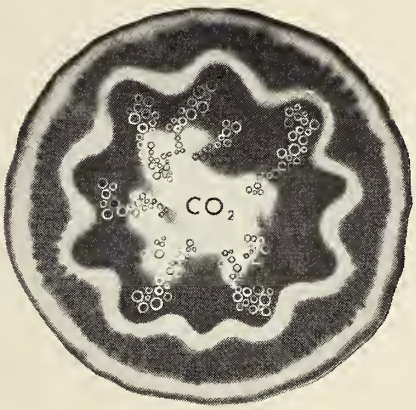
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represents a new, effective and acceptable way to treat constipation. Through the release of carbon dioxide in the rectum, Pharmalax suppositories stimulate the normal defecation reflex mechanism in a physiological way.

better than an oral laxative . . .

because it induces defecation within about 30 minutes, without causing systemic effects, interrupting normal digestive processes or leading to habituation.

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Wangensteen and Snapper to Direct Gastroenterology Course

The American College of Gastroenterology has announced that its annual course in Postgraduate Gastroenterology will be given at the Shoreland in Chicago on October 27, 28 and 29, 1955.

Co-chairmen directing the course will be Dr. Owen H. Wangensteen, professor of surgery at the University of Minnesota Medical School, who will serve as surgical coordinator, and Dr. I. Snapper, director of medical education, Beth-el Hospital, Brooklyn, New York, who will serve as medical coordinator. A distinguished faculty will assist them.

For information and enrollment write to the American College of Gastroenterology, Department P.G., 33 West 60th Street, New York 23, New York.

Dr. James Carlin, who has been a resident at Norways Foundation Hospital, Indianapolis, left June 15 for the New Jersey State Hospital, at Hammonton, New Jersey, for further psychiatric training.

Dr. Carmen Sosa, who has been a staff member of St. Francis Hospital, Hamtramck, Michigan, is now practicing at the U. S. Naval Ammunition Depot and at Crane Village. He will have an office in the Depot Infirmary and also have evening office hours at the doctor's office in Crane Village. Dr. Sosa is a native of Havana, Cuba, and a graduate of the University of Havana Medical School. After coming to the United States he interned and served a residency at Lima Memorial Hospital, Lima, Ohio. He is married and has a small daughter. The family will occupy quarters on the depot.

Dr. Charles E. Hendrix, native of Petersburg, is now associated with Dr. Ralph O. Smith in the practice of internal medicine in Vincennes. Dr. Hendrix received his medical degree from Washington University School of Medicine, St. Louis, and served both internship and residency at Indiana University Medical Center. Dr. and Mrs. Hendrix and their two children are living at 1202 East Sycamore Street in Vincennes.

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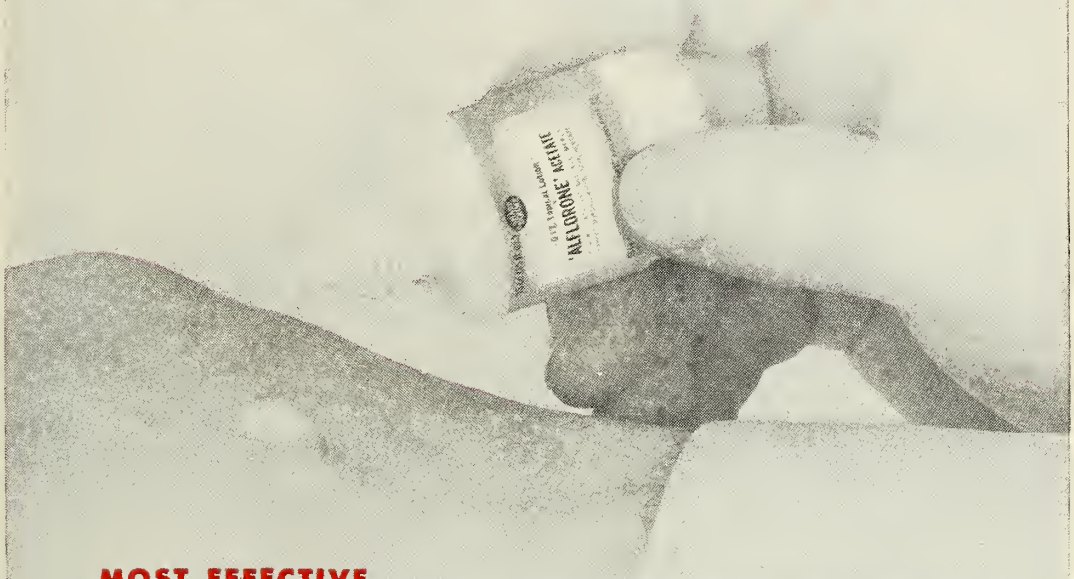
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Norways Foundation Has New Clinical Director

Dr. William H. Wood, a native of Evansville and formerly in private practice there, has been appointed clinical director of Norways Foundation Hospital, Indianapolis. He assumed his duties there July 1.

Dr. Wood is a 1937 graduate of Indiana University School of Medicine and served his internship at Protestant Deaconess Hospital, Evansville. He served with the Army in World War II. In 1950, Dr. Wood accepted a Fellowship at the Menninger School of Psychiatry and received residency training in facilities of the Menninger Foundation. Since 1952 he has been a member of the faculty of the Menninger School and has participated in the program of the Topeka Institute for Psychoanalysts. Dr. Wood is a member of Kansas State and American Psychiatric Associations and of the American Medical Association. He is married and has one daughter.



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L. A. BUTTERFIELD, Hospital Administrator

T. J. SMITH, M.D., Associate

After 20 years in practice in Goshen, **Dr. Malcolm E. Miller,** is leaving that city for Fort Lauderdale, Florida, where he is establishing his residence and practice. Mrs. Miller has been in ill health and has spent a number of winters there. They purchased a home there some time ago and Dr. Miller has an office building under construction. Dr. Miller has specialized in eye, ear, nose and throat since 1939. During World War II he was head of the U. S. Marine Hospital in Brooklyn for three years.

His practice and office at 112 East Madison street in Goshen were taken over August 1 by **Dr. Thomas J. Quilty,** also an eye, ear, nose and throat specialist. Dr. Quilty, has been in practice in Danville, Illinois, for 14 months. He is a 1945 graduate of the University of Illinois, served his internship at Cook County Hospital in Chicago from 1945 to 1946 and then served as a captain in the Army Medical Corps from 1946 to 1948. He has since taken postgraduate work and completed his residency in January, 1952. The new Goshen physician is married and has four children.

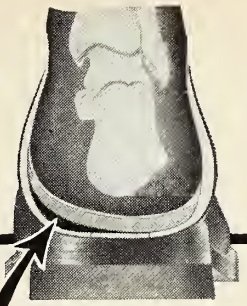
"Medical Horizons", New TV Program, Starts September 12

A new half-hour television series, "Medical Horizons", sponsored by Ciba Pharmaceutical Products, Inc., of Summit, New Jersey, in cooperation with the American Medical Association, will be premiered on Monday evening, September 12, at 9:30 New York time. Announcement was made by T. F. Davies Haines, president of Ciba, who also said Dr. William T. Strauss of the company will supervise the series.

The documentary series will promote the American way of medical life by presenting specific accomplishments in the field of medicine brought about by the teamwork of modern medical research, education and practice, the sponsors say, and will emanate via live remove telecasts from medical institutions and research centers throughout the country.

The program will be presented on a network of 45 ABC-TV affiliated stations for a minimum of 26 weeks. Only Indiana station listed is WISH-TV, Indianapolis. Ten other midwestern stations will carry the program.

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Dr. R. M. Rice to Direct Medical Research at Lilly's



Several changes in the executive personnel at Eli Lilly and Company were announced recently.

Raymond M. Rice, M.D., has been named executive director of medical research. He has been associate director of research since 1951 and prior to that was director of the medical division. Dr. Rice, a native of Nebraska and graduate of the University of Nebraska College of Medicine was a practicing physician for a number of years before joining the Lilly company in 1936.

Others covered in the announcement were Thomas P. Carney, Ph.D., who was elevated from directorship of the organic chemical division to vice-president in charge of research, development and control; Reuben G. Jones, Ph.D., from head of general organic chemistry to director of the organic chemical division; A. H. Fiske, vice-president and member of the executive committee, who relinquished his responsibilities in the development and control division to devote full time to the study of special projects as an assistant to the president; and J. A. Leighty, Ph.D., who became executive director of chemical, biological and pharmacological research after filling several positions in the research department since 1936.

Effective July 1, **Dr. Ralph E. Schenck** became associated with Dr. James S. Fitzpatrick in the practice of medicine and surgery in Portland. Dr. Schenck is a native of Stratford, Ontario, Canada. He was a fighter pilot with the Royal Canadian Air Force during World War II. He received his degree in medicine from the University of Western Ontario Faculty of Medicine in 1950 followed by a year's internship at Gary Methodist Hospital. For the last four years he has been a resident in surgery at Methodist Hospital, Indianapolis. Dr. Schenck is married and has two children. The family is living at 522 West Race Street, Portland.

Dr. John O. Alden, former resident of Boston, is now associated with the Inlow Clinic at Shelbyville in the practice of general surgery. He is a diplomate of the American Board of Surgery. Dr. Alden was graduated from Tufts College Medical School in 1947 and interned at Boston City Hospital the following year. He then became resident surgeon at the hospital for the next three years and from 1951 to 1954 was chief of surgery at Randolph Air Force Base, Texas. Dr. and Mrs. Alden are residing at 112 West Mechanic Street, Shelbyville.



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Dr. Kingdon Brady, a native of the state of Washington who recently completed his internship at Indianapolis General Hospital, has opened offices for the practice of general medicine in DeMotte. The community has been without a physician for some time and plans are under way to build a modern medical clinic. A fund drive for this purpose is now in progress. In the interim, the owners of a building planned to house a drug store and dentists offices offered the use of the dentist's quarters to Dr. Brady. Dr. Brady was in military service for three years. He is a graduate of University of Cincinnati School of Medicine. Dr. and Mrs. Brady and their daughter have moved into the Cheever apartments in DeMotte.

The offices of Dr. Frank A. Beardsley, Frankfort physician who died May 10, have been reopened by his son, **Dr. Frank A. Beardsley, Jr.,** who recently completed his internship at Methodist Hospital, Indianapolis. Dr. Beardsley is a graduate of Indiana University School of Medicine, and a brother of Dr. John F. Beardsley, also a practicing physician in Frankfort.

Moore Heart Clinic Plans Electrocardiography Course

The staff of the Robert M. Moore Heart Clinic of Indianapolis General Hospital will give a course in electrocardiography, beginning the first Thursday in October. The course will be open to all physicians in Indiana. Lectures, to be held in the Lilly Auditorium at General Hospital, will begin at 7:30 p.m. and be concluded at 9 o'clock. The course will cover all phases of electrocardiography.

Further information regarding the course may be obtained by writing to the Robert M. Moore Heart Clinic, Indianapolis General Hospital, Indianapolis 7.

Drs. James S. Robertson and **James D. Kubley,** Plymouth, have moved into a new 15 room office building at 304 North Walnut. They formerly had offices at 223 West Washington Street. Both physicians are graduates of I. U. School of Medicine. They established their practice together in Plymouth in 1948.



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Occupational Skin Problems Subject of Course

The Institute of Industrial Health of the University of Cincinnati will present a course of instruction in Occupational Skin Problems during the week of October 10-14. Under the three-way sponsorship of the Department of Preventive Medicine and Industrial Health, University of Cincinnati, the Occupational Health Program of the U. S. Public Health Service, and the Department of Dermatology and Syphilology of the University of Cincinnati, the course will give physicians a greater understanding of cutaneous problems of occupational origin.

Physicians interested in attending the course should write for an application to Secretary, Institute of Industrial Health, Kettering Laboratory, Eden and Bethesda Avenues, Cincinnati 19, Ohio. Attendance will be limited.

Dr. Max N. Hoffman, who recently completed his internship at Springfield, Ohio, City Hospital, opened an office in Covington July 5 where he will practice general medicine. A former resident of Cory, Dr. Hoffman was graduated in 1954 from Indiana University School of Medicine. Dr. and Mrs. Hoffman and their infant daughter were to move into their new home on Park Avenue August 1.

Edinburg has a resident physician after being without such services for about a year. **Dr. Lloyd L. Gammell,** who received his medical degree from Indiana University School of Medicine in 1954, has established offices in the Runshe Building on South Holland street and is residing with Mrs. Gammell and their two young sons in the Meadow Village addition. Dr. Gammell, a veteran, interned at Springfield City Hospital last year.

Dr. John (Jack) Frazier has established offices in Kokomo with Dr. Stanley Mendelson and Dr. Philip Prather at 117 West Markland Avenue. Dr. Frazier is a native of Indianapolis. He has just completed his internship and residency at Indianapolis General Hospital after receiving his degree in 1953 from I. U. School of Medicine. He is married and plans to live in Kokomo.

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Dr. Lillian B. Mueller, who had been director of the department of anesthetics at Indianapolis General Hospital since 1940 resigned July 1 and has returned to private practice. She resides at 4026 Broadway, Indianapolis. Dr. Mueller is a graduate of Indiana University School of Medicine. She has been succeeded by her assistant, Dr. Robert Vore, who was graduated in 1948 from Indiana University School of Medicine and interned at the I. U. Medical Center.

Dr. William C. Heilman, Jr., has joined the staff of the New Castle Clinic where his father, Dr. William C. Heilman, has been in practice for several years. His association with the clinic was effective July 15. Dr. Heilman is a New Castle native and was graduated from I. U. School of Medicine in 1954. He has just completed his internship at I. U. Medical Center, Indianapolis. During World War II he served three years in the navy. He is married and has three daughters. Dr. Heilman has just purchased a home at 120 North 24th Street, New Castle.

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WOMEN and
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Workshop for Operating Room Nurses Scheduled at I.U.

Indiana's first Workshop for Operating Room Nurses will be held Sept. 6-19 at the Indiana University Medical Center with sessions for the staff nurse during the first week and a program for head nurses and supervisors during the second week.

Sponsored by the Indianapolis Association of Operating Room Nurses with the cooperation of the I.U. Medical Center, the Workshop is open to operating room nurses from all hospitals in the state.

The two programs will be conducted by Miss Francis Ginsburg, widely known consultant on operating room nursing and a staff member of the New England Center Hospital, Boston. She has presented similar workshops in more than 60 hospitals and medical centers in recent years.

During the first week topics will include aseptic technics in the operating room, such as scrubbing, draping, sterilization, and, safety problems. Second week discussions will review training, personnel and safety problems, student nurse experience, and other administrative activities.

Registration is in charge of Miss Laura Richter, I.U. Medical Center, 1100 West Michigan Street, Indianapolis 7.

Urological Association Offers Annual Award

The American Urological Association is offering an annual award of $1,000 total (first prize of $500, second prize $300, and third prize $200) for essays on the result of some clinical or laboratory research in urology. Competition is limited to urologists who have not been graduated more than 10 years, and to men in training to become urologists.

The first prize essay will appear on the program of the American Urological Association to be held in the Statler Hotel, Boston, Massachusetts, May 28-31, 1956.

Full particulars may be obtained from the Executive Secretary, William P. Didusch, 1120 North Charles Street, Baltimore, Maryland. Essays must be in his possession before December 1, 1955.

Alexandria Doctor Retires After 62 Years Service

Dr. Frank G. Keller, who began the practice of medicine in Alexandria on January 6, 1893, retired early in July and has left that community to divide his time between Grosse Pointe, Michigan, and Lexington, Kentucky, where his children live.

Dr. Keller was graduated in 1891 from the Medical College of Ohio at Cincinnati and went to Alexandria a year later. For the last 35 years he has made his home at 419 North Harrison Street in Alexandria. He had cared for thousands of the citizens of his community during his two-thirds of a century in practice.

All of the physicians in Alexandria joined a group of other friends of Dr. Keller at a farewell dinner July 1.

Dr. Walter R. Vaughn, who recently completed a three year residency in urology at the Indiana University Medical Center where he had previously served his internship, is now associated with Dr. Norbert M. Welch, 615 Dubois Street, Vincennes. He will specialize in urology and genito-urinary surgery. Dr. Vaughn is a native of Paducah, Kentucky, completed premedical work at Vanderbilt University, and received his degree in medicine from Washington University School of Medicine, St. Louis, in 1951. He is a veteran. He and Mrs. Vaughn and their two daughters live at 406 North Third Street, Vincennes.

Miss Margaret Corell has succeeded Harry A. Lehman as executive secretary of the Fort Wayne Medical Society. Her appointment was effective July 1.

Mr. Lehman has become executive secretary of the Jefferson County Medical Society in Louisville. He was in the Fort Wayne post for three years.

Miss Corell, a former resident of Fort Wayne, returns to that city from Detroit where she was executive secretary of the National Used Car Dealers Association. She was formerly employed by a Fort Wayne radio station and two loan corporations.

Her selection was made by the Board of Trustees of the Society. Offices are at 716 Medical Center Building, Fort Wayne.



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The *foundation* of the individualized formula for 3 generations

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

May 20, 1955

EXECUTIVE COMMITTEE

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D.; Kenneth L. Olson, M.D.; Roy V. Myers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Albert Stump and Robert Hollowell, attorneys; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Membership Report

Number of members May 20, 1955	3,867*
Number of members May 20, 1954	3,768
Gain over last year	99
Number of members December 31, 1954	3,904

* Includes 117 in military service (gratis)

111—$10.00 members (residents and interns)
260—senior members
60—members, dues remitted by Council
2—honorary members

Number who have paid AMA dues:

May, 1955 . . 3,279 May, 1954 . . 3,111 Gain . . 168

Statement of Receipts and Expenditures for April, 1955, for the Association was approved.

Headquarters Office

Mr. Amick and Mr. Bush reported on their activities during the past month, reporting on several of the discussions at the county societies regarding the Salk vaccine program. This item was further discussed by Dr. Olson and Dr. Portteus, Dr. Portteus explaining the plan of the state committee to limit inoculations when the vaccine became available to those in age groups from 5 to 9.

Annual Convention, French Lick, October 17, 18, 19, 1955

On motion of Drs. Clauser and Myers the presidents and secretaries of adjoining states are to be invited to attend the annual convention at French Lick.

Organization Matters

Inter-Professional Eye Care Committee. On motion of Drs. Myers and Kennedy, the sum of $50.00 was voted to the Committee on Inter-Professional Eye Care.

Letter from Dr. Seth Ellis regarding the establishment of a scholarship loan fund by the Indiana University Alumni Association was read for the information of the committee.

A report from Dr. Jene R. Bennett, Indiana representative on the North Central District Blood Bank Clearing House, was read, in which Dr. Bennett suggested that another person be named as the official Indiana representative. Dr. Olson is to discuss this with Dr. Bennett, who in turn is to contact the president for the appointment of such a representative.

Letter from the President's Committee on Employment of the Physically Handicapped was read and referred to the Committee on Industrial Health.

A letter from Dr. A. J. VanWinkle and a reply by one of the attorneys were read to the committee.

Letter from Dr. Marshall E. Stine, together with the reply, were read to the committee for information, as was a letter from Dr. L. W. Vore.

Mr. Stump presented some legal forms, which the committee asked the attorneys to study during the next period and report back at the next meeting.

A letter from the State Board of Health enclosing recommendations for the prevention of retrolental fibroplasia was approved on motion of Drs. Olson and Myers.

A proposal by the American United Life Insurance Company for a group insurance program was laid on the table by motion of Drs. Kennedy and Clauser.

Letter and insurance plan presented by the All American Casualty Company. The secretary was instructed to check the provisions of this type of insurance as established by a previous committee.

The Journal

Report on advertising was accepted by consent:

Total advertising, June, 1955	$3,241.33
Total advertising, June 1954	2,963.15
Gain	$ 278.18
Advertising, 1st 6 months, 1955	$18,174.04
Advertising, 1st 6 months, 1954	17,737.85
Gain	$ 436.19

Future Meetings

The proposed nine-state meeting on veterans' care, to be held in Indianapolis on September 27, was approved by consent.

There being no further business, the committee adjourned to meet again at 6:00 p.m., Friday, June 24, 1955, at the Student Union Building, Indiana University Medical Center, Indianapolis.

EXECUTIVE COMMITTEE

June 24, 1955

Roll call showed the followng present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; Kenneth L. Olson, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Robert Hollowell, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Membership Report

Number of members June 24, 1955	3,899*
Number of members June 24, 1954	3,802
Gain over last year	97
Number of members December 31, 1954	3,904

* Includes 118 in military service (gratis)
111—$10.00 members (residents and interns)
260—senior members
60—members, dues remitted by Council
2—honorary members

Number who have paid AMA dues:	
June, 1955	3,298
June, 1954	3,187
Gain, 1955	111

Headquarters Office

Mr. Amick and Mr. Bush reported on their activities during the past month, Mr. Amick telling of some of the problems envisioned by the societies in his district.

The committee instructed the field secretaries to attempt to procure copies of staff rules and by-laws in making their calls.

Upon motion of Drs. Olson and Portteus the secretary was given permission to purchase additional filing equipment from Shaw-Walker at a price of $186.00.

Legislative Matters

National

The secretary reported that the AMA had requested action from the state association in urging Congressmen either to discontinue the Doctor Draft or to adopt the Long amendment. The secretary reported that telegrams had been sent to all members of Congress as well as to councilors and county society legislative chairmen or presidents.

Statements of Receipts and Expenditures for April and May for THE JOURNAL were approved.

Annual Convention, French Lick, October 17, 18, 19, 1955

Awards. On motion of Drs. Portteus and Clauser permission was given the secretary to work out a promotion in which awards would be given as in the past and it was suggested that he attempt to spread the awards over more members and if possible to attempt to restrict the time which members could visit the exhibits for the purpose of being eligible to receive the awards.

Scientific program. By consent it was agreed that the scientific program should be carried in the September issue of THE JOURNAL and the October issue should carry the complete program as well as committee reports.

Delegates' Handbook. The format of the delegates' Handbook was approved by consent.

In discussing the program booklet, the secretary was instructed to try to put in a one-paragraph abstract of remarks to be made at the convention, along with the picture of the speaker.

On motion of Drs. Portteus and Olson the secretary was instructed to purchase liability insurance for the convention.

The scientific program and plans for the scientific exhibit were reviewed by the committee.

On motion of Drs. Olson and Portteus the committee approved the payment of expenses of the speaker for the joint meeting of the Section on Public Health and Preventive Medicine, Section on Medicine, and Section on General Practice, providing the speaker is Dr. Jonas Salk or General L. A. Scheele, with the understanding that this would not be a firm policy of the association.

Organization Matters

(1) The secretary presented a letter from Dr. Paul G. Iske, chairman of the Liaison Committee with Indiana Association of Licensed Nursing Homes, together with a questionnaire that he requested be sent to all physicians. The mailing of the questionnaire was approved.

(2) Upon motion of Drs. Portteus and Olson, Dr. Dan Talbott, chairman of the Committee on Veterans Affairs, is to be asked to sign the renewal contract with the Veterans Administration for the year beginning July 1, 1955.

New Business

On motion of Drs. Olson and Portteus the secretary was instructed to write a letter to Indiana University urging that they consider conferring an honorary degree on Dr. Dwight H. Murray at the 1956 commencement.

The Journal

Report on advertising was accepted by consent:

Total, July, 1955	$4,435.50
Total, July, 1954	3,747.60
Gain	$ 687.90

There being no further business, the committee adjourned to meet again at 6:30 p. m., Saturday, July 16, 1955, at the Student Union Building, Indiana University Medical Center, Indianapolis.

District Meeting Reports

FIFTH COUNCILOR DISTRICT

The Fifth District Medical Society's annual meeting was held in the Terre Haute Country Club June 8.

Speakers for the scientific program beginning at 3 p.m. were Dr. George T. Lukemeyer, instructor of medicine at Indiana University School of Medicine, who gave a paper on "Treatment of Acute Renal Failure"; Dr. Roy H. Behnke, assistant professor of medicine at the Medical Center, whose topic was "The Treatment of Acute Myocardial Infarction"; and Dr. Glenn W. Irwin, associate professor of medicine at I.U., who addressed the group on "The Present Status of Cortisone and the Related Steroids".

The subjects were well presented and a panel discussion followed the talks which were practical and clinical in content with a minimum of theory. Dr. Lukemeyer included the use of the artificial kidney, or dialyzer, in his remarks; Dr. Behnke concluded with an outline of how he would like to be treated himself for acute myocardial infarction; and Dr. Irwin brought his subject up to date in his consideration of prednisone.

At 5 p.m. a business meeting was held with Dr. Paul B. Casebeer, president of the Fifth District presiding. Dr. Casper Harstad, Rockville, was appointed secretary pro tem in the absence of Dr. O. L. Wood.

Dr. Hubert T. Goodman, Terre Haute, was unanimously elected to succeed himself as Fifth District representative on the Blue Shield Board of Directors. His new three year term will begin in March, 1956.

Dr. Goodman then announced that the Vigo County Medical Society at its regular meeting December 14, 1954 had instructed its delegates to the Indiana State Medical Association to place in nomination at the 1955 state convention to be held at French Lick, the name of M. C. Topping, M.D. for president-elect in 1955. He stated that Dr. Topping is 51 years of age, a highly respected orthopedic surgeon and well known throughout the state. He added that Dr. Topping had been very active in organized medicine, had served as president of Vigo County Medical Society, president of the Fifth District Medical Society, has been delegate to the State Association for many years, and is the present Councilor for the Fifth District. Dr. Goodman said all delegates from the district were asked to support Dr. Topping.

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PHOTOGRAPHS TAKEN AT SEVENTH DISTRICT MEDICAL MEETING—Guest speaker for the Seventh District meeting held in White Cross Guild Auditorium in Methodist Hospital, Indianapolis, was Dr. Allen O. Whipple, Princeton, New Jersey, who discussed "The Evolution of the Relations of Medicine and Surgery". He is pictured in top (left) photograph with Dr. Harris B. Shumacker, Jr., Indianapolis.

Second photograph shows, left to right, Drs. Lester D. Bibler, Indianapolis; Maurice G. Murphy, Morgantown, district president; J. M. McIntyre, Indianapolis; and William H. Norman, president of Indianapolis Medical Society.

A group of Indianapolis doctors enjoy coffee preceding the meeting. From left to right they are: Charles F. Gillespie, George N. Love, Samuel S. Caplin, C. W. Roller, and Charles W. Cure.







The following officers for the Fifth District were elected unanimously: Dr. Cleon M. Schauwecker, Putnam county, president; Dr. Jack R. Glosson, Clay county, vice-president; and Dr. James B. Johnson, Putnam county, secretary.

The 1956 meeting of the district is to be held in May at Greencastle.

Cocktails were enjoyed from 5:30 to 6:30 when dinner was served to the doctors and their wives. Eighty reservations were made.

Special guests were Dr. W. U. Kennedy, New Castle, president-elect of the Indiana State Medical Association, who gave a short address; and Robert J. Amick, I.S.M.A. field secretary, who was introduced.

The guest speaker was James R. Benham, editor of the Terre Haute Star, who gave an eye-witness account of "The A-Bomb Tests at Yucca Flats."

EIGHTH COUNCILOR DISTRICT

Dr. Roger R. Reed, Anderson surgeon, was elected president of the Eighth Medical District Society at the annual meeting held in the Portland Country Club on May 25. He succeeds Dr. James Fitzpatrick of Portland. Dr. Warren E. Fischer, Anderson, was named secretary, succeeding Dr. S. M. Hammond, Portland. Dr. E. H. M. Clauser, Muncie, was named Blue Shield representative for the district.

Members from Jay, Randolph, Blackford, Delaware and Madison counties attended the scientific and business meeting in the afternoon. Dr. Charles Scheifley of the Mayo Clinic, Rochester, Minnesota, was the principal speaker.

Eighty-two persons attended the buffet supper which concluded the program.

The 1956 district meeting will be held in Anderson.

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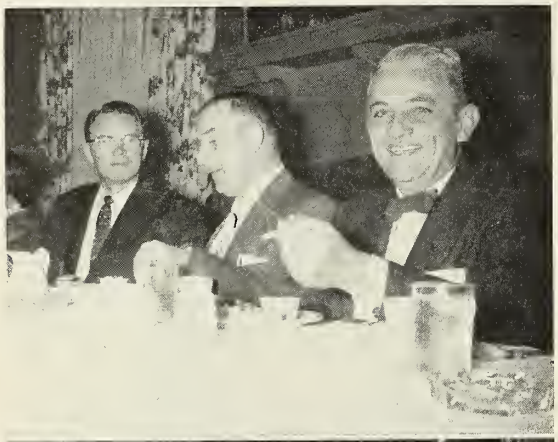


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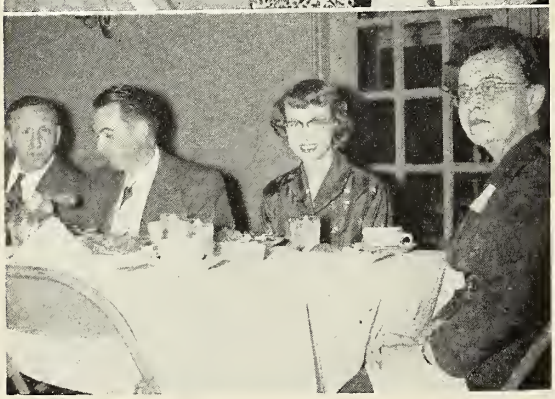
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Pictured, left to right, at the Eighth District Medical meeting in the Portland Country Club are: L. E. Converse, Blue Shield represesentative: Mrs. John Lansford and Dr. Lansford, Redkey; Dr. M. P. Benoit, secretary-treasurer, Madison County Medical Society; Dr. W. L. Baughn, Anderson; Dr. W. T. Douglas, Montpelier; and Dr. Phillip Ball, Muncie.







NINTH COUNCILOR DISTRICT

A morning of golf, and afternoon of scientific meetings, and an evening banquet was the program for the Ninth District Medical Society annual meeting June 1 in the Harrison Hills Country Club and the Mudlavia Springs Hotel near Attica. One hundred and three doctors and their wives attended.

Golf was provided for both physicians and Auxiliary members with a buffet luncheon following.

The scientific session opened at 2:30 with a welcome address by Dr. J. W. Crain, Williamsport, president of Fountain-Warren County Medical Society. Dr. E. C. Pierce, Attica, introduced the three guest speakers. Dr. B. L. Martz, Lilly Laboratory for Clinical Research, Indianapolis, discussed "The Role of Water and Electrolyte Balance in Commonly Encountered Clinical Problems"; Dr. J. A. Campbell, professor of radiology and director of radiology at Indiana University Medical Center Hospitals, spoke on "The Clinical Use of Radioactive Isotopes in General Practice"; and Dr. Harlan English, Danville, Illinois urologist, presented "Some Office Urology".

A special delegates meeting was held at 4 p.m.

The banquet was held at 6:30 at Mudlavia Springs Hotel, with Dr. W. U. Kennedy, president-elect of Indiana State Medical Association, speaking briefly. Principal speakers were Dr. Frank H. Green, Rushville, president of the Indiana Academy of General Practice, and Dr. J. D. Van Nuys, Dean of the School of Medicine at Indiana University.

Dr. Wemple Dodds, Crawfordsville, was reelected Councilor for a three year term, and Dr. R. R. Cal-

EIGHTH DISTRICT MEETING

Top photograph, at left, shows Dr. Charles H. Scheifley, Mayo Foundation, Rochester, Minnesota, the speaker; Dr. James S. Fitzpatrick, district president; and Dr. Guy A. Owsley, district councilor.

Center photograph shows Mrs. A. C. Badders, Portland; Mrs. W. P. Cannon, Elwood; Dr. W. U. Kennedy, New Castle, president-elect of I.S.M.A.; and Mrs. James S. Fitzpatrick, Portland.

Bottom: Dr. Walter F. Kammer, Muncie; Dr. Eugene M. Gillum, Portland, secretary of Jay County Medical Society; Mrs. Gillum; and Mrs. T. R. Hayes, Muncie.

vert, Lafayette, was named Blue Shield director for the district.

Officers for the district in 1956 will be the officers of Clinton County Medical Society. The 1956 district meeting will be held in Frankfort.

ELEVENTH COUNCILOR DISTRICT

The 95th semi-annual meeting of the Eleventh Councilor District Medical Society was held May 18 in the American Legion Home in Kokomo with Dr. Fred R. Malott, Converse, district president, presiding.

At the business meeting at 2 p.m. the Eleventh District Councilor, Dr. Elton R. Clarke, Kokomo, presented a report which covered the study being made on osteopathic schools and hospital staff memberships for osteopaths; praised the fine liaison work being done by Dr. Elmer Hess, president of AMA, and the American Legion, as well as that program on the state level; suggested a local liaison committee should be appointed to work with the local Welfare department heads on problems concerning need for services and just fees for the medical profession; and concluded by urging continued opposition to any attempts to pass federal legislation which would bring all physicians under the Social Security Act. He also urged support of the Bricker Amendment.

Kenneth Bush, ISMA field secretary, presented a report of State Association activities, and urged attendance at the state convention at French Lick in October.

Dr. Claude Black, Warren, stated that the Howard County Medical Society had endorsed Dr. Elton R. Clarke, Eleventh District Councilor, as a candidate for president-elect of the Indiana State Medical Association. A motion was made by Dr. Black that the District Society endorse Dr. Clarke and support him for president-elect. Representatives from each county in the district assured Dr. Black that full support would be given and the motion to endorse was carried.

Dr. Earl Bailey, Logansport, representing Cass County Medical Society, invited the district to hold the fall meeting in Logansport on September 21 and the invitation was accepted.

Four physicians from the Department of Medicine, Indiana University School of Medicine, presented the scientific program which followed the business meeting.

Dr. Irvin W. Wilkens, Indianapolis, associate professor of medicine, spoke on "Today's Management of the Diabetic Patient." He presented the historical background of diabetes and discussed, in a thorough and practical manner, the diagnosis and management of that disease. There was evidence of much interest in his discussion and many ques-

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At right, above, is a group photograph taken at the meeting of the Eleventh Councilor District in Kokomo. From left to right are Drs. Fred Malott, Converse, district president; Owen Johnson, Peru, district secretary; Walter U. Kennedy, New Castle, president-elect of Indiana State Medical Association; Elton R. Clarke, Kokomo, district councilor; and Paul W. Ferry, Kokomo, chairman of the arrangements committee for the meeting.

Views taken at the speakers table, top and bottom photographs, show Dr. George E. Davis, director of adult education at Purdue University, who spoke on "James Whitcomb Riley"; Dr. and Mrs. Richard W. Halfast, Kokomo; and Mrs. Owen Johnson, Peru; and below, Mrs. Elton R. Clarke, Kokomo; Dr. Clarke, and Dr. and Mrs. Fred Malott, Converse.

Second photograph is of Mrs. Claude S. Black and Dr. Black, Warren; and Mrs. R. G. Johnston and Dr. Johnston, Huntington.

Third picture from top shows, left to right, Dr. D. E. Lybrook and Mrs. Lybrook, Young America; Mrs. R. W. Lavengood and Dr. Lavengood, Marion.

tions were asked the speaker at the conclusion of the session.

After a short intermission a panel discussion in "Therapeutics and New Drugs" was presented by a group of doctors from the Department of Medicine at Indiana University School of Medicine.

Dr. Roy Behnke's talk was on "Miscellaneous Therapeutic Agents"; Dr. Hunter Soper spoke on "Anti-Hypertensive Agents"; and the third speaker, Dr. William Bond, on "New Drugs in Hematology".

The evening session was held in the Y.W.C.A. where the members' wives joined them for dinner and an after dinner talk on "James Whitcomb Riley" by Dr. George E. Davis, Director of Adult Education at Purdue University.

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SCHEDULE OF POSTGRADUATE COURSES, GUEST SPEAKERS, PROFESSIONAL EVENTS*

This is a corrected version of the first issue of a bulletin on professional meetings at the Medical Center. It is being issued in an attempt to keep the staff posted on coming events and to avoid, by sufficient advance publicity, conflicts in meetings or schedules of guest speakers.

It is planned as an announcement only, listing dates, speakers when known, and the individual who can supply additional information. Its value will obviously depend on getting information to us as soon as it is available. We plan to distribute at least once a month, and oftener if a large number of revisions come in in a short interval. Please send announcements to Mr. Charles Peake, Faculty Secretary, or call him at Ext. 585, MElrose 5-8441.

Date	Event-Speaker-Place	Sponsor
September 26 to October 1	Postgraduate Assembly in Endocrinology and Metabolism Guest lecturers— Willard M. Allen, Washington University Brown M. Dobyns, Western Reserve Ralph I. Dorfman, Boston University Frank L. Engle, Duke University Earl T. Engle, Columbia University Roberto F. Escamilla, University of California Robert B. Greenblatt, Medical College of Georgia Charles W. Lloyd, Syracuse University Karl E. Paschkis, Jefferson Medical School Rulon W. Rawson, Cornell University Edw. C. Reifenstein, Jr., E. R. Squibb Co. Edw. H. Rynearson, Mayo Clinic Henry H. Turner, University of Oklahoma Lawson Wilkins, Johns Hopkins	Dr. Mahoney Ext. 585
October 27	Indiana Speech and Hearing Therapists Association	Dr. Fuller Ext. 221
February 15	Heart Symposium (Fifth annual)	Dr. Kohlstaedt Me. 6-6331
27-29	Course in Electrocardiography	Dr. Close Ext. 571
March 19-31	Clinical and Anatomical Course in Otorhinolaryngology (41st annual)	Dr. Manion Ext. 585
27-28	Symposium on Malignancy (ninth annual) Neurogenic Carcinoma	Dr. Heimburger Ext. 564
May 21-22	Course in Clinical Cardiology	Dr. Behnke Ext. 571
23	Course in Lung Diseases and Pulmonary Function	Dr. Behnke Ext. 571

* The Journal will carry revised bulletins as issued by the School of Medicine as a service to ISMA members who may wish to attend courses and events at the I.U. Medical Center and as a reminder that *all meetings* should be publicized well in advance.


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The Journal

September 1955

of the INDIANA STATE MEDICAL ASSOCIATION

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All articles must be typewritten, double-spaced, with margins of one inch.

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Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

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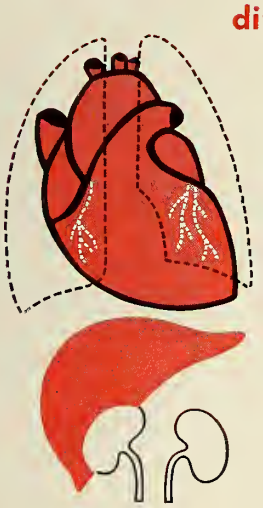
Communications dealing with editorial matters should be sent to Frank B. Ramsey, M.D., Editor, 201 Hume Mansur Building, Indianapolis 4, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1017 Hume Mansur Building, Indianapolis 4, Indiana.

Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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2	J. H. Crowder, Sullivan	Dec. 31, 1957
3	William H. Garner, New Albany	Dec. 31, 1955
4	Joseph E. Dudding, Hope	Dec. 31, 1956
5	M. C. Topping, Terre Haute	Dec. 31, 1957
6	Harry P. Ross, Richmond	Dec. 31, 1958
7	Lester D. Bibler, Indianapolis	Dec. 31, 1956
8	Guy Owsley, Hartford City	Dec. 31, 1957
9	Wemple Dodds, Crawfordsville	Dec. 31, 1955
10	J. P. Vye, Gary	Dec. 31, 1956
11	Elton R. Clarke, Kokomo	Dec. 31, 1957
12	Maurice E. Glock, Fort Wayne	Dec. 31, 1958
13	Kenneth L. Olson, South Bend (Chairman)	Dec. 31, 1956

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Terms expire December 31, 1956:

Delegates	Alternates
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E. S. Jones, M.D., Hammond	William C. Wright, M.D. Fort Wayne

Terms expire December 31, 1955:

Delegates	Alternates
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1954-55 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	Joseph C. Lawrence, M.D., Evansville	James Peck, M.D., Princeton	Princeton, Sept. 15, 1955
2.	Robert H. Rang, M.D., Washington	J. S. Brown, M.D., Carlisle	Washington, 1956
3.	B. E. Sugarman, M.D., French Lick	Eli Goodman, M.D., Charlestown	
4.	J. K. Jackson, M.D., Aurora	George A. Vail, M.D., Lawrenceburg	
5.	C. M. Schauwecker, M.D., Greencastle	James B. Johnson, M.D., Greencastle	Greencastle, May, 1956
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Maurice G. Murphy, M.D., Morgantown	T. V. Petranoff, M.D., Indianapolis	Indianapolis, Oct. 5, 1955
8.	Roger R. Reed, M.D., Anderson	Warren E. Fischer, M.D., Anderson	Anderson, 1956
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Frankfort, 1956
10.	W. G. Pippenger, M.D., Brook	Hugh J. Williams, M.D., Morocco	Whiting, October 12, 1955
11.	Fred Malott, M.D., Converse	Owen Johnson, M.D., Peru	Logansport, Sept. 21, 1955
12.	Jack L. Eisaman, M.D., Bluffton	A. N. Ferguson, Fort Wayne	
13.	Hugh A. Miller, M.D., Elkhart	O. E. Wilson, M.D., Elkhart	

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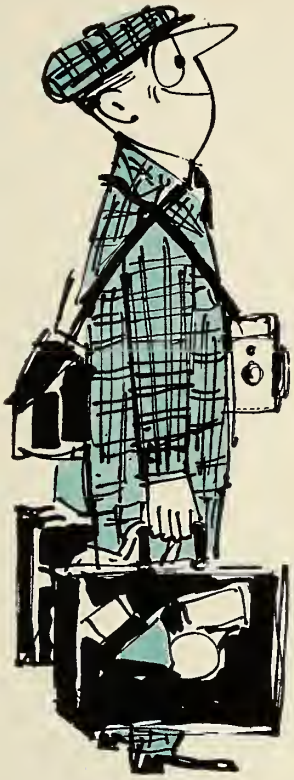
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—Although very little health legislation actually was enacted in the first session of the 84th Congress, a number of important bills made enough progress to insure they will get serious consideration when the second session starts next January.

Foremost is a bill to amend the social security act, and, among other things provide OASI payments for disabled workers after age 50. The present provision (enacted in 1954) protects a disabled worker's pension so it is not decreased because of his years of unemployment, but payments don't begin until he reaches 65.

The new plan, sponsored by Democratic members of the House Ways and Means Committee, was rolled through the House after closed committee hearings. But when it got to the Senate, Chairman Harry Byrd of the Finance Committee held it up, saying it was too important to be reported out without the complete hearings he plans for next session.

The American Medical Association is flatly opposed to cash disability insurance. One important reason is the Association's conviction that federal machinery necessary to regulate disability examinations inevitably would project the government into the medical care field. There are many other reasons, including the relationship between cash payments for disability and the patient's interest in rehabilitation. The issue of disability pensions will be settled next year in the Byrd Committee or on the Senate floor.

A bill for $90 million in grants for building and equipping non-federal research facilities passed the Senate, and is awaiting action in the House Interstate and Foreign Commerce Committee. Hearings have been held on a bill for U. S. grants to medical schools and on another (Jenkins-Keogh) to allow self-employed persons to defer income tax payments on part of their income put into annuities.

Other bills that will be ready for action in January include legislation to stimulate nursing education, improve the medical care of military dependents, authorize health insurance for government workers, authorize U. S. guarantee of mortgages on health facilities, and offer military medical scholarships. The administration's bill for reinsuring health insurance plans by now is a little shopworn, but it still might be pushed again next year.

President Eisenhower has made it known he wants Congress to get to work on health legislation early next session. His urging might not be needed. Next year is a presidential election year, and both parties will exert themselves to enact, and take credit for, new health programs that carry public appeal.

Despite the hundreds of hours of hearings in Senate and House, not a single important permanent medical program was set up by Congress in the last session. A national mental health survey, supported by the AMA, was enacted, but the administration's plan for mental health grants will be up for action next year.

Ignoring protests of physicians and dentists, Congress extended the doctor draft act for another two years, after first adopting two amendments. It exempted all men over 45, and all 35 or older who previously had been rejected for medical commissions for physical reasons alone.

For almost four months Congressional committees pondered what to do about Salk poliomyelitis vaccine. At first there were two main questions: 1. How much money should Congress spend to buy vaccine for free shots, and who should get them? 2. How far should the federal government move into the picture to insure equitable allocation?

One of the proposals—this even got through the Senate—was to offer unlimited money to the

states, which in turn could give free shots to any persons or group of persons under age 20. President Eisenhower's idea—which he urged on Congress several times—was simply to insure that no person in need of the vaccine would go without it for financial reasons. Eventually his view prevailed and the states now are drawing on a $30 million fund. This law expires next February 15.

As weeks passed, there was less and less enthusiasm for setting up a federal allocation system, which Secretary Hobby and Surgeon General Scheele repeatedly told Congress wasn't needed. Consequently, when the National Foundation announced it had all the vaccine it needed for its program, a voluntary allocation plan was put in effect. The plan has the support and cooperation of physicians, pharmacists, drug manufacturers, and the state health officers. The Department of Health, Education, and Welfare is the liaison between the pharmaceutical houses and the states, dividing the vaccine on the basis of the number of unvaccinated persons in the eligible age groups.

For Your Patients Only!

An attractive new leaflet earmarked "for patients only" will be distributed in September to members of the AMA. Entitled "To All My Patients," this 12-page pamphlet (for physicians to distribute to their patients) explains the roles of various persons on the medical team in providing good medical care. In addition, the booklet briefly discusses medical and hospital fees and health insurance. Designed primarily to promote better doctor-patient relationships, the booklet also provides space for the doctor's name, address and office hours to be inserted at the end. Quantities will be available on request from the AMA Public Relations Department.

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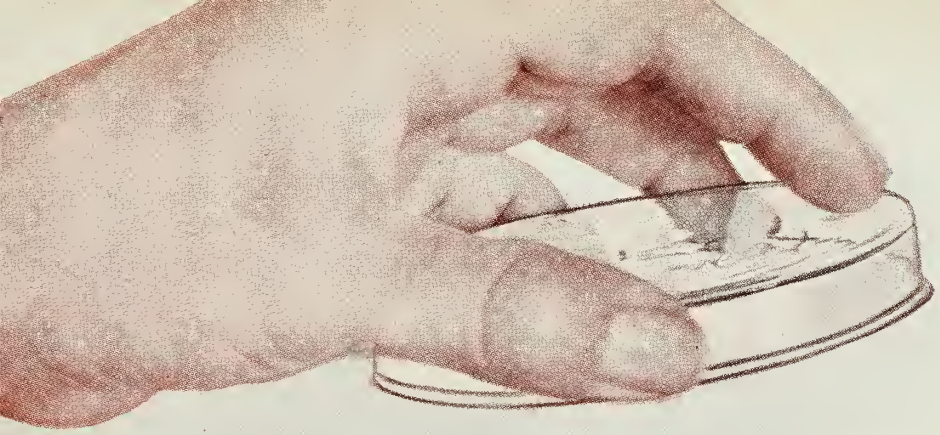
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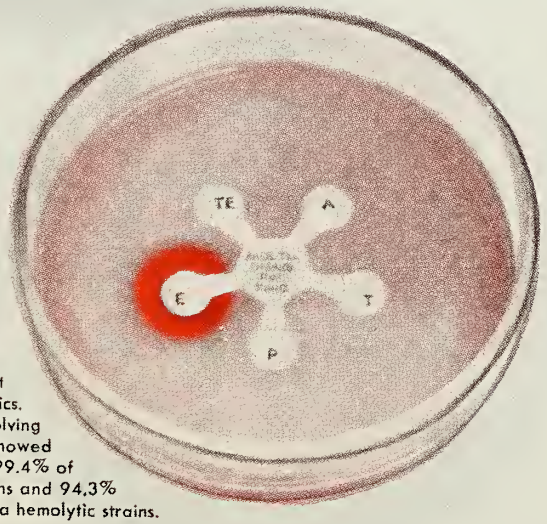
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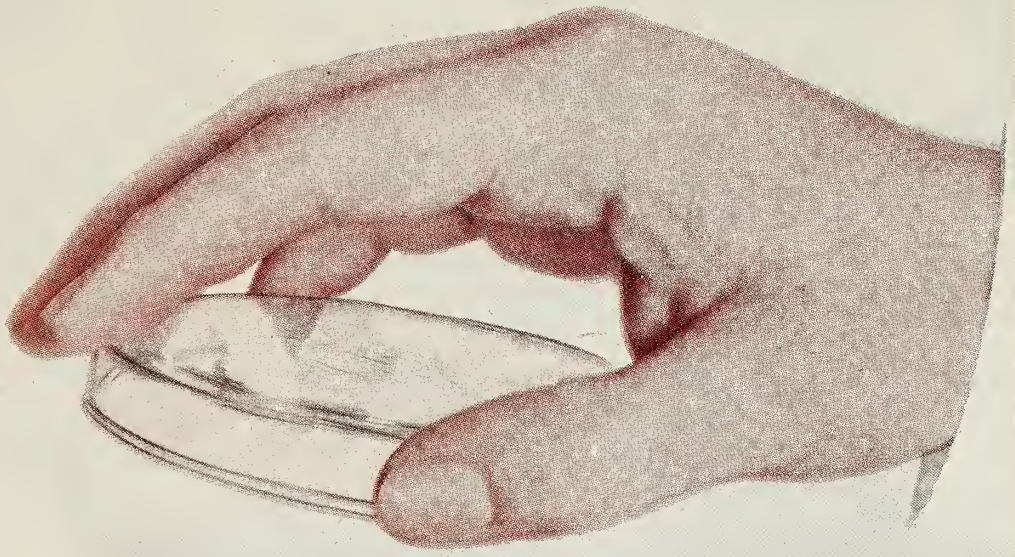
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1. Eisenberg, et al., Antib. & Chemo., 3:1026-1028, Oct., 1953.

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Books Received and Reviewed

A DOCTOR TALKS TO WOMEN. By Samuel Raynor Meaker, M.D. Price $3.95. Simon & Schuster, New York, 1954.

It has been generally recognized that education in matters of sex, reproduction and pelvic disorders means much in the lives and marriages of women, and also makes them more satisfactory patients. A vast popular literature has appeared on gynecology and related subjects. In one volume the author has assembled much sound, factual and easy to read information dealing with sex and reproduction. The author is an outstanding gynecologist and is known both as a professional and popular writer. The book is divided into 29 chapters, a glossary and an index. The first chapter deals with the anatomy and physiology of the reproductive organs, and contains many pencil sketch illustrations. While one chapter is devoted to the sex relation, this is not just another sex book. All of the material presented by Doctor Meaker is sound and reflects the most authoritative obstetric and gynecologic opinions. The material is presented in a clear and sympathetic manner which is an essential of popular medical writing if it is going to be read. The book is not only informative but it is a guide for women to follow in health matters and all problems pertaining to their sex.

This is a book that the physician can unreservedly recommend to his women patients.

DAVID A. BICKEL, M.D., South Bend.

MUSIC THERAPY. By Edward Podolsky, M.D. 335 pp. $6.00. Philosophical Library, 15 East 40th Street, New York 16, N. Y. 1954.

Music therapy, particularly as directed towards mental health, is discussed by various experts in the field. Studies in the past indicate that music has the capacity to produce changes in metabolism, respiration, blood pressure, pulse and endocrine, as well as muscular energy. From the emotional standpoint, music has shown the ability to command attention as well as to increase the attention span. It has also been shown to definitely influence diversion, and has played a definite role in distracting from morbid states and replacing these states with wholesome feelings and ideas. Music has also been shown to modify moods and to stimulate intellectual capacities.

The book discusses the organization of a music program as a rehabilitation measure for the mentally ill, cites various types of music to be used in conjunction with electric shock therapy, as well as types of music which can be of help in the treatment of the anxiety state, depression, emotional fatigue and emotional disturbances in general. The use of such therapy in the treatment of the psychotic is also described in detail, with case illustrations being given.

The book is well written. The articles are both stimulating and interesting. The various authors stress the practical applications of music therapy in a variety of mental, emotional and physical ailments.

This book is especially recommended to all individuals interested in the treatment of emotional and mental disturbances, as it illustrates the effectiveness of a type of therapy whose potential has not been fully utilized.

M. F. GREIBER, M.D., Muncie.

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1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

SOMEONE MUST PAY

In a whooping anticipation of elections ahead, the House passed sweeping revisions in the Social Security law by a vote of 372-31. The bill now goes to the Senate where, we earnestly hope, an effort will be made to find out what the taxpayers are getting into.

As with all "welfare" legislation, it is not a pleasant task to quarrel with kindly, humane proposals. It is certainly true, as the House noted, that wives are quite often a few years younger than husbands. Hence it seems reasonable to lower from 65 to 62 the age at which women qualify for old-age annuities.

That way, a couple could have a more substantial income, perhaps enabling the husband to retire at 65 when he might otherwise be unable to do so. For widows and women workers—although they live longer than men on the average—the lowered age can be justified on the basis of gallantry, equal treatment, or something.

The House legislation comes on the heels of administration-sponsored improvements last year, extending benefits and bringing coverage to some 10 million additional persons.

Barron's Weekly points out that in 1950, the Social Security system was paying an average of $21 monthly to some 2.9 million persons. By June, 1954, payments were being made to 6.5 million individuals, at an average monthly rate of more than $50.

Thus what started out as a modest program for a minimum pension of bare-sustenance proportions is mushrooming into a system promising a comfortable living for the retired, care for the disabled and dependent, and with increasing inequalities between contributions and benefits.

As we said, the advocate of caution in this progress has an ungrateful role, something like parading around the feast with a stomach pump. For who can gracefully oppose benefits for women at 62? Or 60? Or even 50? Who can argue that payments to disabled children or their widowed mothers should stop at age 18?

The fact remains, however, that these things cost money. The Social Security system is still young. It has a surplus of $22 billion in its accounts—although the money is spent and what it has are government bonds. But the fund is piling up obligations faster than it is reserves, and sharply higher taxes for the system are already in the works.

One has only to look at the rates which private insurance companies charge for similar insurance, or deferred annuities, to realize what a tremendous "bargain" the Social Security system seems to be offering. To what extent this something-for-nothing offer is a fraud upon future taxpayers is a question that sorely needs an answer.

The House did not even hold hearings upon its bill to add $2 billion a year to Social Security costs. The Senate indicates that it will not be similarly stampeded. It should not be.

The hard truth is that the government cannot pay money to one person without having previously taken it from him or some other person. The great popular appeal of Social Security, of course, rests upon the belief that somebody else is going to get the heavy end of the check.

This expectation could be illusory for so many millions of taxpayers that a sober estimate of how many billions the government is promising, and how it will be paid for, is imperative before we go farther.

It would be unthinkable for some future Congress to renege on a contract sealed by the payment of taxes. But we also have no moral right to obligate future taxpayers to a burden that could become so great as to lower their own standard of living, while they pay for the generous but ill-advised impulses of their predecessors.

—*Chicago Daily News*

THE SOMETHING FOR NOTHING BOYS

Revisions of the social security act, sponsored by the Democratic majority in Congress and passed by the house on Monday, represent a new low in the something-for-nothing game that the demagogs of the nation have been playing on the public since 1936.

Not the least distressing part of the exhibition was the part played by Illinois Republicans who know better and who usually can be depended upon to vote their convictions. Just one of them, Rep. Noah Mason, opposed the bill after denouncing it for placing the social security system on an even more unsound actuarial basis than now obtains. Most of the rest voted for it, apparently depending on Sen. Byrd and other conservatives in the senate to keep it off the lawbooks.

Social security is called insurance. It is not. Insurance is based upon premiums which bear a direct relation to the benefits accrued. The premiums for old age and survivors insurance, the official name for social security, are collected in

equal amounts from employer and employe when the alleged beneficiary is not self-employed. The tax has no relation to the benefits. The law was deliberately written to make higher paid employes pay most of the benefits of lower paid and casual workers.

Furthermore, no one now pays enough into the social security till to provide the benefits he is promised by law. Neither are his employer's tax payments, added to his own, sufficient for this purpose. There is, it is true, a reserve of more than 20 billion dollars in the social security fund, but this is only because virtually everyone who now works is taxed, while only a relatively small number of persons—about one to every ten persons paying taxes into the fund—are collecting pensions.

When the time comes for the more than 61 million present social security taxpayers to collect, they will have two sources on which to call for the money. The first is the reserve fund. But there is no money in it. The money has been spent, and government bonds put in its place. To provide money, other people will have to be taxed to pay off the bonds. But the reserve fund will fall far short of meeting pension requirements, long before the majority of present taxpayers come to collect. The rest of the money will have to come from social security taxes paid by their children and grandchildren, at constantly increasing rates.

The current phase of the something-for-nothing racket consists of a lower pension eligibility age—62 years instead of 65—for women, and the payment of pensions to totally and permanently disabled persons after they reach the age of 50. Disabled persons now are relieved of further pension taxes, but must wait until they are 65 to collect.

To the persons, about 1,300,000, affected by these new provisions, the payments will be largely velvet. They will contribute less and get more. But people who keep on working will be presented with a constantly increasing bill. The cost of the increased benefits will be 2 billion dollars a year during the next 20 years and 2½ billions a year thereafter.

The bill raises social security tax rates beginning next Jan. 1, when employe and employer will have to pay, together, 5 per cent of every pay check into the social security fund. Further increases are provided for 1960, 1965, 1970, and 1975, by which time the social security tax collector will be taking 9 per cent of the nation's payroll.

Experience shows, however, that when the time comes to increase these taxes, Congress will back down. It has done so already more frequently than it has enacted scheduled increases. All that does is shift more of the burden to future generations.

The man who retorted to a plea to think of posterity with the question, "What did posterity ever do for me?" now has his answer. Posterity is going to pay his old age pension. Or will it?

Posterity can vote, too, and the increasing burdens of social security are going to make it less popular politically as the taxes necessary to keep the system solvent mount higher and higher. That, of course, is of no consequence to the something-for-nothing Democrats in the house. They aren't looking for posterity's votes—only those of the 1,300,000 whose benefits, if the senate concurs, will be increased a few months before the polls open next year.

—Chicago Daily Tribune

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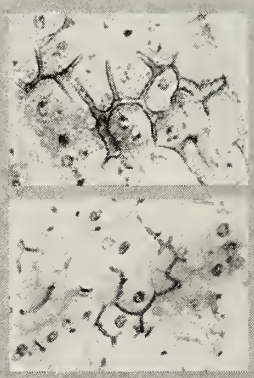
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(1) Clara, M.: Med. Monatsschr. *7*:356, 1953. (2) Brauer, R. W., and Pessotti, R. L.: Science *115*:142, 1952. (3) Schwimmer, D.; Boyd, L. J., and Rubin, S. H.: Bull. New York M. Coll. *16*:102, 1953.

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Pheochromocytoma as a Massive Abdominal Tumor

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A PHEOCHROMOCYTOMA is a neoplasm of the adrenal gland composed of chromaffin cells (pheochromocytes) which are normally found in the adrenal medulla. The primitive cell is a sympathogonia, which originates in the neural crest. The sympathogonia is the anlage of the sympathetic ganglion cell as well as the pheochromocyte. Since the adrenal medulla contains cells of both types it is the preponderance of the cell type that determines exactly how the tumor is classified. Tumors composed of sympathetic type cells may be sympathicogonioma, or sympathicoblastomas, and ganglioneuromas, both benign and malignant. Tumors composed of pheochromocytes may be pheochromoblastomas or pheochromocytomas. The final diagnosis of these tumors is made histopathologically with the exception of the pheochromoblastoma and the pheochromocytoma. These latter two may be suspected clinically owing to the presenting syndrome of paroxysmal hypertension (adrenal sympathetic syndrome) or persistent hypertension mimicking essential or malignant hypertension. This syndrome of spasmodic or persistent hypertension is characterized not only by a sharp and abrupt elevation of the blood pressure but also by glycosuria, tachycardia, vasoconstriction and vasodilatation of the peripheral vessels, headache, nausea and vomiting. These symptoms are attributable to the periodic release into the blood stream of pressor substances named epinephrine and norepinephrine[1]. Some authors have stated that this syndrome occurs in only half of the cases. Mortell and Whittle[2], however, maintained that hypertension, paroxysmal or sustained, is always present when the patient has a pheochromocytoma. When these tumors are diagnosed preoperatively, the diagnosis is based chiefly on this syndrome of spasmodic or persistent hypertension, associated with hypermetabolism and hyperglycemia.

These tumors vary in size from a few millimeters to 10 cm. in diameter, and usually weigh 25 to 75 gm., although Soffer[3] reported one

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tumor which weighed 2,000 gm. The size of the tumor is not related to the quantity of the pressor principal which is released. Small tumors without clinical manifestations have been found at autopsy. As a rule, however, these tumors are not palpated on physical examination and sometimes are difficult to demonstrate indirectly, such as by pyelography, by perirenal pneumography, or both. The diagnosis is usually based on the clinical picture and the response to various tests, such as the regitine, histamine and cold pressor mecholyl tests.[3] Recently, Goldenberg[1] et al. have outlined a chemical analysis for urinary catecholamine excretions.

The following is a case report of a patient with a pheochromocytoma who did not present the clinical picture of hypertension or hypermetabolism and whose only symptoms were those secondary to the enormous size of the tumor itself.

REPORT OF A CASE

A man, aged 50 years, was first seen at the Lahey Clinic on May 24, 1954. His chief complaint at that time was a gradual abdominal enlargement, which had been present for approximately three years. During the last two years he had noticed increasing fatigue. He first consulted his physician in early May because of difficulty in eating. He ordinarily had a good appetite but as soon as he swallowed two or three mouthfuls he became full and if he continued to eat, he would vomit. As a result of this decrease in quantity of food, the patient began to lose weight. In addition, he had had some flatulence.

The patient had had no serious illnesses, operations or accidents. He was never treated for hypertension and at his infrequent visits to his local physician his blood pressure was never found to be elevated. There were no symptoms related to sweating, tachycardia or palpitation. His occupation was that of a wool finisher but he had not been in contact with dyes or other chemicals. His weight was 143 pounds and his blood pressure was 160 mm. systolic and 92 mm. diastolic. On another occasion during his hospital stay his blood pressure was found to be 130 mm. systolic and 85 mm. diastolic.

Physical examination revealed an enormous mass which filled the entire abdominal cavity. It had a cystic consistency to palpation, was smooth and nontender. It extended to within a few centimeters of the pubis inferiorly, to the costal margins superiorly, and more to the left than to the right. It could not be determined whether the mass moved with respiration because of its huge size and the completeness with which it filled the abdominal cavity. No other organs could be palpated. There was dullness to percussion over the entire abdomen. Spider nevi were not present. The hemoglobin was 14.1 gm., white blood cell count 7,100 and the sedimentation rate 28 mm. per hour. The Hinton test was negative. The nonprotein nitrogen level was 26 mg. per 100 cc. Cephalin flocculation test was grade I, thymol flocculation O, and thymol turbidity a trace. The total protein was 7.2 gm. per 100 cc., albumin 4.4 gm. per 100 cc., and globulin 2.8 gm. per 100 cc. A roentgenogram of the chest revealed minimal disk-like atelectasis at the base of the left lung. Some calcified nodes were seen roentgenographically in the right lower portion of the abdominal film. There was the expected homogenous density involving the entire abdomen and obscuring all visceral shadows. An intravenous pyelogram also revealed this mass which was thought to be retroperitoneal in origin and which displaced both ureters laterally, producing hydronephrosis of the left kidney as a result of mechanical obstruction of the upper and middle thirds of the left ureter. A tentative diagnosis was made of a cyst arising from the left lobe of the liver or pancreas, and laparotomy was advised.

At operation on June 3, 1954, an enormous cyst was found which filled the entire abdomen. The cyst was partially emptied of its contents, care being taken to avoid contamination of the incision or the peritoneal cavity with these contents. Approximately 4000 to 5000 cc. of brownish-red mucinous material was aspirated from the center of the cyst cavity. After dividing the gastrocolic omentum, the transverse colon and transverse mesocolon were dissected from the anterior and inferior surface of the mass. The stomach was reflected from the superior surface of the tumor and a plane of cleavage was developed close to the cyst wall laterally. After the division of many large vessels the base of the cyst was isolated and was found to be intimately associated with the left renal pedicle. It was necessary to ligate one large branch of the left



Fig. 1. Specimen removed at operation.



Fig. 2. Opened specimen.

renal vein, but a smaller branch of the vein and the renal artery were preserved. There was no change in color of the left kidney and it was not removed. The tumor mass was removed intact. At the conclusion of the operative procedure the field was dry and blood loss was minimal. A total of 2000 cc. of whole blood was given throughout the procedure.

The possibility of pheochromocytoma was first entertained during the final phase of the dissection when an unexplained tachycardia and elevation of the blood pressure occurred. The blood pressure rose to 210 mm. systolic and 140 mm. diastolic and the pulse was recorded at 160 beats per minute. The pressure throughout the early part of the procedure had been 150 mm. systolic and 80 mm. diastolic. Soon after the removal of the cyst the blood pressure returned to normal. No further change in blood pressure or pulse occurred during the postoperative period. On the third day the patient took fluids satisfactorily by mouth, and his course thereafter was uneventful. An intravenous pyelogram before discharge revealed normal function of the left kidney.

The histopathological diagnosis was pheochromocytoma with foci of ganglioneuroma. No evidence of malignant degeneration was found. The specimen weighed 3600 gm. and the partially collapsed cyst measured 29 cm. at its greatest diameter (Figs. 1 and 2). At one pole of the tumor there was a flattened yellow organ which histologically proved to be an adrenal gland. Unfortunately, the fluid which had been aspirated from the cyst had been discarded and there was no opportunity to determine its epinephrine content. Culture and smear of the fluid were negative.

COMMENT

Pheochromocytoma may present as a massive abdominal tumor with no associated hypertension or history to suggest this diagnosis.

Pheochromocytoma should be suspected if at operation it appears to arise from the region of the left renal pedicle and particularly if manipulation of the tumor is associated with a hypertensive episode.

The tumor in this case weighed 3600 gm. after the removal of 4000 to 5000 cc. of thick, viscid fluid. It is believed to be one of the largest pheochromocytomas recorded.

BIBLIOGRAPHY

1. Goldenberg, M., Farber, M., Alston, E. J. and Chargaff, E. C.: Evidence for the occurrence of norepinephrine in the adrenal medulla. Science, 109: 534-535 (May 27) 1949.

2. Mortell, E. J. and Whittle, J. P.; Pheochromocytoma: case report with certain observations on pathologic physiology. J. Clin. Endocrinol., 5:396-402 (Nov.) 1945.

3. Soffer, L. J.: Diseases of the Adrenals. 2nd Edition. Philadelphia, Lea and Febiger, 1948, 320 pp.

Inguinal Hernia in Infants and Children

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INTRODUCTION

DURING THE LAST FOUR OR FIVE YEARS there have been several reports enumerating the results of surgical treatment in a large number of cases of inguinal hernia in infants and children. These reports are nearly unanimous in advocating early operation, simple technique and minimal postoperative restraint justified by low incidence of recurrence, low morbidity and low mortality.

PATHOGENESIS AND INCIDENCE

As the testis descends in intrauterine life, a tube of peritoneum is drawn with it. This normally obliterates. The left testis descends somewhat earlier than the right. When the tube or processus vaginalis peritonei remains patent, a sac is formed, into which abdominal contents may prolapse. This hernia sac is the most frequent congenital anomaly requiring operation in this age group. A processus vaginalis may remain patent completely, thus resulting in a scrotal hernia or segments may remain patent so that encysted hydroceles develop along the spermatic cord. Frequently, however, if a hydrocele develops (other than those present at birth) it is associated with inguinal hernia. Eighty to 90 percent of inguinal hernias occur in males, 70 percent being on the right and 15 percent are bilateral. These hernias by their very nature are indirect, and direct inguinal hernia occurs very rarely. The sac generally contains small bowel inasmuch as the omentum in infants is too short. On the right side occasionally the appendix is prolapsed into the sac. In female infants about half the hernias contain an ovary.

DIAGNOSIS

In most cases of uncomplicated hernia there are no symptoms and it is brought to the attention of the physician after the parent notices a lump in the groin. This swelling may not be present at the time of examination but an attempt to produce the prolapse by the effort of crying or exercising may be made. One should note that the testes occupy the scrotum and gentle palpation of the cord may reveal a thickening due to the presence of the sac even though it does not contain viscera. In some cases it will be impossible to diagnose inguinal hernia at the initial examination and it is well to reexamine in a few days or at the time the mass recurs. Also the mass may be clearly evident to another examiner and in these instances we depend on his findings. The differential diagnosis includes hydrocele, undescended testis, inguinal lymphadenitis and in the female, hydrocele of the canal of Nuck. A hydrocele may be very difficult to differentiate from inguinal hernia as both transilluminate light and may be fluctuant. Enlarged lymph nodes occur somewhat lateral to the expected position of the hernia mass. The lower extremities and perineum should be carefully examined for inflammatory lesions to account for the inguinal lymphadenopathy.

TREATMENT

Early operation is recommended regardless of age if the infant has regained its birth weight and there is no concomitant respiratory or local skin disease. Spontaneous cure is unlikely. The use of a truss is not advised because of its failure to cure, the possibility of strangulation, testicular atrophy and the great amount of care

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necessary to maintain its position. If the truss is removed as for bathing and the bowel prolapses into the hernia sac, the ground gained after weeks of painstaking effort is immediately lost. Early operation eliminates parental worry and the morbidity is generally less than the average tonsillectomy and adenoidectomy. The expected mortality in elective operation is much less than 1%.

The choice of preoperative medication varies with the operator and depends greatly upon the age of the patient. Inhalation anesthesia is used in infants and children, ether being preferred after an induction with one of the quick-acting hydrocarbon anesthetics.

The structures one must deal with in the operative treatment of hernia are so small and delicate that extra special care must be exercised in handling them. Small drapes, small instruments and fine suture material are absolutely necessary. The skin incision may be made obliquely but an incision placed transversely in the lower abdominal flexion skin crease gives adequate exposure and heals more promptly with less tendency to spread or to produce a keloid. The transverse incision may be lengthened for operation of the opposite side in cases of bilateral hernia and for exploration of those with suspected hernia on the opposite side. The incision is carried sharply down through Scarpa's fascia which in this age group is a well-developed layer and is to be differentiated from the external oblique fascia which has clearly evident and well-developed parallel connective tissue fibers. The external oblique fascia is split parallel to these fibers and if the hernia sac is short the external inguinal ring need not be divided. The external oblique fascia is retracted and the ilio-inguinal nerve identified coursing parallel along the lateral portion of the spermatic cord. Sharp dissection should be used throughout so that if bleeding occurs, it will occur promptly and the bleeding points ligated to prevent postoperative hemotoma. The cord is not disturbed nor elevated from its bed thus eliminating one cause of the unfortunate sequela of atrophied testis. By incising the external spermatic fascia the hernia sac may be readily identified appearing in the anteromedial portion of the cord as a grayish white glistening membrane. The sac itself is extremely thin and transparent. It has no visible blood vessels and no adherent fat. A plane of dissection can be easily developed between the sac and the surrounding cord structures. The vas deferens lies posterior to the sac and is tightly adherent. However, by careful, sharp dissection with which all tissue containing blood vessels and small muscle fibers are separated, freeing of the sac can be accomplished. This dissection is aided by opening the sac at the onset and allowing the contents to retract into the abdomen and placing a finger in the sac to delineate it. The dissection is carried upward until properitoneal fat appears indicating the neck of the sac. The sac is twisted two or three times, care being taken that it contains no viscera, and suture ligated. The redundant portion is excised leaving an adequate cuff. We have frequently transplanted the neck of the sac upward beneath the internal oblique muscle but this is not necessary. If the sac is long or if there is an associated hydrocele, the distal portion of the sac is dissected in a similar manner and amputated near the testis. There is no need to resect a large portion of the tunica vaginalis nor is there need to perform the "bottle" operation for hydrocele. Using 0000 or 00000 chromic catgut (many use non-absorbable sutures) the incision in the external spermatic fascia is repaired and the external oblique fascia is simply reapproximated. Scarpa's fascia and the skin are closed in separate layers. Subcuticular sutures avoid the trying effort of stitch removal. Occasionally the appendix will be visible through the peritoneal defect or may have actually occupied the hernia sac and if it can be removed with ease, we have not hesitated to do so.

Inasmuch as there is no direct weakness, no transplantation of the cord nor reinforcement of Hesselbach's triangle is necessary as in the modified Ferguson technique. In the rare case of direct hernia, reconstruction of the floor of the inguinal canal should be done. If the hernia has been long standing, the internal ring may be dilated and this should be narrowed by one or two sutures attaching the medial edge of the transversalis fascia to the inguinal ligament.

Those children who have nearly reached adult stature and are extremely active probably require conventional adult hernia repair although there is no definite age limit established for simple sac excision and high ligation.

COMPLICATIONS

Strangulation of a hernia is the most severe and dangerous complication and is the most fre-

quent cause of intestinal obstruction in infants and children. This occurs much more frequently in the first year of life, especially in premature infants. The symptoms of irritability, vomiting, abdominal distention, obstipation together with a palpable mass in the groin indicate the diagnosis. If the onset is within the first four hours preceding examination, gentle pressure or taxis may be applied. If this does not reduce the hernia, a sedative may be given and the legs elevated by adhesive straps and a waiting period of two or three hours observed to see if the hernia will reduce itself. After reduction, operation is delayed for two or three days to allow the subsidence of edema. However, if previous taxis has been made to no avail or if the strangulation is of 12 or more hours duration, immediate operation should be done. The technique is similar to that described in the elective operation with care being taken to observe the herniated bowel for viability. Gangrene of the bowel is a rare complication but does occur and the gangrenous bowel must be resected with primary anastomosis. The patient, severely ill, dehydrated and depleted of electrolytes who will not stand operation, must be supplied with blood, fluids and electrolytes preoperatively. A very satisfactory method of administration which also allows parenteral support in the postoperative period is the use of a polyethylene venous catheter, even in newborn infants.

Hydrocele is a frequent complication of indirect inguinal hernia and has been mentioned above. Usually there is a hernia sac present with a hydrocele which develops after the first year.

Undescended testis will be found in some cases at the time of hernia repair and should be replaced in the scrotum. The elective correction of undescended testis is generally postponed until the tenth or eleventh year to allow full development of the spermatic cord and vessels. However, the testis generally can be brought without tension into the scrotum by widely freeing the spermatic vessels as far posteriorly as the iliac crest, dividing the inferior epigastric vessels and transplanting the internal ring to as low a position as possible. The detailed technique is not included here.

POSTOPERATIVE CARE

No restraint is made on the patient's postoperative activity because, in the first place, it is nearly impossible to accomplish, and in the second place, unlimited activity in the infants does not produce untoward results. The older, rational child may be persuaded to "take it easy," but forced bedrest is not necessary. The use of subcuticular sutures and elastoplast or collodion dressings prevent wound infection and ordinary diapers are allowed. Although we generally keep patients in the hospital five or six days, they apparently do well with a much shorter stay and in some hospitals are allowed home on the next day after surgery, to the benefit of parents and children.

CONCLUSION

The recommended treatment of inguinal hernia in infants and children is operation soon after diagnosis with emphasis on the use of gentle simple technique, fine suture material and small instruments.

BIBLIOGRAPHY

1. Clatworthy, H. W., Jr., Thompson, A. G., "Incarcerated and Strangulated Inguinal Hernia in Infants, A Preventable Risk," J.A.M.A., 154:123-126, Jan. 9, 1954.
2. Duckett, J. W., "Treatment of Congenital Inguinal Hernia," Ann. Surg. 135:879-885, June, 1952.
3. Gross, R. E., (textbook) "The Surgery of Infancy and Childhood," Chapt. 35, 449-462, W. B. Saunders Co., Philadelphia and London, 1953.
4. Heifetz, C. J., "Surgery for Inguinal Hernias in Infancy and Childhood," Am. J. Surgery, 83:653-663, Jan.-June, 1952.
5. Iason, A. H., "Inguinal Hernia in Infants," G. P., 5:67-71, May, 1952.
6. Larsen, R. M., "Inguinal Hernia in Infancy and Early Childhood," Surg., 25:307-328, 1949.
7. Packard, G. B., McLaughlin, C. H., "Treatment of Inguinal Hernia in Infancy and Childhood," Surg., Gynec., and Obst., 97:603-607, 1953.
8. Potts, W. J., Piker, W. L., and Lewis, J. E., "The Treatment of Inguinal Hernias in Infants and Children," Arch. Surg., 132:566-576, 1950.
9. Schiebel, H. M., Freeman, W. H., "The Treatment of Inguinal Hernia in Infants and Children," So. Med. J., 43:605-609, July 1950.

What Next?

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FOREIGN BODIES within the male or female bladder are frequently the result of sexual perversions. Many of the objects recovered from the bladder are amazing. This case is being reported because of the most unusual findings to add to the long list of objects already recovered.

The patient was a 54 year old white male who was seen in the McCray Memorial Hospital in Kendallville, Indiana on November 21, 1954, suffering from acute urinary retention with vesical hemorrhage noted on catheterization. The patient gave a history of having gone deer hunting 5 days previous and after killing a deer, cut off the penis from its external extremity back to its junction with the bladder. He had tied a heavy piece of twine approximately one foot long to the end of this penis and introduced it through his urethra. Although he was unable to retract the foreign body, he did nothing in reference to its removal because of extreme embarrassment. However, at the time he was first seen he was in acute urinary retention and bleeding from the urethra, the distress of which caused him to seek medical aid.

Examination revealed a heavy piece of twine, about 4 inches long, sticking out of the external meatus. This twine continued through the urethra and into the bladder. The urethra was edematous and grayish white plaques were present over the distal area of the urethra. The bladder was palpable almost up to the umbilicus.

Because of the known foreign body it was felt that cystoscopic removal would be impossible and impractical; therefore, suprapubic cystotomy was performed. A penis, supposedly belonging to a deer, was recovered. The mucosa of the bladder was acutely inflamed and congested. Biopsy was taken of the plaque on the external urethral meatus.

The pathological report of the removed plaque revealed this to be a keratosis. The foreign body removed measured 10 inches in length and the circumference was slightly larger than the average thumb. A heavy piece of twine was still attached to the foreign body, this measuring 12 inches in length.

The patient made an uneventful recovery and was released from the hospital. Attempts to refer this patient for psychiatric therapy have thus far been unsuccessful.





The Aged—a Surgical Challenge

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LIFE EXPECTANCY at the present time is roughly 70 years. This represents a marked rise in the past 50 years and even in the past 25 years.

All branches of medicine have made a fine contribution to make this increased longevity possible. Surgery has helped appreciably and should continue to play an ever increasing role. However, as we broaden the accepted indications for surgery and as we increase the magnitude of the procedures in all age groups, we must keep in mind that the aged are fragile and must be handled carefully.

It is natural for all of us to remember the aged patients who have done exceedingly well during and following surgery and forget those who have not done well. It is wise for us not to brood forever over the loss of a patient, but we also must not accept fatalities lightly.

We thus should study our individual and collective results constantly so that we accurately know where we are going and what actually we are accomplishing. Longer life span effected by good surgery is to a great extent the result of better elective and emergency surgery in the newborn, the young, the young adult, and the middle aged, not from the performance of more and more radical surgery in the aged group. This does not mean that a radical procedure should never be undertaken in a patient over 65 years of age, but it does mean that such procedures should be planned thoroughly and with great caution.

We have noted in a survey of operating room deaths at the Indianapolis Methodist Hospital that the percentage of such deaths in the years 1948 through 1952 was almost twice the number it was in the years 1943, 1945, and 1947.

Part of this increase was due to the greater incidence of cardiac arrest. There are those who attribute most of our present troubles to this unfortunate complication. For example, by editorial comment, Graham[10] states, "To the older surgeon there seems little doubt that cardiac arrest is much more frequent than formerly. It seems reasonable to blame, in part at least, the complicated new fangled methods of anesthesia. There is increasing evidence that the condition is induced by inadequate pulmonary ventilation." We respect the views of this learned surgeon and author, but we believe that part of the blame should be placed upon the surgeon in that he is constantly presenting poorer risk patients to the anesthetist. About one-half the cases in the series referred to were poor risk patients. Of the total number that succumbed in surgery, about one-third were over 65 years of age.

We recently reviewed the cases subjected to subtotal gastric resection for benign disease at the Indianapolis General Hospital during the year 1954. There were 24 such cases with three deaths. This high mortality rate is understandable to one who sees such cases in a large charity hospital. However, two of the three cases released by death were in the aged group, one 72, the other 76. It is quite possible that ligation of the bleeding vessel would have been a wiser procedure in these two cases.

Glenn and Hays[8] report their mortality rate in benign lesions of the biliary tract to be: in under 50 year old patients, 0.65%; 50 to 64 years, 2.5%, and over 65 years, 6.7%.

EMERGENCY RISKS

Emergency surgery, we all know from experience, is more hazardous than is elective. This is particularly true in the very young and in the aged. This is very forcefully pointed out by Anglam[1] who reports a series of 621 patients over 70 years of age who were subjected to major surgery. The overall mortality rate was 9.98%. The rate for elective procedures was

6.9% but for emergency operations it was 19.5%.

Carp[3] reports mortality following emergency surgery in the aged approximately twice that of elective surgery. His studies pointed out the principal causes of death to be bronchopneumonia, peritonitis, and cardiac failure with accompanying pulmonary edema.

Ziffren,[14] reporting on surgical procedures carried out on patients 80 years of age and over, reports a total of 478 operations, with an overall mortality rate of 15.1%.

"Physiologic age is the only logical and valid limitation to surgery," state Coller and Dobbie.[6] They emphasize among other things the great importance of adequate oxygen during surgery, the importance of preoperative blood volume studies, the desirability of correcting electrolyte deficiencies, the advisability of elective surgery while patients are in middle age rather than emergency surgery when they became aged, and if and when surgery is necessary in the aged the essentialness of good judgment, gentleness, and speed.

Mithoefer and Mithoefer[11] report 240 patients over 69 years of age who had major surgical operations with a mortality rate of 8.3% as compared to 1.9% in patients less than 70 years of age. They further state that they feel 30% of these deaths could have been prevented by more thorough study and better surgical management.

Stewart and Alfano[13] stress the necessity of attention to details in the surgical care of the aged.

Cole[5] points out that aged patients can tolerate operations of slight magnitude very well but procedures of great magnitude are tolerated poorly, raising the mortality rate two to four times the rate in younger patients. The mortality rate in 2,557 operations upon patients under 60 at the Illinois Research Hospital between 1948 and 1952 inclusive was 2.07%. On the other hand, the mortality rate was 5.1% in 1,099 patients over 60 years of age.

The importance of blood volume studies is emphasized by the publication of Beling et al.[2]

Potter et al.[12] point out that the mortality rate for elective partial gastrectomy need not be excessive or significantly higher in patients over 50 years of age if great care is taken with preparation and postoperative management.

Foldes[7] believes that only by the most painstaking preoperative and postoperative care can the mortality rate in the aged be reduced to an acceptable level, but if such care is taken, surgical intervention in the aged can approach the safety it does in other age groups.

EVALUATION IMPORTANT

Carp[4] enumerates some of the early problems, experiences, and pitfalls in evaluating aged patients before surgery.

The above observations would tend to substantiate the heretofore expressed opinion that surgery of the aged is a real problem and calls for the most exacting judgment.

Goode[9] reports that in July 1951, the Bureau of the Census estimated that there were about 12,759,000 persons 65 years of age or older. The number has been and is constantly increasing. A very high percentage of these persons seek medical care of one type or another. A considerable number need surgical intervention.

If the surgical lesion requires emergency care, the surgeon has no choice regarding treatment but he can effect proper preparation and then decide upon the extensiveness of therapy.

When the problem is one of an elective nature, then thorough and painstaking study can be carried out before a decision for or against surgical intervention is made.

CONSULTATION ADVISABLE

In either instance, emergency or elective, the most important step is medical consultation. These aged patients do not possess the kidney, liver, and cardiovascular reserve that blesses the young healthy adult. Weighing the expectancy, risk, and anticipated reserves against the good to come from successful surgical acomplishment is a problem, for the surgeon, internist, and any other needed specialist, to work out together. It is also often most helpful to have just a good, solid, practical, down-to-earth doctor on the case.

Whether medical institutions should have rules governing consultation is a debatable subject. For example, to select an age such as 60 or 65 as a baseline for mandatory consultation is, in our opinion, of doubtful value. There are patients of 45 years of age who need consultation more than do patients of 75 years and over. The ideal arrangement is the one that at least several institutions follow whereby all patients are admitted to the medical service for study and are then seen and attended by the appropriate service. This

procedure tends to protect the patient from an overenthusiastic surgeon, in any branch of surgery, who might advise and attempt a radical procedure in a patient near his end due to an unrelated medical disease.

No matter what the hospital or clinic rule may be, we should all have sufficient respect for the wellbeing of the patient, and for the contribution our colleagues in other fields can and do make, to call for consultation early and very frequently.

During the exchange of views in dealing with the aged we should remember their expectancy when advanced age has been attained. At age 70 one can expect to live about ten more years, at 80 five more years, and at 85 three more years. Keeping this in mind helps one decide upon the advisability of surgery and if so inclined the procedure of choice. One should always remember that in his desire to help he should avoid doing harm.

POINTS TO CONSIDER

When one is confronted with an aged surgical patient, some of the factors he should consider before operation are as follows:

1) Accurate diagnosis. This is not always possible but it is usually. At times it requires consultation. Too often surgeons, internists et al. start thinking in terms of prognosis and treatment before a diagnosis has been made.

2) After diagnosis, with or without help from others, deficiencies must be corrected or as nearly so as possible. These include among others cardiac, liver, respiratory, and renal.

3) Electrolyte and fluid imbalance, so poorly tolerated by the aged, should be corrected. These aged patients can go about their normal daily life satisfactorily but any trauma may throw them into sodium deficit and shortly thereafter a potassium deficit.

4) Chronic or acute pulmonary infection should be carefully considered and active measures employed to improve the same both pre- and postoperatively.

5) The urinary tract should be evaluated by blood and urine studies and by examination so as to anticipate postoperative complications.

6) Hemoconcentration must be kept in mind in evaluating routine blood counts.

7) Latent diabetes should be remembered.

8) Hypoproteinemia and avitaminosis should be suspected and if present should be corrected.

9) The history as to Cortisone therapy should be elicited.

10) The value of blood volume studies is most important.

11) The proper psychological preparation is essential. Time will govern the amount that can be done, but kindly, sympathetic words of encouragement are of great help. Practically no one wants to die. Reassurance that all will work out well takes so little time and effort and is so indispensable to the wellbeing of the patient.

So far as the operative phase is concerned, the surgeon should remember that the aged stand tissue trauma, blood loss, hypoxia, and hypotension poorly. Thus the careful handling of tissue and careful hemostasis are essential. Anesthesia which does not predispose to a marked fall in blood pressure and insures abundant oxygen supply is likewise of greatest importance. With such basic needs met, then the matter of how much surgery a given patient can stand is a decision that is often very difficult. It is a decision that goes beyond the realm of listed rules. Basic rules must be considered, but then, it is a matter of solid judgment.

Surgery in the aged gives one a magnificent field for palliation. We do not mean by this that only palliative measures should be used but we do mean that they should not be forgotten. One must not get so obsessed with a surgical lesion and its irradication that he forgets the human being to whom he is obligated. One also must remember that getting the patient off the table alive is not enough. In this age group the release from the hospital of a healthy or comparatively healthy and comfortable patient must be at least part of the surgeon's goal. The importance of blood replacement during surgery cannot be overemphasized. Also, speed is essential. The latter should not be accomplished by carelessness or roughness in handling tissue but shortening operating time by careful planning and good teamwork is most desirable.

AFTER SURGERY

A few considerations in the postoperative management of the aged are as follows:

1) Atelectasis is best treated by prevention. Deep breathing exercises by any method, laryngeal or bronchial aspiration if coughing does not remove the mucus, and frequent position changes are of greatest importance.

2) Sedation should be light for obvious reasons.

3) Early leg exercises in bed followed at the earliest moment by walking is advisable. Mild Trendelenburg position in surgery and wrapping of lower extremities with Ace bandages is advised by some.

4) Antibiotics should be used liberally.

5) Distention of the intestinal tract should be treated by prevention. No tube, long or short, effects decompression as does its prevention. Anticipated distention should, therefore, be treated by early Levin suction. The same should be continued until the patient is expelling flatus freely.

6) Venous thrombosis should be looked for constantly and, if present, treated with anticoagulants.

7) Maintenance of fluid and electrolyte balance is obviously indicated. Here again prevention of imbalance is the key to success rather than heroic measures after imbalance has been allowed to occur. As regards fluids, it has seemed best to us to keep aged patients a little on the dry side. The judicious use of salt the first two or three postoperative days is also recommended. The advisability of early potassium administration is important.

8) Amino acids and protein hydrolysates are helpful, but oral feedings at the earliest possible time are of greatest importance. Every trick should be used in encouraging aged patients to eat. This often is a real problem. Well prepared attractively served meals help. A cocktail of wine or whiskey is sometimes helpful.

9) Testosterone and small doses of Cortisone may be used advantageously.

10) Special attention to the urinary tract and bowel elimination is important. Fecal impaction is common in the elderly as is bladder distention. Early ambulation helps greatly with these problems. Allowing the patient bathroom privileges is far superior to the bed pan.

11) Blood replacement is very important now as well as before and during surgery.

12) Encouragement is again so helpful. For example, cleverly instilling the desire to live in the patient with a colostomy is paramount. This is not always possible and it, at times, necessitates shading the truth, but when successful, the results are gratifying. One should remember that optimism and cheerfulness are both catching.

CONCLUSION

Many factors of great importance have not been mentioned in this brief review. The surgical care of the aged is a great problem. However, the aged are with us and they deserve our every effort. They are often childish and their proper care is time taking, but in our devotion we should consider their management a sacred trust and a singular honor.

BIBLIOGRAPHY

1. Anglam, T. J. and Bradford, M. L.: Major Surgery in Aged, New England J. Med. 249:1005 (Dec. 17) 1953.
2. Beling, C. Abbott, Bosch, Donald T., and Carter, Ogden B., Jr.: Blood Volume in Geriatric Surgery, Geriatrics 7:179, June, 1952.
3. Carp, Louis: Causes of Operative Mortality in Chronically Ill Geriatric Patients, Am. J. Surg. 87:78, Jan., 1954.
4. Carp, Louis: Common Problems in Geriatric Surgery, Geriatrics 6:100, March, 1951.
5. Cole, Warren H.: Operability in the Young and Aged, Ann. Surg. 138:145, Aug., 1953.
6. Coller, Frederick A. and Dobbie, Robert P.: Surgery in the Aged, Geriatrics 9:303, June, 1954.
7. Foldes, Francis F.: Preoperative Preparation and Postoperative Care of the Aged, Geriatrics 7:165, June, 1952.
8. Glenn, Frank, et al.: Ann. Surg. 137:924, June, 1953.
9. Goode, John V.: Surgery of the Aged, Texas State J. Med. 50:596, Aug., 1954.
10. Graham, Evarts A.: Editorial Comment, The Year Book of General Surgery, 1954-1955.
11. Mithoefer, James and Mithoefer, John C.: Studies of the Aged, A.M.A. Arch. Surg. 69:58, July, 1954.
12. Potter, William H., Andersen, Murray N. and Stewart, John D.: Gastric Surgery in the Aged, Geriatrics 7:173, June, 1952.
13. Stewart, John D. and Alfano, Guy S.: Surgery of the Elderly, J.A.M.A. 154:643, Feb. 20, 1954.
14. Ziffren, Sidney E.: Reduction in Operative Mortality in the Very Aged, J.A.M.A. 152:11:994, July 11, 1953.

Operative Cholangiography: A Review and Evaluation

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A PERPLEXING PROBLEM confronts the surgeon who, at operation, finds stones in the gallbladder with or without a patent cystic duct. The possibility of calculi in the common bile or extra hepatic ducts is ever present, and their detection, if existent, must be accomplished. Realizing that removal of a gallbladder laden with stones is the solution of only part of the problem and that, if duct stones are overlooked at the time of operation, the postoperative course possibly will be stormy and a secondary operation may be found necessary, it behooves the surgeon to evaluate accurately the status of the common duct. He has several choices. He can conclude common duct stones are non-existent by visual and palpatory findings of the duct and by the lack of clinical symptoms, or he can open the common duct and explore. These methods have value, but by no means are they productive of entirely reliable conclusions. The search for a procedure which could be expected to yield an immediate, more accurate diagnosis has resulted in the development of direct cholangiography.

Historically, the development of cholangiography has been interesting. Reich, in 1918, reported the first roentgenographic visualization of the extra-hepatic biliary system by an accidental bismuth paste injection of the bile ducts through an external biliary fistula. In 1932, Mirizzi, of Buenos Aires, reported the first successful visualization of the biliary tree at the operating table. Hicken, of Utah, has written extensively on the subject and has contributed greatly to the standardization of the technique presently used. As one reviews the literature, he is impressed with the progressive steps from postoperative cholangiography to direct, immediate, operative cholangiography. It was demonstrated early that the biliary tree was quite tolerant to most radio-opaque materials; and although occasional reactions to iodine-containing media have been reported, nevertheless, confidence that the injected material would not excite severe reactions stimulated many individuals to investigate the procedure. In our community at least two attempts at operative cholangiography were made in 1948; but, due to difficulties of a technical nature, both procedures yielded results of no diagnostic value. Again, in 1953, with more suitable roentgenological equipment and improved technique, the procedure was done and more favorable, but not entirely satisfactory results were reported. In late 1954, further perfection in both technique and equipment resulted in a series of satisfactory operative cholangiograms. In at least several instances, the radiologist was able to direct the surgeon to unsuspected biliary tree calculi. After removal, a normal cholangiogram followed, and the subsequent clinical course indicated no symptoms referable to common duct stones.

Statistics aid in the study of the problem Vadheim and Rigos estimated 10 to 18 percent of patients harbor common duct stones after cholecystectomy for stones. Hicken, in a study of 100 cases in which the common duct was explored, stones removed mechanically, and the duct presumed free of calculi, subsequently demonstrated by postoperative cholangiography, through a T tube, that 12 percent of this group still harbored common duct stones. Walls reports in 229 operations on the common duct, postoperative cholangiograms revealed "missed" common duct stones in 23 percent. These had



Fig. 1. Operative cholangiogram with catheter in common duct. A calculus is apparent (arrow) in the gallbladder; there are no calculi and no obstructions demonstrated in the common duct.



Fib. 2. Operative cholangiogram with catheter in patent cystic duct. No calculi or obstructions demonstrated. Common duct therefore was spared surgical trauma.

been missed despite operative probing. Ninety-five percent of all secondary operations on the biliary tract are done to remedy complications arising from overlooked intraductal stones.

In Fort Wayne, a city of 135,000, during the year 1954, 277 cholecystectomy operations to remove stones were performed in three private hospitals; 25 common duct exploratory operations were performed; and 8 operative cholangiograms were made. This work was done by approximately 20 different surgeons. This data demonstrates the frequent occurrence of the problem. If one chooses to accept the contention that 10 percent of patients still harbor stones after cholecystectomy is performed to remove them, one may project by statistical methods and presume 28 patients from this group continue to harbor extra hepatic stones. Similarly, if one accepts Hicken's 12 percent value and applies it to the 25 patients who had stones removed from their extra hepatic ducts at primary operation, 3 may presently harbor duct calculi. Thus 31 patients or approximately 10 percent of the 302 operated to relieve gallbladder and biliary tree calculous disease still may be presumed to have duct stones. If one contends the statistical percentages of the literature are high, let him divide the percentages by two and still the number of patients presently or potentially threatened by common duct obstruction remains formidable.

Operative cholangiography greatly decreases the risk of overlooking stones in the seemingly normal common duct at cholecystectomy. The necessity of mechanical exploration of the common duct with the inherent dangers of damage to the ducts by manipulation, probing and trauma is diminished when operative cholangiography is employed. It has been found that the indications for choledochotomy thus have been reduced fifty percent. In addition, immediate detection and recovery of unsuspected common duct stones has eliminated the need for many second operations. When common duct stones are detected, information as to position, relationship and number greatly helps the surgeon in his task. Detection and recognition of non-calculous obstructions of the common duct are possible and ofttimes suggest and guide the operator to a correct diagnosis.

Cholangiography at the time of operation is neither difficult nor does it require special surgical instruments. The operative time is lengthened by perhaps 15 or 20 minutes. Close cooperation between radiologist, surgeon, and operating room personnel is necessary and adequate roentgenological equipment must be available. The patient is anesthetized and placed on the operating table over a properly placed casette, and the usual abdominal incision for cholecystectomy is made. Systematic exploration is carried out and the gallbladder and extra hepatic biliary tree are surgically exposed and evaluated. A preliminary flat orientation plate of the abdomen may be taken at this time. Metal instruments and lead marked sponges are removed in order to prevent superimposed shadows. Injection of the radio-opaque medium may be made into the gallbladder, cystic duct or the common bile duct according to

indications. In the jaundiced patient, aspiration of the gallbladder contents is followed by injection of 15 to 30 cubic centimeters of the medium and the site of injection is closed by a suitable suture ligature. In this manner, preservation of the cystic duct and the gallbladder may be insured for a possible shunting operation. Direct injection of the transected, patent cystic duct, either by needle, cannula, or soft woven catheter may be done and excellent results using this method may be expected. If this procedure has been the one of choice, the gallbladder may be removed while the exposed X-ray plate is being developed. Injection of radio-opaque material directly into the common bile duct is also recommended and in this instance a 20 gauge needle is inserted into the common duct and bile is aspirated. With the needle in situ, 10 to 15 cubic centimeters of the radio-opaque material is injected directly into the common duct. The anesthetist has been previously instructed to hyperventilate the patient and during the following apneic period, the plate is exposed. This maneuver insures an almost motionless biliary tree and usually produces an exposure free from blurring. Early roentgenographic exposure following injection of the contrast medium is important since delay allows the medium in unobstructed cases, to pool rather quickly in the duodenum. The need for choledochotomy is ascertained quickly and the surgeon is directed toward the site or sites of demonstrated stones. After these are removed a final check cholangiogram follows. If the cholangiogram reveals no stones or obstruction, the surgical operation may be concluded with confidence.

Direct operative cholangiography is a procedure of value and is not attended with an increase in morbidity or mortality. Unsuspected common duct stones may be detected, localized, and removed, thus precluding secondary common duct operations. The incidence of choledochotomy is reduced, and surgical trauma producing the foundation for subsequent stricture in many instances is averted. The diagnosis of anomalies, and extra-ductal and noncalculous obstructions is often possible.

A procedure presenting so many advantages and so few perils should invite surgeons and radiologists alike to become proficient in its use and add it to their armamentarium.

BIBLIOGRAPHY

Hicken, N. Frederick, et al. (University of Utah): The technic of operative cholangiography. Am. Jour. Surg., 78:347, Sept., 1949.

Hicken, N. Frederick, et al. (University of Utah): Technic, indications and value of postoperative cholangiography. Arch. Surg., 60:1102, June, 1950.

Mirizzi, P. L.: La colangiografia durante las operaciones de las vias biliares. *Bol. y trab. de la Soc. de cir. de Buenos Aires.* 16:1133, Oct. 5, 1932.

Reich, Adolph (New York City): Accidental injection of bile ducts with petrolatum and bismuth paste. J.A.M.A., 71:1555, Nov. 9, 1918.

Vadheim, J. D., and Rigos, F. J. (Tacoma, Wash.): Cholangiography as an aid to biliary surgery. Northwest Med., 51:400, May, 1952.

Walls, W. S.: The Common Duct Stone Problem, N. Y. State J. Med., 53:2971, 1953.

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"Doctor, Do I Have Cancer in My Womb?"

MICHAEL SHELLHOUSE, M.D.

Gary

THIS PAPER IS A REPORT OF A CLINICAL REVIEW made to determine the number of malignant uterine tumors encountered in a gynecological surgical practice. It is also concerned with a review of the surgical procedures used. Included is a discussion of methods to improve the diagnosis of uterine cancer in its early stages. If the patient is to be informed that she has no cancer, one must be absolutely sure of his negative answer to avoid embarrassment and, what is more important, a confused patient, and an incorrect diagnosis and treatment.

With this thought in mind, I have reviewed charts[1] covering four years. The findings are limited entirely to the uterus for the purpose of determining what surgery was performed and the number of malignancies found in the various surgical procedures. The statistical data thus obtained was divided and presented in tables 1 and 2. The findings are recorded with brevity.

During the four year period of analysis, I have found that there was a decided increase of total hysterectomies. In 1949, for comparison, there were 85 total against 117 sub-total hysterectomies. By the end of 1952, there were 496 total and 324 sub-total hysterectomies. This change in trend is enlightening; and a great stride forward in preventing cervical malignancies. Vaginal hysterectomies are included with the abdominal total as a group.

Table 1

Surgery	No. Cases	No. of Malignancies			Av. Age	*Ratio C. to N.
			Cervical	Fundal		
Vaginal Hyst.	148	5	2	3	55	
Total Abdominal Hyst.	348	31	23	8	46	1 to 15
Sub-total Hyst.	324	11	2	9	52	1 to 29
Amputated Cervical Stumps	6	2	2		56	1 to 3
Total	826	49	29	20	47	1 to 158

* C. to N. implies ratio of cancer to non-malignant cases.

Table 1 shows that there are more cancers found in the total hysterectomy than in the sub-total group. To amplify these findings, there were 25 cancers in the cervix and 11 in the corpus or fundal portions, as opposed to 2 cervical and 9 in the fundus in the sub-total group. How many of these remaining stumps will return for treatment or observation in the succeeding years, and what percentage have cancer or will develop it, is difficult to answer. Crawford et al.[2] report 14.3 percent in a series of 123 stumps. This percentage may be higher if one considers that about one third of our population changes localities every 10 years and that accidents, suicides, and intercurrent diseases will affect some cervical stumps percentage-wise. Nevertheless, in this series of 496 total hysterectomies the ratio is 1 cancer to 15 benign; and in the sub-total group of 324 cases, the ratio is 1 cancer to 29 "normals". The difference in the ratios implies that cancer is being missed and also not prevented.

In this series there were 6 cervical stumps admitted for diagnosis and treatment. Two of these developed cancer. One of these developed cancer 23 years after a sub-total hysterectomy. Most recent case, to which my attention was called, was February, 1955. This patient was admitted as carcinoma of cervical stump, complicated by vesico-vaginal and recto-vaginal fistulae, two and one half years following a sub-total procedure.[3] A total hysterectomy or, if this was impossible, a wide cervical conization of the glandular portion of the cervix following a sub-total hysterectomy would have, in all probability, prevented cervical cancer.

I do not wish to imply that a total hysterectomy is the procedure of choice to determine whether or not a malignancy is present. The conclusion obtained in this group of uterine and cervical cancers is that a diagnostic curettage and adequate cervical biopsies be done first. The

knowledge thus obtained may alter the course of treatment.

The belief by some that benign uterine tumors will disappear after menopause is certainly contradictory, particularly in the white female. The average in this group of 324 patients who had sub-total hysterectomies was 52 years. The majority of these women were past menopause. The average age in the total hysterectomy group through the abdominal route was 46 years. Some of these were past menopause. The average age in the vaginal hysterectomy group was 35 years. In this group of 820 hysterectomies, fibroid or myomatous tumor was a frequent diagnosis. Malignancy was associated with benign tumors in a ratio of one to two respectively. According to Hundley et al.[4], over 40 percent in their series had associated uterine myomas.

Table 2

Surgery	No. Patients	No. Malignancies			Av. Age	*Ratio C. to N.
			Cervical	Fundal		
D. and C.	715	11	1	10	46	
D. and C. Biopsy Cerv.	129	70	45	25	47	1 to 10
#Misc.	50	0				
D. and C. Polypectomy	20	1	1		45	1 to 20
Polypectomy	24	4	4		44	1 to 6
D. and C. Biop. Caut.	2	0				
Biopsy and Conization	6	0				
Total	946	86	51	35	45	1 to 12

Misc. group consists of : D-C and Conization, D-C and Cautery, Electro Conization, Cautery.
* C. to N. implies ratio of cancer to non-malignant cases.

Table 2 shows a total of 946 cases. Of this number 715 were subjected to dilatation and curettage most of which were for incomplete abortion or as a diagnostic procedure because of other bleeding. It is in the latter group that 11 malignancies were found; 10 of these were in the fundal portion of the uterus.

In the miscellaneous group of 50 cases no malignancies were found. This "negative" finding only means that malignancy was probably missed in some cases because cervical biopsies were not done, and a dilatation and curettage was, likewise, omitted. A diagnostic procedure must be done before cautery is applied to the cervix, because what appears to be a simple cervicitis or erosion may contain malignant cells. And, of course, other therapy again will be needed.

Combining the two top groups in table 2, there were 844 patients. In this group there were 81 malignancies—a ratio of nearly one cancer per 10 individuals. Harris et al.[5] find that 80 to 90 percent of carcinoma of uterus is located in the cervix.

Cervical polyps show a relatively high percentage of cancer in this series. A cervical polypectomy sometimes performed as an office procedure, and without the benefit of a microscopic report, is analogous to "sink test" of urine, resulting in misguided individuals, missed diagnosis, and inadequate treatment. Polyps may appear benign grossly, but malignant when examined by microscopic section.

In this entire series there were 135 malignancies, about 7 percent, or a ratio of 1 to about 13 non-malignant.

It is not the scope of this paper to discuss therapy of cancer, but if one considers "therapy" as finding malignant tissue or absence of it and copes with the situation on an individual basis, then one is able to answer the question of, "Doctor, do I have cancer in my womb?".

SUMMARY AND CONCLUSION

1. Charts were reviewed covering a four year period and limited to the entire uterus for the purpose of determining what surgery was performed and number of malignancies found.

2. Total hysterectomies have increased. In 1949 there were 85 total and 117 sub-total, whereas at the end of 1952 there were 496 total and 324 sub-total hysterectomies.

3. Tables 1 and 2 show the number of surgical cases and number of malignancies found. Ratio of cancer to benign is higher in total hysterectomy group. Cancer is being missed in the sub-total hysterectomy group.

4. Cervical stumps may have or will develop cancer at a later date, in some cases. A total hysterectomy should be done when possible. A wide conization of the cervix following a sub-total hysterectomy will, in all probability, prevent cancer.

5. Total hysterectomy is not the procedure of choice to determine whether or not cancer is present. Diagnostic curettage of the uterus and adequate cervical biopsies should be done first.

6. Benign uterine tumors do not necessarily disappear after menopause. Malignancy was

associated with fibroid or myomatous tumors in this series in a ratio of 1 to 2 respectively.

7. A diagnostic procedure of the cervix and uterus should be done before cervix is cauterized. A simple cervicitis may harbor malignant cells.

8. Cervical polyps harbor malignant cells. Microscopic studies must be done when polypectomy is done as an office procedure.

9. In this entire series there were 135 malignancies, about 7 percent.

10. If one considers "therapy" as finding malignant tissue or absence of it, then one is able to answer the question, "Doctor, do I have cancer in my womb?".

REFERENCES

1. By permission of St. Mary's Mercy Hospital, Gary, Indiana and Methodist Episcopal Hospital, Gary, Indiana, 1949 to 1953.
2. Crawford, Joseph B.; Collins, Conrad G., and Weed, John C.: The Cervical Stump, an Analysis of 123 Cases, Surg. Gyn. and Obst., April, 1949, 465-472.
3. Carberry, Geo. A.: Personal communication, Gary, Indiana, Feb., 1955.
4. Hundley, Mason Jr.; Diggs, Everett S., and Kardash, Theodore: Adenocarcinoma of the Uterus, Am. J. Obst., 1949, 57:52.
5. Harris, Joseph M.; Krohu, Leon, and Priver, Maurice S.: A Discussion of Methods of Detection of Carcinoma of the Uterus with Some Therapeutic Implications, West. J. Surg. Obst. and Gyn., Nov., 1948, 56:584-587.

THE BIG "IF"

If cancer had been conquered only 10 years ago, the nation would not have lost to cancer such outstanding personalities as Senators Taft, McMahon, Wherry, and Vandenburg, or such military figures as General Stilwell and Admiral Kalbfus.

If cancer had been conquered only 10 years ago, the sports world would not have lost to cancer such outstanding personalities as Babe Ruth, Ed Barrow, Walter Johnson, "Pop" Warner, Chief Bender, and "Battling" Nelson.

If cancer had been conquered only 10 years ago, we might still be entertained by the talents of Eddy Duchin and Gertrude Lawrence.

If cancer had been conquered only 10 years ago, more than 2,000,000 Americans would not have died of cancer.

If cancer had been conquered only 10 years ago, more than 800,000 heads of families would not have died of cancer.

If cancer had been conquered only 10 years ago, more than 30,000 children would not have died of cancer (including leukemia).

If cancer had been conquered only 10 years ago, the parents of these more than 30,000 children would not have undergone the tragedy of watching their children die of cancer.

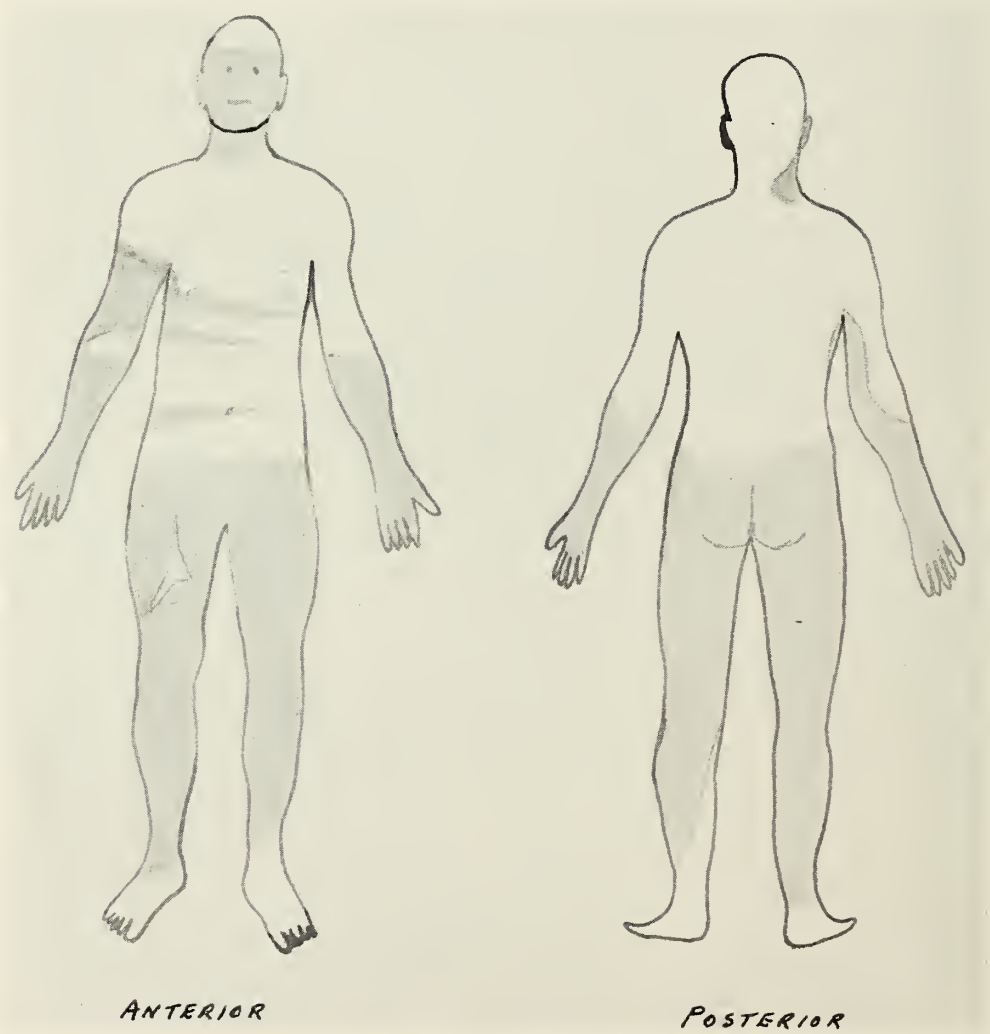
—*The Mississippi Doctor.*

Successful Management of Burn Case Involving 45% of Body Surface

OTIS R. BOWEN, M.D.
MARSHALL E. STINE, M.D.
CHARLES E. WALTERS, M.D.

Bremen

IN THE EARLY MORNING of December 7, 1953, *M. Y.*, a 21 year old white female was attempting to build a fire in a kerosene stove using a mixture of gasoline and kerosene. The mixed fuel exploded saturating her clothing. Before the flames could be extinguished she suffered severe second and third degree burns of an estimated 45% of her body with the burns distributed as shown below:



FIRST STAGE - - - SHOCK

The patient was immediately taken to the Bremen Community Hospital where emergency and early treatment was administered as follows: Demerol* to relieve pain, forced oral and intravenous fluids, cortisone, Surfacaine** compression dressings, tetanus antitoxin and antibiotics. Early massive intravenous therapy was not given because of the patient's ability to consume large quantities of oral liquids. On the first, second and third days in addition to the usual fluids, the oral fluid intake included one glass of water with one teaspoon of salt and one teaspoon of soda. Beginning the fourth day a high protein and high calorie diet to include supplemental vitamins, carbohydrate and protein granules (Delmor)† was started. On the eighth day because of the onset of vomiting, all oral medicines and feedings were stopped for 24 hours and 3000 cc of 5% Dextrose in water with 2 ampules of potassium chloride were given. Vomiting stopped and regular treatment resumed the next day. The patient withstood the first stage of the burn well with rather minimal supportive therapy but we attribute most of the response to the fact that the patient was a young, previously healthy, vigorous individual.

The following procedures were taken and recorded often and were guides as to treatment: temperature, hematocrit, red blood count, hemoglobin, white blood count, fluid intake and output. A total of 1 pint of dextran, 3 units of plasma, 22 pints of blood, and numerous glucose feedings were utilized. Fortunately, the patient was very cooperative in consuming an average of about 4000 cc. orally per day. Cortisone was administered in dosages of 25 mgm. tablets 4 times a day for the first 10 days. Penicillin was given (600,000 units per day) by injection for the first eight weeks. 250 mgm. of Terramycin*** every 4 hours was given from the beginning of the second week until the end of the eighth week. Vitamin B 12 in 500 mgm. daily dosage by injection was given from the beginning of the second week until her discharge from the hospital on July 4, 1954 completely healed.

SECOND STAGE - - - TOXIC AND SEPTIC PHASE

Just where and when the first stage stops and the second stage begins is indefinite. Invasive infection and the development of septicemia are thought to be the main causes of death after the first few days. Local care at its best does not afford adequate protection against these hazards. Therefore, at the earliest possible time it is necessary to convert these open wounds into closed ones by promotion of healing and grafting. This is exceedingly difficult in burns involving great percentages of the body surface.

On the eleventh day the Surfacaine compression dressings were totally removed (after having been changed twice previously) and a cradle was placed over the trunk and legs. In the cradle was a 75 watt bulb. A thin layer of sterile 4x4 gauze pads was placed over the burns. The pads were sprayed and kept moistened with Bactine.†† As long as the pads were well moistened with Bactine the patient was reasonably comfortable and practically no odor was existent. As soon as the pads became dry there was pain.

Naturally, narcotics were required at intervals regardless of the type of dressing used. The Bactine-dampened pads were changed daily and the exudate peeled off with the pads with relative ease; however, any manipulation whatsoever apparently was very painful. This made redressings time-consuming and difficult. When the exudate and necrotic tissue were fairly well removed with frequent Bactine sprays and redressings, and after an area had been skin grafted, then Vaseline gauze compression dressings were used. However, resumption of the semi-exposure method of treatment with cradle, thin gauze covering and Bactine sprays was instituted at intervals of a few days if the exudate and odor tended to increase or when Vaseline coatings on the ulcerated areas appeared to collect too heavily, and seemingly retarded growth of skin margins or island graft margins. When using the Vaseline gauze dressings a complete change of dressings would require 2 or 3 hours and leave the patient exhausted. Finally, we found the best way, not only for the patient but for ourselves, was to do one part of the body dressing each day —that is, the right arm one day, right leg the next day, then the left arm and leg and the trunk.

* Winthrop-Stearns, Inc.
** Eli Lilly and Company.
† Sharp & Dohme
*** Pfizer Laboratories

†† Bactine is the registered trade mark of Miles Laboratories, Inc., Elkhart, Indiana, for a clear, colorless liquid, faintly aromatic, containing di-isobutyl cresoxy ethoxy ethyl dimethyl benzyl ammonium chloride, polyethylene glycol mono-iso-octyl phenyl ether, propylene glycol, chlorthymol, alcohol 4%, essential oils, and water q.s.

By this rotation system it required only a short period of time every day leaving the patient less exhausted and much more cooperative; yet, she dreaded to see that particular time of day come.

THIRD AND FOURTH STAGES— PHASES OF GRANULATION, GRAFTING AND REHABILITATION

Before grafting, all the necrotic burned flesh which included some muscle tissue in the deepest areas had to be removed so that a non-infected lesion with a good blood supply remained. This was accomplished in two ways: trimming during redressings and by using digestants just before surgery. When the condition of the patient as judged by temperature, strength, fluid balance, hematocrit, blood count and appearance of the residual ulcers appeared ready to graft, a solution of Tryptar* was applied to areas where the first grafting was to be done.

Tryptar was applied as follows: two days before the scheduled surgery all dressings were removed from the designated limb and the limb was covered with sterile gauze squares. Four catheters were loosely anchored on the limb with roller gauze so that all the area would be saturated by the solution introduced into the catheters. Thick gauze pads followed with a layer of elastic bandage then plastic material were applied. The ends of the catheters were left protruding and Tryptar solution was introduced in equal amounts into all four cathethers in quantity sufficient to keep the dressing well moistened. The ends of the catheters were kept clamped except during time of injecting the Tryptar solution into them. This treatment was uncomfortable to the patient and necessitated extra sedation. The results were extremely gratifying. The exudate and necrotic tissue were digested away leaving a raw, healthy, ulcerated bed on which to apply the skin grafts. Donor areas were scarce; sites available were shoulders, abdomen, upper back and a few small areas around the ankles and upper arms. Split skin grafts were removed mainly with Durham razor blades; donor sites were suitable for a dermotome in only a couple areas.

After the grafts were placed on the recipient sites, a fine meshed gauze impregnated with vaseline was applied without wrinkles. Care was taken to avoid excess vaseline. Gauze squares followed by elastic compression dressing were left on the extremity for one week. This procedure was repeated every three weeks for five times and for a total of approximately 19 hours of surgery. The parts were grafted in the following order: January 27, 1954 the right arm, forearm and wrist; February 10, 1954 the right leg with especial attention to the knee; March 3, 1954 the left leg with especial attention to the knee; March 24, 1954 finished the right leg, right arm and forearm; and on April 14, 1954 the buttocks, perineum and "patched up" few remaining scattered areas. An estimated 80% "take" was accomplished on each grafting. Between surgeries, dressings were alternated with Vaseline gauze closed dressings and "semi-exposure Bactine spray dressings." On the fresh graft Vaseline dressings always were used. Bactine spray on semi-exposed areas were used depending on the degree of saturation or dryness of the vaseline dressings, the odor of the dressings, and on the amount of accumulation of Vaseline on the burns. An overabundance of Vaseline on the edges of the graft and on the edges of the remaining good skin seemed to retard new growth. Therefore, it is our feeling that Bactine, besides keeping the odor down and combating local infection, appeared to be an excellent alternate dressing when an overabundance of ointment accumulates to retard new growth of skin edges of the wound.

Exposure treatment in large scale emergencies will almost be a necessity and it is possible that Bactine spray may be one satisfactory means of assisting in the exposure method of treatment.

There were some special problems involved throughout all of the stages. The patient was constantly prompted to move all joints in order to reduce stiffness. The right hand and wrist, both ankles, the knees and the hips gave us the most difficulty; however, with institution of early passive motion, and later active motion, reasonably good results were obtained. Warm tub baths given in the last two months seemed to help the mobility of her joints. Practically no contracture due to scarring was obtained at any joint or in any area. A board was placed at the foot of the bed to prevent foot drop. There was apparent nerve damage in the left leg preventing dorsal flexion of the great toe only. The usual exercises with the sponge rubber ball and with an overhead trapeze assisted motion in the hands, wrists, elbows and shoulders.

The problem of excreta during bowel move-

* Armour & Company.



Photographs of patient showing progress of treatment. Left hand picture was taken December 24, 1953; center, February 17, 1954; and right photograph, May 5, 1954.

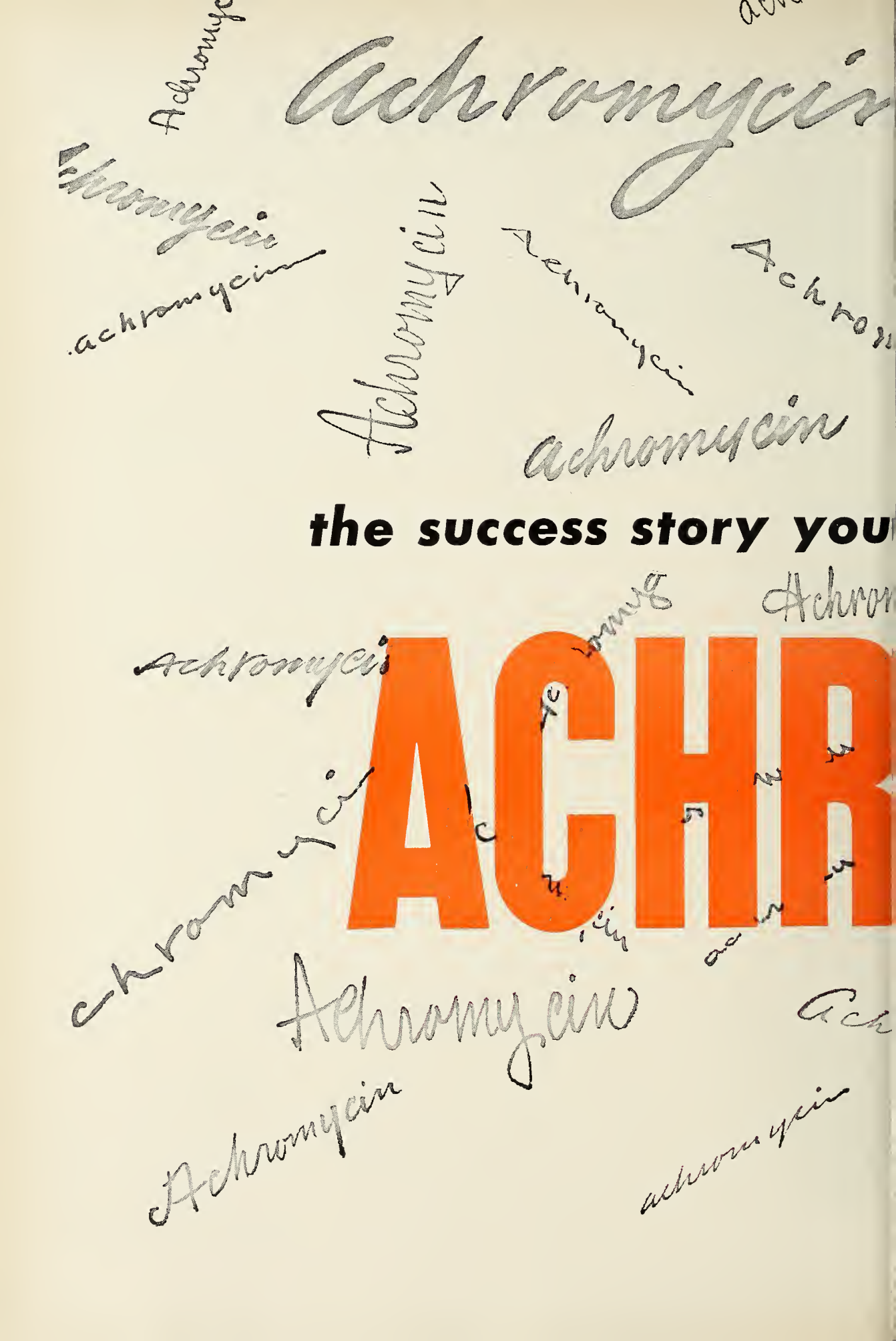
ments, urination and menstrual flow was difficult to cope with when one had 3rd degree burns around the perineum. Getting the patient off and on a bed pan was a chore for two nurses. Adherence to cleanliness during these times was the only precaution taken except with the use of antibiotics to control infection. As noted above, several transfusions were required, especially in the second and third phases. The anemia that developed was not only secondary to the toxic destruction of blood cells and probably toxic inhibition of blood forming organs to form new blood cells but was also primary due to blood loss during the changing of dressings and from donor sites during skin grafting. The healthier and redder the ulcerations appeared, the more easily they bled. This fact, however, was probably responsible for the high percentage of "takes" on the skin grafting. In the second stage of the burn the temperature was septic and at times would soar to 104. This was controlled by maintaining adequate fluid balance and with aspirin compound. The problem of sleep and the use of narcotics was difficult inasmuch as we had to take a middle course, attempting to keep the patient comfortable, and at the same time preventing narcotic addiction. For the first few weeks it was necessary to use Demerol, codeine, aspirin compound, Nembutal, Amytal, phenobarbital and Somnos, alternately but as sparingly as possible. By the end of the fourth month the only sedation required was small amounts of phenobarbital for nighttime and aspirin compound seemed to control her pain in the daytime.

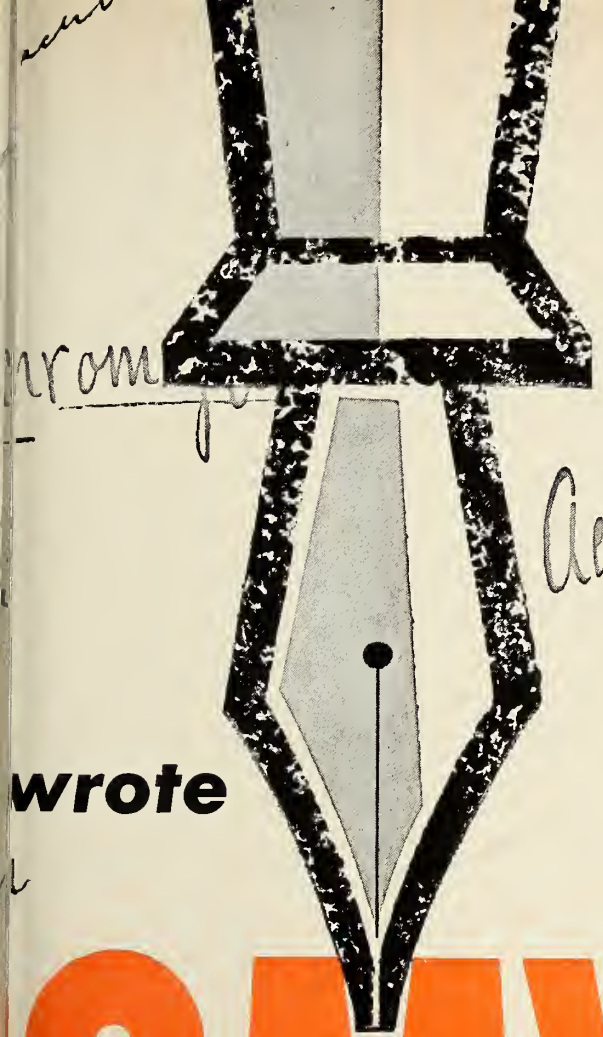
A four percent urea solution was used on the last area before grafting instead of Tryptar. This proved almost as effective, was just as uncomfortable to the patient but was much less expensive.

SUMMARY

This is a case report of a 21 year old white female who incurred second and third degree burns of at least 45% of her body and who was released from the hospital seven months later with all lesions completely healed. Her recovery period is divided into four phases, namely: first phase of shock, second phase of toxicity and sepsis and third and fourth phases of granulation, grafting and rehabilitation. Special description of dressings used are given, especially the use of sterile 4x4 inch gauze pads placed over all burned areas and saturated with Bactine at frequent intervals. These dressings were alternated with sterile Surfacaine and Vaseline dressings, the latter being used immediately following each of the five multiple grafting procedures. Grafting procedures were preceded by using tissue digestants of Tryptar and/or urea for one or two days. Special problems of care presenting themselves were: (a) care of completely involved perineal region with 2nd and 3rd degree burns and (b) the usual problems of joint stiffness associated with long periods of complete bedrest.

A new method of semi-exposure treatment of burns with use of Bactine spray is presented as a satisfactory means of assisting in the treatment of burns in general but especially to be considered in treatment of burns of any large scale disaster.


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of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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DEATHS WE CAN PREVENT

ABANDONED ICEBOXES continue to be a threat to children. In spite of past efforts to eliminate the hazard there is evidence that not all of the treacherous traps have been done away with.

The sales volume of new refrigerators would indicate that thousands of the older variety are being abandoned, and in spite of laws to the contrary, it is reasonable to suppose that many have not been dismantled sufficiently to make them safe.

What is needed is a continuing campaign of public information; and an organized effort at regular intervals by some group of community organizations to hunt out the killers and render them innocuous.

Children seem to be attracted irresistibly to such discarded equipment and when once caught in the escape-proof and airtight dungeons there is nothing that can save them.

This is an effort that might well be initiated and sparked by medical societies. In cooperation with newspapers and other public-spirited groups the dangers of the situation and its prevention may be kept in the public mind. If not we may have a recurrence of the epidemic of ice box deaths which occurred last year.

The 1955 General Assembly passed a law which is now in effect and which prohibits the abandonment of iceboxes or other similar entrapping boxes and chests without first removing or making inoperative the locking devices. This is a good law, but as everyone knows, laws do not solve everything, and are not universally obeyed. In such an important lifesaving project there is certainly room for volunteer organizations as a supplement to the legal approach to the problem.

DIABETES DETECTION

THE SEVENTH ANNUAL DIABETES DETECTION DRIVE is scheduled this year for the week of November 13 to 19. Each year the drive has shown a healthy increase over the preceding year in number of persons tested and in number of diabetics diagnosed for the first time. This year promises the same increase in interest, in number of organizations and physicians who participate and in the number of persons tested.

The Diabetes Committee of the Indiana State Medical Association is planning for extensive participation by the county medical societies. The St. Louis Dreypak has proven to be a convenient and reliable aid, and will be furnished without charge on a nationwide basis.

Improvement in the lot of diabetics in general makes a diagnostic drive even more important. Due to advances in treatment, better knowledge and cooperation on the part of patients, and to earlier diagnosis, coma has become a rare complication. Diabetic gangrene is diminishing in incidence and the other serious complications are significantly decreased.

This year the public will be informed by way of radio, television and newspaper publicity. Individual physicians and all county medical society diabetes committees will prepare for an enlarged attendance and participation in the detection campaign.

HOOSIERS AT THE A. M. A.

At the recent meeting of the A. M. A. at Atlantic City, Hugh A. Kuhn, M.D., Hammond, Indiana was elected to succeed himself as secretary of the Section on Laryngology, Otology and Rhinology.

Lall G. Montgomery, M.D., Muncie, Indiana was reelected as delegate to the A. M. A. representing the Section on Pathology and Physiology.

Lester D. Bibler, M.D., Indianapolis, will continue his term as delegate to the A. M. A. representing the Section on General Practice.

INFORMATION ON PESTICIDES

The National Agricultural Chemicals Association is making available without cost the latest revision of "Clinical Memoranda on Economic Poisons". The memoranda cover the chemistry, toxicology, and pathology of many of the commonly used pesticides. Excellent discussions of the diagnosis and treatment of poisoning by these substances is included. Copies may be obtained by addressing the National Agricultural Chemicals Association, 1145 19th St., N. W., Washington, D. C.

Guest Editorials:

The editorial on "Cults" is from the July 1955 issue of The Journal of the Kansas Medical Society.

CULTS

MISUNDERSTANDING of words is the treachery of language. Failure to convey an intended impression has caused a sizable part of this world's trouble. The speaker is probably as often at fault for his uncritical evaluation as is the listener for his incorrect reception.

An example of both is medicine's use of the term "cult." To the physician this may be a vaguely defined expression implying lack of scientific understanding. Its connotation reflects inferiority. It is applied with condescension. But sizable segments of the public accept the word as a mark of distinction, either on the basis of persecution or exceptional ability. The intended effect is reversed and a warning in the public interest becomes an advertisement that perpetuates its existence.

The definition in the Code of Ethics of the American Medical Association is not difficult to understand. "A sectarian or cultist as applied to medicine is one who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience."

The public cannot be expected to have an intuitive perception of what constitutes scientific experience, but dramatic examples are available that certainly cannot be contested. Should a present day group subscribe to a flat world theory, that would be a cult in the mind of every thinking person. To deny the existence of bacteria, or to oppose immunization procedures, or to declare that aluminum cookware causes cancer, represents cultist dogma that is readily understandable.

Chiropractors testified before a Kansas legislative committee of their disdain for diagnosis because human illness is impossible when the vertebrae are aligned. Scientific experience is completely ignored when one treatment procedure is credited with versatility sufficient to overcome the complete range of human illness, and that is cult thinking.

The so-called "osteopathic concept" is similar. Andrew Taylor Still, founder of osteopathy, cried long and loud against the practice of surgery and the use of drugs.

He said, "Adjuncts are not necessary to the osteopath. . . . If he is an up-to-date osteopath, his hand is his thermometer; his hand is his syringe. An osteopath kills diphtheria, worms, with the club of reason dipped in pure arterial blood."

He said, "We are opposed to the use of drugs as remedial agencies. We are opposed to vaccination. We are opposed to the use of serums in the treatment of disease; nature furnishes its own serum if we know how to deliver them."

He said, "Osteopathy is based on the perfection of Nature's work. When all parts of the human body are in line we have health. When they are not, the effect is disease. When the parts are readjusted, disease gives place to health. The work of the osteopath is to adjust the body from the abnormal to the normal; then abnormal condition gives place to the normal and health is the result of the normal condition."

Today's osteopath is embarrassed by his ancestry. He wants to practice scientific medicine but is haunted by the ghost of Andrew Taylor Still. His right hand tries to perform surgery while with his left he surreptitiously clings to his founder. He adds to his scientific medicine a benediction in the laying on of hands. The patient is led to believe he has received something extra—a touch of magic, a voodoo sign.

The A. M. A. Committee for the Study of Relations Between Osteopathy and Medicine explained this more adequately to the House of Delegates at Atlantic City in June. On the

subject of "osteopathic lesions" the report said in part:

"The exact nature of these 'lesions' is not known. They are non-fatal and non-surgical and their microscopic structure has not been studied. The results of efforts to produce them experimentally have not been satisfactory. . . . Under certain circumstances it is hoped that the blood supply to the affected parts may be improved by reflex action.

"Manipulative therapy is used as an adjunct to and not as a substitute for accepted measures of treatment. . . . Some use it frequently, some infrequently and some not at all. None consider it, per se, to be definitive or curative therapy in disease states. . . .

"The 'lesion' does not cause organic disease and its correction alone does not cure organic disease. . . .

"The faint aura of cultism which clings to osteopathic teaching arises out of the past. It persists because of efforts by some members of the profession to explain the results claimed for manipulative therapy on the basis of unproven physiological concepts, a tendency to use confused and ambiguous terminology and a fairly widespread failure to apply critical evaluation to results. It does not result from the present beliefs, teachings and practices of the vast majority of faculty members of the colleges of osteopathy."

The last sentence was included because its omission would have opened the charge that the quotations were unfair. And yet, that last sentence confirms the argument. Osteopaths bravely embrace the scientific developments of the medical profession, but fear to divorce their superstitions.

So they are cultists. And so they were declared to be by the A. M. A. House of Delegates last month.

The A. M. A. voted "(1) That the report of the Committee for the Study of Relations Between Osteopathy and Medicine be received and filed; and that the Committee be thanked for its diligent work, and be discontinued.

"(2) That if and when the House of Delegates of the American Osteopathic Association, their official policy making body, may voluntarily abandon the commonly so-called 'osteopathic concept,' with proper deletion of said 'osteopathic concept' from catalogs of their colleges; and may approach the Trustees of the American Medical Association with a request for further discussion of the relations of Osteopathy and Medicine, then the said Trustees shall appoint another special committee for such discussion."

It is all right for the ball player to indulge in a rite for the sake of good luck, but the scientific physician simply does not perform an incantation to speed penicillin upon the successful performance of its task.

Whenever he insists upon that, he is a cultist and no amount of respect for whatever else he may do or know how to do can erase it.

Review this one more time! The "osteopathic lesion" cannot be demonstrated or experimentally produced. Its presence does not cause organic disease nor does its correction cure organic disease. Therefore, the osteopath who knows it means nothing but uses it anyway is a charlatan; the osteopath who believes in it "follows a dogma . . . to the exclusion of demonstration and scientific experience"; and the osteopath who neither believes in the "osteopathic lesion" nor purports to adjust it should disassociate himself from those who do.

As long as the "osteopathic concept" remains a part of its teachings, this school of healing is cultist and osteopaths alone can alter that. Medicine did not place osteopaths in this category, nor is persecution involved. As a matter of fact medicine has carried their reluctant weight in its advance.

It becomes entirely a matter of language and the understanding of words. Science gathers facts and fits the answer into the findings. Cults begin with an answer which they try to support with findings.

Once the public understands this and senses its impact upon health, medicine should no longer need to concern itself with the question of osteopathic rights. The next move, if there is to be a next move, must come from the other side.

The President's Page

AS A BOY I was thrilled and awed by the writings of Jules Verne and have lived to see what were considered wild dreams become realities. The recent acquisition by our navy of the atomic-powered submarine, Nautilus, is about as near the fulfillment of Jules Verne's dreams as one could expect.

Recent advances in the field of medicine prompt me to predict what medicine will be like in the year 2000. Crazy, perhaps, but who knows, it could happen.

In the field of nutrition our knowledge of food elements will expand so that the vegetables, grains, fruits, and livestock will be raised with more nutritious substances. No one will suffer from dietary deficiencies and our soil will be enriched by fertilizers extracted from the sea. New enzymes and vitamins will be discovered that will delay the aging process and arteriosclerosis will be controlled by dietary methods. The sea will produce algae or man will artificially cultivate algae to supply most of our protein needs.

Diseases such as diabetes will be controlled by oral insulin if the original cause has not already been found to be an enzyme acting on the liver and pituitary glands. Tuberculosis will be a rarity and cases will be sought by teachers to demonstrate the pathology of the Great White Plague. All forms of TB will have been eradicated by new antibiotics with a specificity heretofor unknown. Cancer, a leading killer today, will be diagnosed by blood tests using radio isotopes which will be selective in locating the exact origin and extent of the disease. X-rays of suspected lesions will be accomplished by a portable box no larger than a shoe box which will contain radioactive materials and give positive prints within minutes.

Radioactive substances with a predilection for leukocytes will be used to locate inflammatory areas and a Geiger counter will be used to pinpoint the area of greatest activity thereby narrowing the search in a matter of minutes.

Substances will be found which when injected intravenously will be specific for various types of tissue and will outline organs for quick X-ray surveys. Lymph nodes and lymphatics will be outlined clearly and surgical removal of metastatic lesions will be more easily accomplished until the final work is done on cancer that will prove it to be caused by an enzyme that makes cells go wild.

Heart surgery will be advanced to a degree unheard of today. Plastics and noncorrosive metals will be used to a greater extent in arterial and valvular surgery. Small pumps powered by a capsule of atomic energy may even supplant our old hearts.

Ways will be found to transplant whole organs without fear of destruction and parts departments will be a new division in our hospitals. Portable artificial kidneys will extend man's ability to carry on until a new kidney can be grafted.

Injuries caused by moving vehicles will be eliminated by a radar device that, like repelling magnets, will prevent collisions—thereby setting in motion automatic devices that will prevent such catastrophies. Arthritic joints and those injured by trauma will be replaced by metal that can be serviced and lubricated like the old jalopy of today.

Mental, nervous diseases will be conquered by chemotherapy and dietary means. Antibiotics will be more specific and nonallergic and so deadly the bacteria will

have no time to produce mutations that will become resistant. Wounds will not be sutured but cemented together by tissue extracts that will produce more rapid development of fibroblasts and quicker healing. Fractures will be immobilized by simply spraying on a lightweight plastic form-fitting cast which will be easy to remove.

Synthetic materials will be used that will carry oxygen and be suitable for transfusions instead of whole blood.

Anesthetics, as we know them today, will be replaced by hypnosis. Cell study will reach such a peak of perfection that genes will be tagged and undesirable traits will be eliminated. Burns will be sprayed with tissue extracts that will seal and stimulate epitheliazation to a degree never before known.

All homes will extract heat from the air or ground and reverse the cycle for air conditioning—at an electrical cost that will make John L. Lewis's coal prices pale into oblivion. Dr. Rinne's extra sensory perception will be developed to a degree many people will never need our present methods of communication.

These things will all come to pass unless mankind in his march to power loosens the H-bomb and then we'll all have to start over again.

Fantastic, yes, but who would have predicted the wonders of today without that appellation?

Oh well, maybe it's the heat.

W L Bortsen M.D.

TAKING THEIR OWN MEDICINE

Every physician in Tippecanoe county will undergo a physical examination within the next few weeks.

Sponsored by the Tippecanoe County Medical Society the plan provides for two methods of examination. Each physician may select a doctor of his own choice for his physical examination or he may join some of his fellow physicians in a mass examination to be given by a committee of the medical society.

Impetus was given the program by the untimely deaths of six members of the society, all of which have occurred in 1955. Some of these might have been prevented, a member of the society said, had the doctors known of their physical conditions.

The Woman's Auxiliary

REPORTS TO I. S. M. A.

August 1955

Greetings to the wives of all members of the Indiana State Medical Association:

We are looking forward to meeting you at French Lick Oct. 17-19, where we can visit, play, dine and plan together. The committee on arrangements has golf and bridge for those who wish to play. For those who have questions about Auxiliary activities during the coming year there will be discussion groups under the leadership of state committee chairmen. If you wish help in obtaining films, literature, or a guest speaker at one of your county meetings this is the time to make arrangements for them.

The Indiana State Medical Association Committee on Rural Health would like for every county Society to put on a Health Workshop day for the public. It is the task of the Auxiliary to assist by finding a suitable place to hold the meeting, and to furnish the publicity. Any questions about procedures will be welcomed and suggestions offered. We would like to have many counties volunteer to initiate this health program. The National Auxiliary slogan is "Active Leadership in Community Health". Indiana, too, wishes to emphasize the importance of leadership in helping solve community health problems. It is hoped that many counties will have a day when the public is invited to attend a program on Community Health problems which are slanted to the needs of the county concerned. The program itself will be given by your County Medical Society and will emphasize the needs of your particular county, but may follow a suggested outline prepared by the chairman of the Rural Health Committee, Dr. J. E. Dudding. These programs are available and can be obtained from the Rural and School Health Committee of the Auxiliary at French Lick, or by mail from Dr. Joseph E. Dudding, Hope, Indiana.

A few highlights of the suggested program are:

1. Active Tetanus Immunization
2. Salk Vaccine
3. Proper Nutrition
4. Sanitation
5. Accident Prevention

Be thinking about active participation in the Community Health programs and bring your ideas to French Lick.

We would be glad to have you bring your program schedules and arrange for visiting State Officers at this time.

Sincerely yours,

Helen W. Mather

(Mrs. J. Winford Mather)

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Metamucil is the highly refined mucilloid of the Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent.

The usual adult dose is one rounded teaspoonful of Metamucil powder in a glass of cool water, milk or fruit juice one to three times daily. An additional glass of liquid may be taken if indicated.

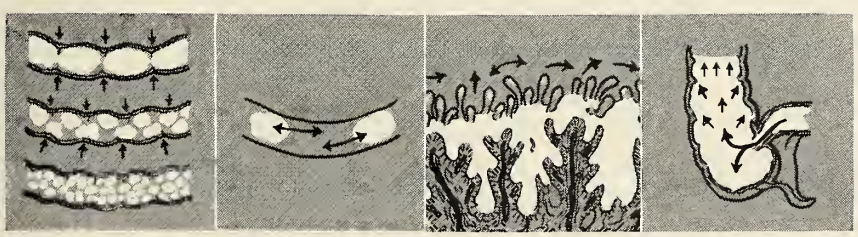
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SEARLE

Indiana's Blue Cross Pays Full Benefits in All Licensed Hospitals

INDIANA'S BLUE CROSS PLAN does not penalize its members who are admitted to hospitals that are not accredited by the Joint Commission on Accreditation of Hospitals, it has been pointed out by Guy W. Spring, Executive Director of the organization.

This question arose following the report in the July issue of THE JOURNAL of the address made by Kenneth B. Babcock, M.D., Director of the Joint Commission on Accreditation of Hospitals, at the annual meeting of the Indiana Academy of General Practice. Dr. Babcock pointed out that 43 of the 84 Blue Cross Plans in the United States do not provide the full benefits of their membership certificates when members are admitted to non-accredited hospitals.

The Blue Cross Plan in Indiana will provide the full benefits of its certificates of membership in any hospital licensed by the Hospital Licensing Council of the Indiana State Board of Health, Mr. Spring pointed out.

Military Surgeons to Discuss Medical Aspects of Atomic Warfare

THE ASSOCIATION OF MILITARY Surgeons of the United States will present a comprehensive three-day program on the medical problems facing the military services and the nation in an atomic war. The entire scientific and professional program of the 62nd Annual Convention of the Association, to be held at the Statler Hotel in Washington, D. C., on November 7, 8, and 9, will be devoted to these problems.

The convention will be addressed on the first morning by Admiral Lewis L. Strauss, Chairman of the Atomic Energy Commission; Dr. Frank B. Berry, Assistant Secretary of Defense (Health and Medical); by the Surgeons General of the Army, Navy, Air Force, and Public Health Service; and by the medical chiefs of the Veterans Administration and the Federal Civil Defense Administration. The medical industries of the country also will choose a speaker to address the convention.

The first afternoon session will discuss the medical effects of nuclear warfare, including the characteristics of nuclear explosions, and the injuries due to blast, heat and radiation.

The entire second day's program will be devoted to the Principles of the Care of Mass Casualties and the third day will be given over to Organization for the Management of Mass Casualties.

Each topic will be discussed by an expert in his field who has made a particular study of the medical problems of atomic warfare.

One of the outstanding features is the Honors Night Dinner on November 9 at which the Sir Henry Wellcome Medal and Prize, the Gorgas Medal, the Stitt Award, the McLester Award, the Louis Livingston Seaman Prize, and the Founder's Medal will be presented.

Detailed information may be obtained from Lt. Col. Lawrence G. Alexander, Association of Military Surgeons of the U. S., Suite 718, New Medical Building, 1726 Eye Street, N. W., Washington 6, D. C.

Meat...

and Biologic Facts of Protein Metabolism

The classical work of Cannon and his associates* in the field of protein metabolism has contributed significantly to our knowledge of the biologic utilization of protein. It has established that the dietary absence of a single amino acid quickly changes the direction of metabolic activity from anabolism to catabolism. Apparently all the nonessential amino acids play some part in sparing the essential amino acids, and all may be regarded as indispensable for optimal nutrition. It has been suggested "that for maximal tissue-utilization of amino acids at least twenty per cent of the total dietary nitrogen should come from other sources than essential amino acids."

In undernourished subjects the maintenance requirement for each essential amino acid is much greater—two to almost five times greater—than in healthy subjects.

Although an optimal caloric intake facilitates optimal utilization of amino acids, a reducing regimen need not curtail full utilization of these nutrients. It has been shown that a useful degree of amino acid utilization can be attained with caloric intake considerably below the optimal.

Minerals appear to be important in the process of amino acid metabolism. Evidence indicates that either phosphate or potassium deficiency might adversely influence amino acid utilization. Absence of either ion from experimental depletion rations leads to depression of appetite and slowing of the processes of protein repletion.

B complex vitamins also affect the metabolism of proteins and amino acids. For example, rats fed a high protein diet require a high intake of B complex vitamins in order to maintain normal growth rates. Omission from the ration of any one of these vitamins (riboflavin, thiamine, pyridoxine, or pantothenate) is accompanied, in varying degrees, by lower food consumption and slower weight gain.

Meat of all cuts and kinds is high in its content of protein, and provides well proportioned amounts of essential and nonessential amino acids. Meat also supplies valuable amounts of essential minerals, especially iron, phosphorus, potassium and magnesium, as well as important quantities of all components of the vitamin B complex, thus assuring maximal utilization of the amino acid components.

*Cannon, P. R.; Frazier, L. E., and Hughes, R. H.: Factors Influencing Amino Acid Utilization in Tissue Protein Synthesis, in Symposium on Protein Metabolism, New York, The National Vitamin Foundation, Inc., 1954, pp. 55-90.

The nutritional statements made in this advertisement have been reviewed and found consistent with current medical opinion by the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute
Main Office, Chicago . . . Members Throughout the United States

5,036 Foreign Physicians Train in U.S. Hospitals During 1954-1955

ALMOST 40,000 foreign students, scholars and doctors spent the 1954-1955 academic year in the United States, according to the Institute of International Education, New York City.

Five thousand thirty-six physicians from 84 countries trained in American hospitals as interns or residents. The physicians surveyed for this report all trained in hospitals approved by the American Medical Association for internship and/or residencies.

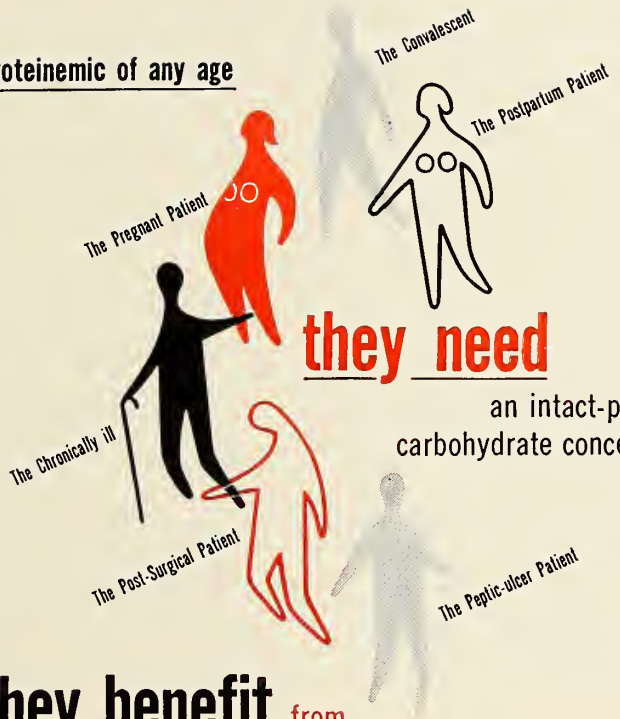
Where did they come from? Over a quarter of the visiting doctors came from Far Eastern countries. Latin Americans and Europeans each represented about one-quarter of the total. Canadians and Near and Middle Easterners constituted smaller groups, and very small numbers came from Africa and Oceania. Citizens of ten countries comprised two-thirds of the total: the Philippines, China, India, and Korea in Asia; Turkey in the Near East; Germany and Italy in Europe; Mexico, Cuba, and Canada in the Western Hemisphere.

What was their status? Three thousand two hundred and seventy-five or 65 per cent of all the foreign doctors took advanced training with resident status, and 1,761 were interns. Among the doctors from Canada and the Near and Middle East an unusually high proportion were residents; the European doctors, on the other hand, included a high percentage of interns.

What were their specialties? In tabulating the residents' medical specialties, it was found that the two largest groups were in general surgery (663) and general medicine (506). After these fields, certain specialties were reported most often: obstetrics and gynecology, pathology, pediatrics, psychiatry, anesthesiology, internal medicine, radiology, otolaryngology, and orthopedics.



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Statement on Retrolental Fibroplasia With Reference to Oxygen Administration

Recommendations for the prevention of retrolental fibroplasia, sponsored by the Maternal and Child Health-Crippled Children's Services Committee and the Conservation of Vision Committee of the Indiana State Medical Association, together with the Indiana Hospital Association, Indiana Society for Prevention of Blindness, and the Indiana State Board of Health, are published in conformity with the committees' feeling that the condition constitutes a preventive medical emergency.

THE EVIDENCE CONTINUES to incriminate excessive oxygen administered over a prolonged period as the major cause of retrolental fibroplasia in premature infants. A review of recently published studies of this subject, abstracts of which are included at the end of this statement, give convincing evidence that immediate action is required.

It is strongly urged that the following policies with respect to oxygen administration be adopted at once by all hospitals caring for newborn infants:

1. All babies under 1500 grams shall continue to receive routine oxygen for 24 hours, the concentration of which shall be kept between 30% and 40% as checked by measurement with an oxygen analyzer[1] every 8 hours. These infants shall be removed as soon thereafter as qualified nursing and medical estimates of the infant's status permits.
2. Oxygen shall be prescribed for individual infants by the physician on the basis of clinical symptoms, particularly cyanosis.
3. Under no circumstances shall oxygen be administered in concentrations exceeding 40%.
4. The actual concentration of oxygen during administration shall be checked by measurements with an oxygen analyzer[1] at least every 8 hours.
5. The continuous administration of oxygen for periods in excess of three days should be prescribed only in cases of real need.

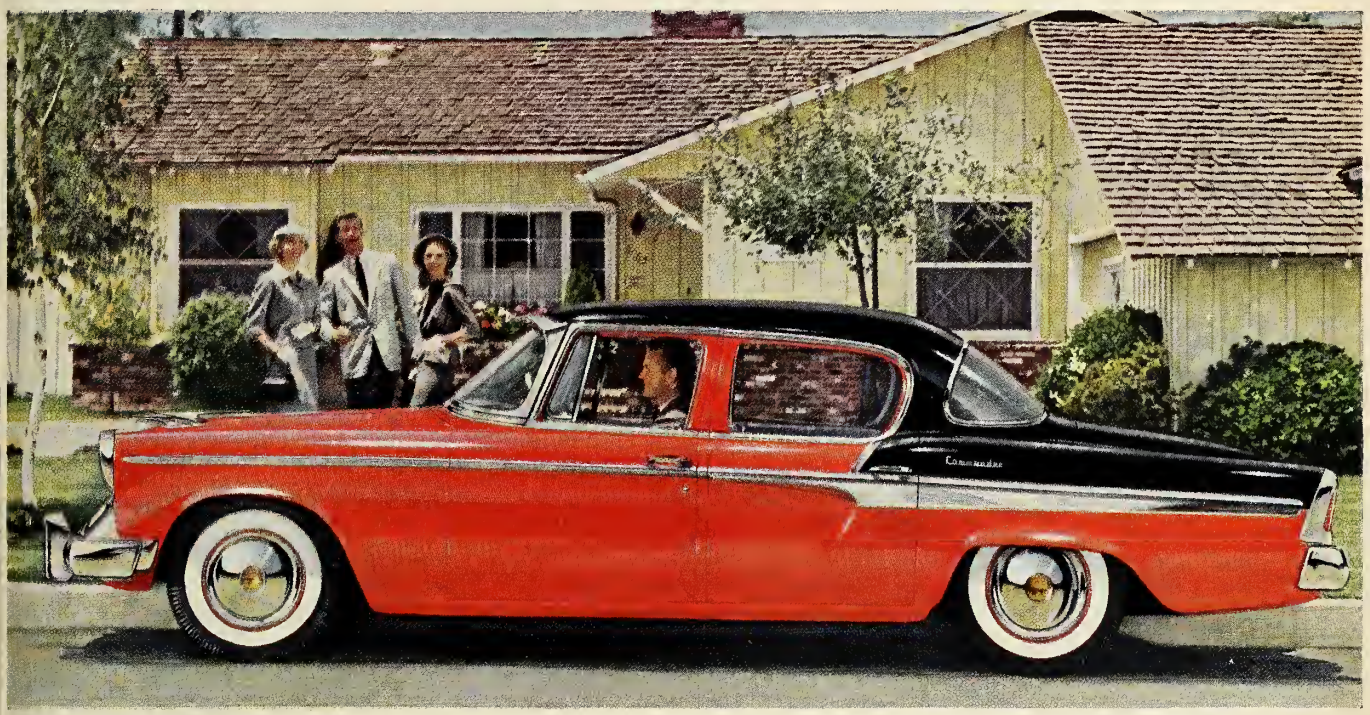
 The indications for continued oxygen therapy should be re-evaluated by the physician daily. Where oxygen is administered for periods longer than three days, extreme caution should be exercised to measure the oxygen concentration *to see that it does not exceed 40%.*

[1] Until such time as an oxygen analyzer can be purchased, it is recommended that a flow of not more than 2 liters per minute be permitted in the Gordon-Armstrong type incubator and from 1-2 liters per minute in the Isolette. Complete instructions for the maintenance of oxygen concentration in the Isolette have recently been mailed by the manufacturer to all hospitals owning these incubators. These instructions should be kept in the nursery and followed closely. If you do not have a copy, write immediately to Air-Shields, Inc., Hatboro, Pa. The *important recommendation* on Isolettes concerns those bearing serial numbers below 3566. In these incubators the small "float" in the air oxygen intake assembly should be removed.

To remove float from air-oxygen intake assembly, unscrew oxygen intake nipple with a ¾ inch wrench. Remove float and replace the nipple. If the float does not drop out easily, it can be dislodged with the eraser end of a pencil or by tapping the assembly block.

With respect to oxygen analyzers it has been found that the major experience has been with the Beckman instrument manufactured by Arnold & Beckman, Inc., 1020 Mission St., South Pasadena, California. It is accurate and

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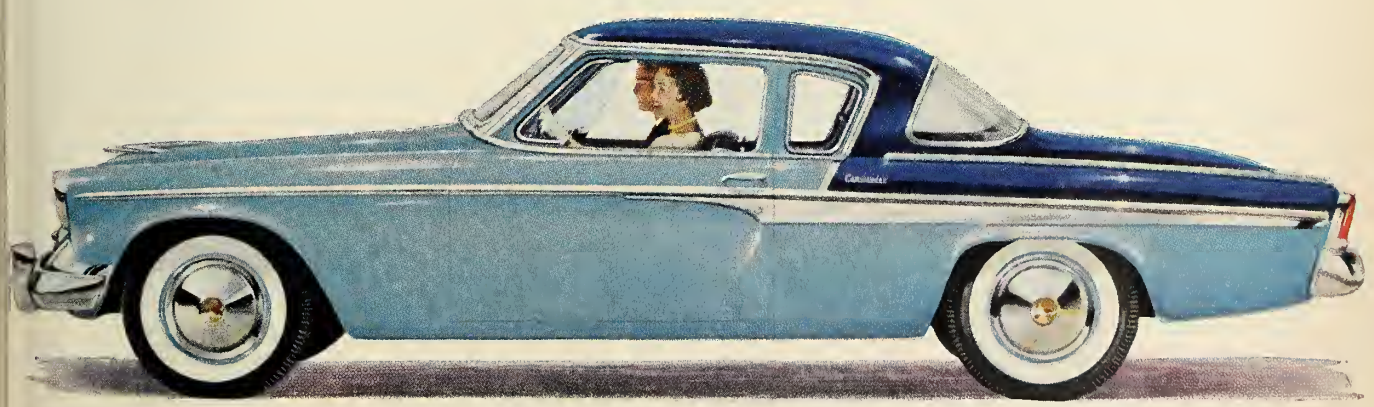
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Although the relationship between high concentration of oxygen and retrolental fibroplasia has been described in various papers in medical journals, *there is an evident lag in application of this knowledge in the hospital nursery care of premature infants.* The National Society for the Prevention of Blindness recently questioned a large number of well-known hospitals throughout the country and found that a considerable number of them had not yet taken definitive action to adjust their oxygen administration procedures to minimize the threat of visual damage.

A recent study was conducted by the National Society for the Prevention of Blindness concerning the distribution of preschool blind by cause of blindness in 11 selected states. This study showed that in 1943, 6.7% of preschool blindness was due to retrolental fibroplasia. This is a matter of deep concern, and we believe it constitutes an emergency in preventive medicine.

The following abstracts with references compiled by the National Society for the Prevention of Blindness should be studied with care—together with the papers themselves—by all physicians, chiefs of newborn nursery service, hospital administrators, and others responsible for the policies of newborn nurseries.

SELECTED REFERENCES CONCERNING ASSOCIATION OF HIGH OXYGEN ADMINISTRATION WITH OCCURRENCE OF RETROLENTAL FIBROPLASIA

(Issued by Franklin M. Foote, M.D., Executive Director of the National Society for the Prevention of Blindness)

Crosse and Evans[1] of Birmingham, England, reported occurrence of 6 cases of retrolental fibroplasia during period when there was much use of oxygen; no cases after oxygen administration was curtailed. K. Campbell[2] reported a similar observation in Melbourne, Australia.

Patz[3] reported that 7 cases of advanced irreversible RLF occurred among 28 infants receiving high oxygen—65 to 70 per cent, contrasted with no such cases among 31 infants of same weight group during same period who received low concentrations of oxygen.

Ashton et al.[4] found that retinal blood vessels of full-term kittens were in same stage of development as those of premature human infants, and found that high oxygen concentrations (60 to 80 per cent) obliterated developing blood vessels in the kitten, following which retinal hemorrhages sometimes occurred, and retinal detachment.

Patz et al.[5] produced ocular lesions closely resembling RLF in newborn kittens, puppies, rats and mice by placing them in 70 to 80 per cent oxygen concentrations; litter mates at room oxygen did not develop such lesions.

Gordon et al.[6] reported 10 per cent of 80 infants receiving unscrutinized modern oxygen developed RLF membranes; later, 35 per cent of 20 infants on unscrutinized high oxygen had such membranes; during a transitional period, oxygen administration gradually was reduced and 21 per cent of 14 infants had RLF membranes; during the subsequent period, with oxygen concentration kept below 40 per cent, only 2 per cent of 97 infants developed RLF membranes. Survival rates were not adversely affected by restriction of oxygen.

Locke[7] reported that 60 of 160 premature babies who received prolonged oxygen therapy at Lincoln and Presbyterian Hospitals developed acute lesions of RLF; in Montreal, 6 of 43 prematures on unrestricted oxygen developed RLF; later, only minimal oxygen was given in Montreal hospitals with which Locke was connected and only 2 cases occurred among 124 infants.

Lanman et al.[8] reported on a controlled study at Bellevue Hospital where 36 infants received high oxygen (averaging 69 per cent) and 28 low oxygen (less than 40 per cent and then only for cyanosis). Eight of the infants in high oxygen developed cicatricial RLF; none of those in low oxygen developed the cicatricial stage.

Kinsey[9] gave a preliminary report on a cooperative study among 18 hospitals with randomized controls. All premature infants weighed less than 1500 grams and all were followed ophthalmologically for at least 3 months. Of 53 infants who received prolonged, high oxygen,

25 per cent developed cicatricial RLF; of 245 infants who were in the curtailed group, only 6 per cent showed cicatricial RLF. Most of the risk of developing RLF seemed to occur by exposures to high oxygen during the first week of life. There was no significant difference in mortality rates of the two groups of infants. A. B. Reese,[9] chairman of the RLF panel, recommended that routine administration of oxygen to premature babies be discontinued, that it be given only if there be cyanosis or respiratory disease, that in such cases the concentration inside the incubator be kept below 40 per cent as measured by an oxygen analyzer, and that oxygen therapy be discontinued as soon as respiratory distress is relieved.

BIBLIOGRAPHY

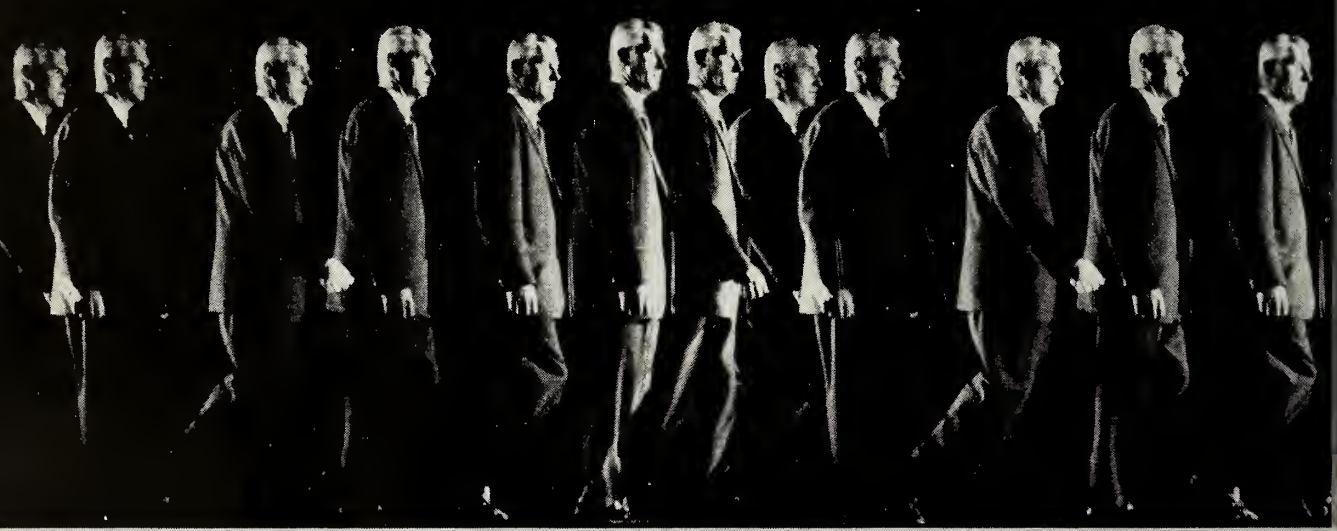
1. Crosse, V. M., and Evans, P. J. Prevention of Retrolental Fibroplasia. Arch. Ophth. 48:83, July 1952.
2. Campbell, K. Intensive Oxygen Therapy as a Possible Cause of Retrolental Fibroplasia. Med. J. Australia, p. 48, July 1951.
3. Patz, A., Hoeck, L. E., and De La Cruz, E. Studies on the Effect of High Oxygen Administration in Retrolental Fibroplasia.
4. Ashton, N., Ward, B., and Serpell, G. Role of Oxygen in the Genesis of Retrolental Fibroplasia—A Preliminary Report. Brit. J. Ophth. 37:513, Sept. 1953.
5. Patz, A., Eastham, A., Higginbotham, D. H., and Kleh, T. Oxygen Studies in Retrolental Fibroplasia. II. The Production of the Microscopic Changes of RLF in Experimental Animals. Am. J. Ophth. 36:1511, Nov. 1953.
6. Gordon, H. H., Lubchenco, L., and Hix, I. Observations on the Etiology of Retrolental Fibroplasia. Bull. Johns Hopkins Hosp. 94:34, Jan. 1954.
7. Locke, J. C., Retrolental Fibroplasia. Definitive Role of Oxygen Administration in Its Etiology. Arch. Ophth. 51:73, Jan. 1954.
8. Lanman, J. T., Guy, L. P., and Sancis, J. Retrolental Fibroplasia and Oxygen Therapy. J. A. M. A. 153:223, May 15, 1954.
9. Kinsey, V. E., and Reese, A. B., et al. Symposium on Retrolental Fibroplasia. Unpublished, annual meeting of Amer. Acad. of Ophth. and Otolaryn., New York, N. Y., Sept. 22, 1954.



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ARLIDIN dilates peripheral blood vessels in distressed muscles, relaxes spasm, increases both cardiac and peripheral blood flow . . . to send more blood where more blood is needed.

effective "vasodilative agent of minimal toxicity and optimal tolerance"[2]

1. Pomeranze, J. et al.: Angiology, June, 1955.
2. Freedman, L.: Angiology 6:52, Feb. 1955.

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. . . from the I. U. Medical Center

A grant of $3,400 for research in cholesterol metabolism in human cancerous tissue, has been received by the Department of Surgery from the Indiana Division of the American Cancer Society. The study will be conducted by Dr. Max W. Biggs who has been doing other work involving cholesterol.

Dr. Alexander T. Ross, Professor and Chairman of Neurology, has been named chairman of the medical board for the Marion County Chapter of the Muscular Dystrophy Association of America.

The U. S. Public Health Service has announced a grant to Dr. Harris B. Shumacker for research studies of disorders and abnormalities of the heart and great blood vessels with reference to their surgical treatment.

James C. Shanks, Jr. has been named Assistant Professor of Speech Pathology at the I. U. School of Medicine and will be associated with the Audiology Clinic at the Medical Center. A graduate of Michigan State College, he has done graduate work in speech correction, audiology and psychology at the University of Denver and Northwestern University.

Dr. T. F. Schlaegel has returned from Denver where he attended the summer meeting of the Colorado Ophthalmology Society.

Sixteen candidates for the American Board of Anesthesiology took board examinations at the I. U. Medical Center last month.

A $500 grant for a research fellowship to be awarded an outstanding student in the Indiana University School of Medicine, has been announced by the Tobacco Industries Research Committee. The recipient will choose his own field of research.



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PRELIMINARY OUTLINE OF PROGRAM
106th Annual Convention
INDIANA STATE MEDICAL ASSOCIATION

French Lick Springs Hotel, French Lick, Indiana
October 16, 17, 18 and 19, 1955

Sunday, October 16

12 noon Executive Committee meeting, Blue Room.

3:00 Council meeting, Hunt Room.

6:30 Meeting of House of Delegates, west dining room. (Dinner meeting)
Invocation, THE REVEREND CHARLES E. SULLIVAN, S.J., French Lick.

Monday Morning, October 17

8:00 Registration starts, mezzanine floor.

8:00 Opening of technical exhibit, lobby, main floor, and mezzanine floor.

8:00 Opening of scientific exhibit, foyer, convention hall.

8:00 Annual golf tournament. Eighteen holes, low gross, low net, and blind bogie medal play. French Lick Hill Course.

9:00 Annual trap and skeet shoot, French Lick Springs Trap and Skeet Club.

9:00 Reference Committees meet.

Monday Noon, October 17

12:00 Phi Rho Sigma luncheon, Round Room.

Monday Afternoon, October 17

2 to 4 Instructional courses.

2 to 4 Reference Committees meet.

Monday Evening, October 17

6:00 Supper, smoker and stag party, main dining room.

8:30 Entertainment for physicians, wives and guests, main dining room.

Tuesday Morning, October 18

8:00 Registration continues, mezzanine floor.

8:00 Technical exhibit, lobby, main floor, and mezzanine floor.

8:00 Scientific exhibit, foyer, convention hall.

8:30 to 10:30 Instructional courses.

10:30 to 12 m. **ROUND TABLES:**

(1) OBSTETRICS AND GYNECOLOGY—Main Convention Hall.

Moderator: SPRAGUE H. GARDINER, M.D., Indianapolis.

Topic: *"When Is Surgery Indicated in the Management of Common Gynecological Conditions—*

1) Uterine Retroversion and Prolapse
2) Fibroids
3) Ovarian Cysts
4) Dysfunctional Uterine Bleeding."

Discussion:

C. PAUL HODGKINSON, M.D., Detroit, Michigan.
Head of Department of Gynecology and Obstetrics, Henry Ford Hospital.

LONIEL H. ALLEN, M.D., Bedford.

EDGAR L. ENGEL, M.D., Evansville.

CHARLES F. GILLESPIE, M.D., Indianapolis.

(2) DAILY DERMATOLOGICAL DILEMMAS—Hunt Room, Mezzanine Floor.

Moderator: LAWRENCE G. BEINHAUER, M.D., Clinical Professor of Dermatology and Syphilology, University of Pittsburgh School of Medicine, Pittsburgh. (Brayton Foundation speaker.)
"The Eczemas." (15 minutes.)

L. EDWARD GAUL, M.D., Evansville.
"The Contact Dermatitides." (15 minutes.)

ROBERT E. JENKINS, M.D., Indianapolis.
"The Fungus Diseases." (15 minutes.)

STEPHEN R. PHELPS, M.D., South Bend.
"The Acnes." (15 minutes.)

(3) FLUID AND ELECTROLYTE BALANCE—North Foyer, Convention Hall.

Moderator: W. D. SNIVELY, JR., M.D., Evansville.

"The Body Homeostatic Mechanisms and Their Relation to Fluid Therapy."

W. F. KAMMER, M.D., Muncie.

"Electrolytes—Their Influence on the Electrocardiogram."

MALCOLM A. HOLLIDAY, M.D., Indianapolis.

"Normal Requirements for Parenteral Fluid Therapy in Infants."

BILL L. MARTZ, M.D., Indianapolis.

"Electrolyte Imbalances in Diabetic Acidosis."

(4) THE MANAGEMENT OF HYPERTENSION—South Foyer, Convention Hall.

Film from Wyeth Laboratories, Philadelphia.

Tuesday Noon, October 18

12:00 Luncheon meeting of Indiana Association of Pathologists, Demon's Den.

12:00 Luncheon, State Trauma Committee, Indiana Chapter, American College of Surgeons, Radio Room, Mezzanine Floor.

12:00 Luncheon meeting of members of State and County Tuberculosis Committees, Blue Room. Indiana Chapter of American College of Chest Physicians participating.

Business meeting.

Speaker: J. VINCENT SHERWOOD, M.D., Fort Wayne.

Subject: *"A Large Series of Pulmonary Function Studies at Irene Byron Sanitorium."*

X-ray Symposium. Members are invited to bring interesting films for discussion.

12:00 Luncheon meeting of Editorial Board, Room 143, main floor.

Tuesday Afternoon, October 18

GENERAL MEETING

(Main Convention Hall)

2:00 Call to order by Walter L. Portteus, M.D., Franklin, president, Indiana State Medical Association.

2:00 TRAFFIC ACCIDENTS

"How They Are Killed and Injured."

SERGEANT ELMER PAUL, Indiana State Police, Indianapolis.

JOHN O. MOORE, Director, Indiana-Cornell Automotive Crash Injury Research, Cornell University Medical College, New York.

3:00 Time allowed to view exhibits.

3:30 to 5:00 TRAFFIC ACCIDENTS—THEIR TREATMENT

"Neurological Aspects" — ROBERT E. SLEMMER, M.D., Cincinnati.

"Maxofacial Injuries" — CLAIRE L. STRAITH, M.D., Detroit.

"General Surgery"—RICHARD W. ZOLLINGER, M.D., Columbus, Ohio.

"Orthopedic Injuries"—GEORGE J. GARCEAU, M.D., Indianapolis.

Tuesday Evening, October 18

7:00 President's Night, main dining room.

8:15 Address, WALTER L. PORTTEUS, M.D., Franklin, President.

8:30 Entertainment.

Wednesday Morning, October 19

7:30 Final meeting of House of Delegates, west dining room. (Breakfast meeting.)

Council meeting immediately following adjournment of House of Delegates, Blue Room.

7:30 Breakfast meeting of Committee on Industrial Health, Blue Room.

8:00 Registration continues, mezzanine floor.

8:00 Technical exhibit, lobby, main floor, and mezzanine floor.

8:00 Scientific exhibit, foyer, convention hall.

8:30 to 10:30 Instructional courses.

10:30 to 12 ROUND TABLES:

(1) MODERN DAY BURNS—THEIR TREATMENT—Main Convention Hall.

Moderator: HAROLD M. TRUSLER, M.D., Indianapolis.

CLAIRE L. STRAITH, M.D., Detroit.

ALLAN K. HARCOURT, M.D., Indianapolis.

(2) MEDICAL TREATMENT — INDUSTRIAL CASES—North Foyer, Convention Hall.

Moderator: E. S. JONES, M.D., Hammond.

LOUIS W. SPOLYAR, M.D., Indianapolis.

"Aluminum Therapy of Silicosis"

JAMES D. PEIRCE, M.D., Indianapolis.

RICHARD C. SWAN, M.D., Anderson.

(3) COLLAGEN DISEASES—Hunt Room, Mezzanine Floor.

Moderator: JOHN G. RUKAVINA, M.D., University of Michigan Medical School, Ann Arbor.

"Lupus Erythematosus and Scleroderma."— LAWRENCE G. BEINHAUER, M.D., Pittsburgh. (Brayton Foundation speaker.)

"Rheumatic Fever."—A. D. DENNISON, JR., M.D., Indianapolis.

"Periarteritis Nodosa and Dermatomyositis." — DAVID ROSENBAUM, M.D., VA Hospital, Indianapolis.

(4) RADIO ISOTOPES—THEIR USE—Radio Room, Mezzanine Floor.

Moderator: JOHN A. CAMPBELL, M.D., Indianapolis.

DAVID C. GASTINEAU, M.D., Indianapolis.

C. PAUL HODGKINSON, M.D., Detroit.

STEPHEN L. JOHNSON, M.D., Evansville.

J. G. LORMAN, M.D., Fort Wayne.

Wednesday Noon, October 19

12:00 Luncheon meeting of Class of 1935, Indiana University School of Medicine, Demon's Den.

12:00 Phi Beta Pi luncheon, Monon Room

12:00 Luncheon meeting of examiners for Civil Aeronautics Association and members of Aero Medical Association, Blue Room.

12:00 Indiana Society of Anesthesiology luncheon meeting, west dining room.

12:15 Phi Chi luncheon, Round Room

1:00 Luncheon meeting of Section on Obstetrics and Gynecology, Hunt Room, Mezzanine Floor.

Wednesday Afternoon, October 19

SECTION MEETINGS

Section on Surgery

(North Foyer, Convention Hall)

Chairman, Truman E. Caylor, M.D., Bluffton

GERIATRIC SURGERY

2:00 *"Pre-operative Medical Evaluation of the Older Surgical Patient."*
RALPH U. LESER, M.D., Indianapolis.

2:15 *"Anesthesia for the Aged."*
GRIFFITH MARR, M.D., Columbus.

2:30 *"Peripherovascular Surgical Problems After Fifty."*
EDMUND J. HARRIS, M.D., Muncie.

2:45 Fifteen-minute discussion.

3 to 3:30 Intermission to view scientific and technical exhibits.

3:30 *"The Aged, and Gastrointestinal Neoplasms."*
WESTON A. HEINRICH, M.D., Evansville.

3:45 *"Fractures in Geriatrics."*
SAM J. DAVIS, M.D., Indianapolis.

4:00 *"Severe Trauma in the Aged."*
RICHARD B. STOUT, M.D., Elkhart.

4:15 Discussion.

4:30 Election of Section Officers and Business Meeting.

Section on Medicine

(South Foyer, Convention Hall)

Chairman, Jack L. Eisaman, M.D., Bluffton

2:00 *"Myasthenia Gravis."*
JOHN F. PHILLIPS, M.D., Bluffton.

2:20 *"Familial Primary Systemic Amyloidosis: A Clinical, Genetic, and Biochemical Study."*
JOHN G. RUKAVINA, M.D., Ann Arbor.

2:40 *"The Pitfalls in Congestive Failure Management."*
A. D. DENNISON, JR., M.D., Indianapolis.

3:00 Election of Section Officers for 1956.

3:05 to 3:30 Intermission to view scientific and technical exhibits.

3:30 to 5:00 Round Table discussion in conjunction with Section on General Practice and Section on Public Health and Preventive Medicine, Main Convention Hall.

Section on Ophthalmology and Otolaryngology

(Radio Room, Mezzanine Floor)

Chairman, Herschel S. Smith, M.D., Bloomington

2:00 SPEECH CLINIC TECHNIQUES
ROBERT L. MILISEN, Ph.D., Director, Remedial Speech and Hearing Clinic, Indiana University, Bloomington, Indiana.

3 to 3:30 Intermission to view scientific and technical exhibits.

Films on Ophthalmology.

4:30 Election of Section Officers for 1956.

Section on Anesthesiology

(Demon's Den)

Chairman, Emory D. Hamilton, M.D., Fort Wayne

2:00 BRANT B. SANKEY, M.D., Cleveland, Ohio.

3 to 3:30 Intermission to view scientific and technical exhibits.

4:30 Election of Section Officers for 1956.

Section on General Practice

(Main Convention Hall)

Chairman, Frank H. Green, Jr., M.D., Rushville

2:00 Election of Section Officers for 1956 and business meeting.

3 to 3:30 Intermission to view scientific and technical exhibits.

3:30 to 5 Round Table discussion in conjunction with Section on Medicine and Section on Public Health and Preventive Medicine, Main Convention Hall.

Section on Obstetrics and Gynecology

(Hunt Room, Mezzanine Floor)

Chairman, Sprague H. Gardiner, M.D., Indianapolis

1:00 Luncheon meeting.

ROUND TABLE DISCUSSIONS:
Moderator: C. PAUL HODGKINSON, M.D., Gynecologist and Obstetrician-in-Chief, Henry Ford Hospital, Detroit, Michigan.

1:30 "*Hypofibrinogenemia in Obstetrics and Gynecology.*"

2:30 "*Urinary Stress Incontinence.*"

3:30 "*Cardiac Surgery in Obstetrics.*"

4:30 Election of Section Officers for 1956.

Section on Public Health and Preventive Medicine

(Monon Room)

Chairman, Minor Miller, M.D., Evansville

1:30 Meeting of Public Health Officers with Section on Public Health and Preventive Medicine.

2:30 Election of Section Officers for 1956.

3 to 3:30 Intermission to view scientific and technical exhibits.

3:30 to 5 Round Table discussion in conjunction with Section on Medicine and Section on General Practice, Main Convention Hall.

3:30 to 5 SECTION ROUND TABLE—Main Convention Hall

Section on Public Health and Preventive Medicine.

Section on Medicine.

Section on General Practice.

"*Evaluation of Salk Vaccine Trials.*"

CLYDE G. CULBERTSON, M.D., Indianapolis.

4:30 Reception for members of Fifty-Year Club, Blue Room.

Chairman: Henry G. Weiss, M.D., Evansville.

Speaker: To be announced.

Wednesday Evening, October 19

7:00 Annual dinner, main dining room.
Presiding officer, WALTER L. PORTTEUS, M.D., President, Indiana State Medical Association.

Invocation, THE REVEREND E. P. WHITE, Methodist Church, French Lick.
Recognition of Fifty-Year Club members.
Award to Physician of the Year.

Speaker: DWIGHT H. MURRAY, M.D., Napa, California, President-elect of the American Medical Association.
Presentation of plaque to WALTER L. PORTTEUS, M.D., President 1955, by Walter U. Kennedy, M.D., President, 1956.

WOMEN'S ENTERTAINMENT

Monday Morning, October 17

8:00 Registration starts, mezzanine floor.

Monday Evening, October 17

6:30 Dinner, honoring past presidents of the Woman's Auxiliary to the Indiana State Medical Association, west dining room. Mrs. J. Winford Mather, East Gary, President, presiding.

8:30 Entertainment, in conjunction with the Indiana State Medical Association, main dining room.

Tuesday Morning, October 18

8:00 Registration continues, mezzanine floor.

8:00 Informal breakfast, Woman's Auxiliary to the Indiana State Medical Association, Round Room.

8:00 Golf tournament, Flat Course.

9:30 Board meeting, Woman's Auxiliary to the Indiana State Medical Association, Monon Room.

Tuesday Afternoon, October 18

12:30 Luncheon, Woman's Auxiliary to the Indiana State Medical Association, west dining room.

Speaker: JOHN D. VAN NUYS, M.D., Dean, Indiana University School of Medicine.

7:00 President's night dinner and entertainment, in conjunction with the Indiana State Medical Association, main dining room.

Wednesday Morning, October 19

8:00 Registration continues, mezzanine floor.

10:30 Panel discussion—Woman's Auxiliary to the Indiana State Medical Association, south foyer.

Wednesday Afternoon, October 19

12:30 Buffet bridge and canasta, west dining room.

7:00 Annual dinner, in conjunction with the Indiana State Medical Association, main dining room.



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Brain Washing—American Style

Written by Charles W. Pavey, M.D., Department of Surgery, Ohio State University, and reprinted from the March 1955 BULLETIN of the Columbus Academy of Medicine.

ANYONE who thinks brain washing is the patented or copyrighted exclusive product of those emissaries from Hell who operate behind the Iron and Bamboo Curtains had better take another look closer to home. He might be surprised to find that his erstwhile benefactors in the form of the ubiquitous Federal do-gooders and hand-outers have developed some subtle techniques of their own along these lines.

All the reason and logic in the world seem to lose their force when opposed by the cold cash of Federal give-away programs. The farmer who is paid to limit his acreage and to guarantee his profit, who gets cheap electricity at the expense of millions of taxpayers, including not only himself but thousands of others too, is not apt to be unalterably and unequivocally opposed to Socialism as it applies to benefits he receives. The financially harassed soldier's wife is softened up for socialized medicine when the government pays her doctor bill. The subsidized tenant living in government housing at taxpayers expense is prone to forget that he is one of those taxpayers or, if he thinks of it, he gloats over the fact that while non-subsidized tenants help to pay his rent, he doesn't help pay theirs.

The medical student who is educated at government expense—to be paid back later five times over out of his own income tax—is so grateful for the solution to a present problem that he can't be bothered about a bigger one in the future, nor can he clearly see any evil in government subsidies for medical schools.

The voluntarily unemployed living on a gov-

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ernment dole, that many times supplements other family income, can't understand why some people are stupid enough to work for a living. The old age pensioner and recipients of social security, that in many instances cost him little or nothing, are disinclined to be so lacking in gratitude as to let their minds dwell on such matters as inflation, taxes, actuarial procedures, graft or the menace of Socialism.

We can laugh at the stupid brain washed Russian who is proud of his country that houses him in a pig pen, works him long hours for phony pay of negligible purchasing power and at the same time we lustily complain about income tax and other taxes as though they bore no relation whatever to the multitude of handouts we have learned to demand.

The government giveth and the government taketh away and blessed is Mrs. Hobby.

There's no doubt about it—we're being brain washed every day.

But what of those few recalcitrants, those people of initiative and independence and determination, are they to be allowed to undermine the morale of the whole body politic? Why should we handle them with kid gloves? If they haven't the good sense and decency to yield to gentle philanthropic brain washing give 'em the water cure—drive a few bamboo splinters under their finger nails—turpentine their eyeballs, let's show 'em we know what's good for them and that we mean business.

Intemperate, you say? Intemperate, indeed! Fortunately we have cooler heads in our Welfare Department. There will be no bamboo splinters—instead our State Welfare Department has sued the Harrison County Commissioners to *force* them to accept Federal funds that they claim they neither need nor want. Here we have the spectacle of the County Commissioners being forced to use public funds to hire lawyers to defend themselves against the demand that they accept a handout of Federal funds that was extracted from them originally in the form of taxes. This demand is made by a public agency and prosecuted by the public employed Attorney General who, of course, is paid in part by the citizens of Harrison County.

The Federal government was holding as hostages 87 of our 88 counties and threatening to cut off their funds (in the best held-for-ransom tradition) if Harrison County failed to accede to their demands. Shades of the Barbary Pirates. What would Mr. Hammarskjold say? Fortunately we'll be spared his intervention. The Supreme Court of Ohio has ridden to the rescue and Harrison County has been bested to the glory of the Welfare State.

But that's not all, a strange and depressing complacency seems to have settled like a brain washing fog over the minds and spirits of a large segment of our profession. Members formerly articulate and active in defense of their rights have become tongue tied, apathetic, and stingy. With Eisenhower in the White House, Malenkov in the dog house, and Wayne Morse back in the Democratic party, almost everyone seems to be convinced that we can now safely and with impunity take leave of our senses. And they may be right. Maybe we can take leave of our senses. Maybe this country no longer needs the services of the medical profession. Not when the great white Father in Washington is a medical man of such skill that he can perform a complete enterocolectomy on better than half of the doctors

(Please turn to page 1006)

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in this country without even leaving a scar. Using neither scalpel nor hemostat, and with only hypnosis for an anesthetic and a few disarming cliches for his tools, the President has succeeded in separating the American medical profession from its guts and should his nurse, Mrs. Hobby, take a notion to do so, there is little doubt but that she could do an equally good job on its backbone.

It is difficult to question the sincerity or integrity of the smiling, gracious man who has taken up the heavy burden of the Presidency but it becomes increasingly apparent that he is deceitfully and banefully advised by a clique of Fifth Columnists who have captured the Republican party from within, wearing no more disguise than a campaign button and having no more feeling for the principles of the Republican platform than a snake has for the hapless bird it is about to devour.

The simple inescapable truth is that far from reversing the leftward trend of the New Deal and the Fair Deal this administration has given it even greater impetus and a thin and transparent cloak of respectability besides.

The President favors Federal aid for schools, 70,000 public housing units, Federal reinsurance, expansion of Social Security, a 50 billion dollar highway program, Federal aid to medical education, Federal funds for clinics, and almost limitless funds for foreign handouts. He says that he will continue to reject socialized medicine and then proceeds to demand legislation that must inevitably lead to that very end.

Call it what you will, dress it up in any kind of deceitful language that you like, socialism is socialism and Mr. Eisenhower has recommended legislation that will put the government into still more businesses, create still more bureaucracies, run up even bigger debts and carry us further leftward than we have ever been.

Mrs. Hobby, for her part, is on the make. With the Cabinet status that Oscar Ewing was never able to attain, this renegade Democrat is out to outdo Harry Hopkins in "spend and spend" and before she's finished the medical profession may be harboring a warm nostalgic feeling for her predecessor.

By the staff of Aesculapias my friends, we'd better throw off our lethargy, rejoin our allies, support our like-minded friends, and fight for our rights and the good of the country.

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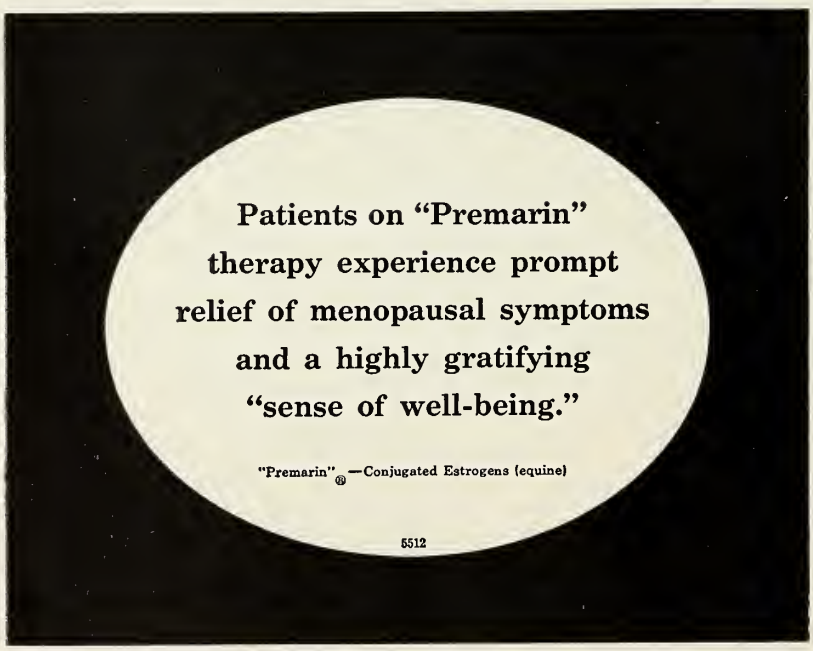
Admissions Committee Selects 150 Students for I. U. School of Medicine

ONE HUNDRED AND FIFTY students including 23 from Indianapolis have been named by Dean John D. VanNuys of the Indiana University School of Medicine to begin their medical training in September.

The entering class, chosen by an admissions committee of the medical faculty and practicing physicians, represents 54 of the state's 92 counties. The 150 total, limited by the School's present facilities, includes four from out of state as reciprocity for admission of Hoosier students to other state medical colleges and four foreign students as Indiana's part in the upbuilding of medical practice abroad.

The students admitted are: Indianapolis students; James F. Balch, Lee F. Beamer, Warren R. Betty, Gilbert H. Bierman, Stanley A. Brosman, Thomas A. Cortese, Jr., Stephen M. Dillinger, Robert W. Dyar, Paul R. Dyken, John Farquhar, Jr., Henry Glick, Kenneth L. Gray, Louis C. Huesman II, John W. Kerr, John W. Love, Jr., Mrs. Betty Burch McCarty, Richard L. Need, Janice Orr, Charles Reinhardt, Irwin Reisberg, Howard M. Rice, James L. Stafford, and Paul J. Stricker.

Others admitted include: Richard H. Akiyama, Thomas E. Benson, Stuart J. Duncan, Ernst Kopmann, Albert L. Kunz, and Russell Noyes, Jr., all of Bloomington; Edward M. Alt, Jr., Vera Fahlberg, Robert J. Fragen, Robert H. Hannemann, and George C. Tsatsos, of Hammond; Paul Alvarez, Eugene P. Gregoline, John E. Joyner, Philip E. Kellar, Michael Kosanovich and Ernest Mirich, of Gary; Delano Z. Arvin and Fred R. Brooks, Jr., Loogootee; Milton L. Bauermeister, James D. Dimmett, James B. Gillick, Thomas L. Kirchgessner, Charles W. Link, James F. McConnell, and



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(1) Poyne, R. W.; Shetlor, M. R.; Farr, C. H.; Hellbaum, A. A., ond Ishmael, W. K.: J. Lob. & Clin. Med. 45:331, 1955. (2) Bunim, J. J.; Willioms, R. R., and Black, R. L.: J. Chron. Dis. 1:168, 1955. (3) Holbrook, W. P.: M. Clin. North America 39:405, 1955.

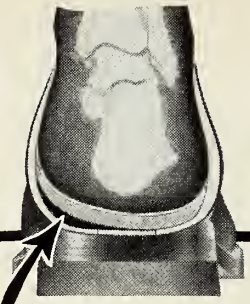
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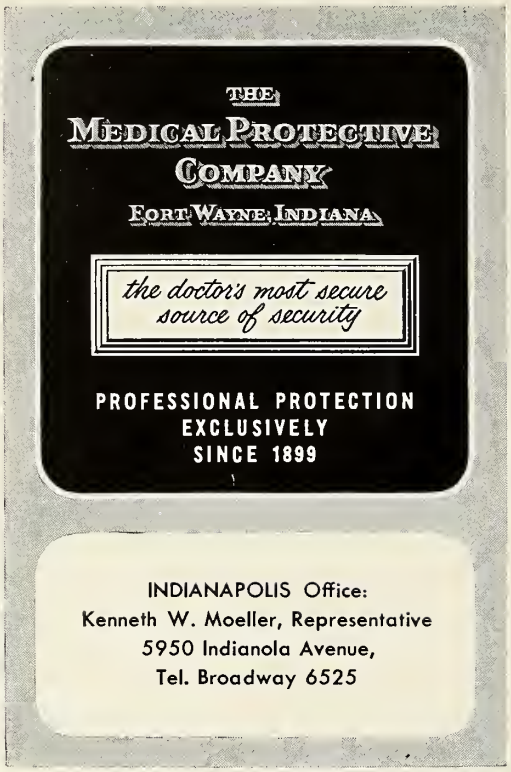
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General Johnson Named to Mead Johnson Directorship

General Robert W. Johnson, chairman of the board of Johnson & Johnson, New Brunswick, New Jersey, has been named a director of Mead Johnson & Company, Evansville.

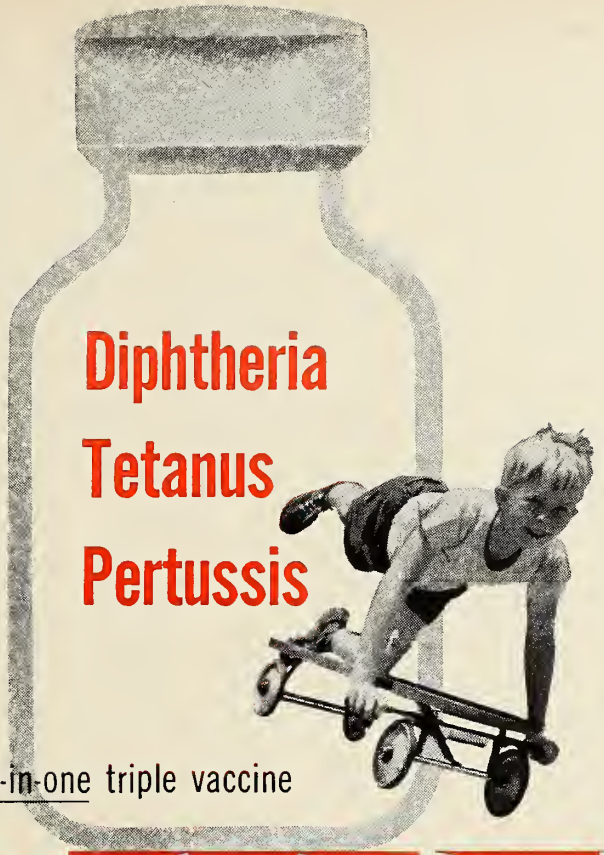
During World War II General Johnson became a brigadier general in the Ordnance Department of the U. S. Army before becoming vice-chairman of the War Production Board and chairman of the Smaller War Plants Corporation in 1943.

He is a cousin of D. Mead Johnson, Mead Johnson president, and Lambert D. Johnson, Jr., vice-president for advertising and promotion. His father, Robert W. Johnson, Sr., and E. Mead Johnson, Sr., with another brother, James W. Johnson, founded the Johnson & Johnson firm in 1893. Later E. Mead Johnson left to form his own firm. There has been no corporate connection between the two firms since that time.



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Abstracts:

DIGESTIVE AILMENTS OF OLDER PATIENTS

Snell, Albert M., M.D.: Digestive Ailments of Older Patients. Minnesota Medicine. 309:314. Vol. 38, May, 1955.

Dr. Snell stresses two facts immediately. Namely that these patients have many gastrointestinal complaints that are due to treatable conditions and again the fact that they often respond to their disease with bizarre symptomatology. Related to the latter fact is the frequent difficulty in getting a good history.

The commonest esophageal lesion in the elderly is hiatus hernia very often associated with bleeding. Carcinoma occurs frequently enough to receive first consideration in any case of new dysphagia. A high diverticulum filled with food may be responsible for air swallowing and belching.

Opposed to usual thinking is the fairly high frequency of ulcer of the stomach or duodenum, very often with complications. In older patients the symptoms are not typical. Some patients may complain of increased pain following ingestion of food, others of occasional severe attacks of pain requiring narcotics. Bleeding is the most frequent complication and if severe may be followed by thrombosis, either in the heart or brain. Either hemorrhage or obstruction may lead to very rapid disturbance in electrolytes or to azotemia. Ulcer in older people is associated with high mortality and morbidity.

Dr. Snell reminds that gallstones probably are the most important single cause of abdominal pain in elderly patients and that the location and character of pain are not of great help. He believes the statistics indicate the need for removal of gallstones even in the older age group.

Of colon diverticula he says: "Diverticula themselves are as common after 50 years of age as gray hair or wrinkles", and "A really significant attack of diverticulitis is something of a rarity". Appendicitis is extremely difficult to recognize in the elderly because the symptoms are atypical and the peritoneal reaction minimal.

In his summary Dr. Snell makes a very important point, "It should not be forgotten that persons who reach the eighth decade of life are of a rather special pattern and mold and not infrequently are made of better biologic material than their juniors. Their tolerance to surgery may be amazingly good and their recovery from even major procedures is rapid".

Stephen L. Johnson, M.D., Evansville

JAUNDICE IN THE NEWBORN

Childs, Barton, M.D. Rocky Mountain Medical Journal, Vol. 52, No. 4, April, 1955.

Jaundice in the newborn period can be divided into retention jaundice due to liver immaturity which may be accompanied by excessive red cell hemolysis and regurgitation jaundice due to an obstructed biliary tree or damage to the smallest biliary radicles, the canaliculi. In the retention type, bilirubin has not passed through hepatic cells and gives an indirect reaction in the Van den Bergh test. In the regurgitation type, bilirubin passes through the hepatic cells but leaks back through the biliary radicles to give a direct reaction.

Physiologic jaundice of the newborn is a retention type of jaundice which is considered harmless and does not appear before the second day of life. Hemolytic disease of the newborn, erythroblastosis, however, does give rise to jaundice the first day of life and exchange transfusion must be accomplished before the bilirubin, indirect in type, reaches the dangerous level of 20 mgm. per cent where kernicterus is likely to occur. Other types of hemolytic disease, i.e., hereditary spherocytosis, are unlikely to produce intense jaundice in the first few days of life which requires exchange transfusion. Familial non-hemolytic jaundice wherein a deficiency in the excretion of bilirubin by the liver cells gives rise to dangerous serum levels the first day of life requires exchange to prevent kernicterus. These individuals remain jaundiced throughout life.

Atresia of the bile ducts accounts for one-half of the cases of regurgitation jaundice in the newborn period. Less than one-fifth of these cases are operable. Diseases other than bile duct atresia producing this type of jaundice are often self-limited and improve after three to four months. Thus biliary obstruction occurring in 2 or 3 per cent of infants with erythroblastosis, the inspisated bile syndrome, usually disappears by this time as do most cases of regurgitation jaundice associated with hepatitis. It is therefore advisable to delay surgery in cases of jaundice where the differential diagnosis is not clear.

Abner H. Levkoff, M.D., South Bend.

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Surgical Technic, Surgical Anatomy & Clinical Surgery, Four Weeks, October 10
Surgical Anatomy & Clinical Surgery, Two Weeks, October 24
Surgery of Colon & Rectum, One Week, October 17
General Surgery, Two Weeks, October 3; One Week, October 17
Gallbladder Surgery, Ten Hours, October 24
Thoracic Surgery, One Week, October 3
Esophageal Surgery, One Week, October 10
Basic Principles in General Surgery, Two Weeks, September 26
Fractures & Traumatic Surgery, Two Weeks, October 17

GYNECOLOGY—Office & Operative Gynecology, Two Weeks, November 28
Vaginal Approach to Pelvic Surgery, One Week, November 7

OBSTETRICS—General & Surgical Obstetrics, Two Weeks, November 7

MEDICINE—Two-Week Course, September 26
Electrocardiography, One Week Advanced Course, September 19
Electrocardiography & Heart Oisease, Two-Week Basic Course, October 10
Gastroscopy, Forty-Hour Basic Course, November 7
Dermatology, Two Weeks, October 17

RADIOLOGY—Clinical & Oidactic Course, Two Weeks, October 3
Clinical Uses of Radioisotopes, Two Weeks, October 10

PEOIATRICS—Clinical Course, Two Weeks, by Appointment
Pediatric Cardiology, One Week, October 10 and 17

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Postgraduate Course on Chest Diseases Planned for October

The American College of Chest Physicians will sponsor a postgraduate course on diseases of the chest at the Hotel Knickerbocker, Chicago, Illinois from October 3 to 7. This will be the tenth such course and is planned to bring physicians up to date on recent advances in the diagnosis and treatment of heart and lung disease. Tuition is $75.00, which price includes round table luncheons. For further information write the Executive Director, American College of Chest Physicians, 112 East Chestnut St., Chicago 11.

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*Farley, W. J.: Oxytetracycline in Pediatrics, Internat. Rec. Med. *168*:140 (March) 1955.

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The Physicians Placement Service of the Indiana State Medical Association continues its active participation in the program to attract new physicians to Indiana and to achieve better distribution of medical services by securing doctors for towns and cities reporting need for them.

Communities seeking assistance during the last month include:

ASHLEY-HUDSON—Steuben County. Both communities have a population of 1,000. Contact Dr. Don F. Cameron, Angola, Indiana.

ELKHART—Elkhart County—population 35,650. Opening for eye, ear, nose and throat specialist. Contact Dr. Robert S. Bolin, 1853 E. Beardsley Ave., Elkhart, Indiana.

GARY—Lake County—population 133,911. Opening for an internist. Contact Mrs. Lydia Neuwelt, 504 Broadway, Gary, Indiana.

EDWARDSPORT—Knox County—population 1,350. Large surrounding territory without the services of a physician. Contact Mrs. W. F. Nelson, Edwardsport, Indiana.

ROSEDALE—Parke County—population 750. Fifteen miles north of Terre Haute. Home and office available. Contact Mr. Bert L. Wheat, Rosedale, Indiana.

MILAN—Ripley County—Opening for a general surgeon with board qualifications or a minimum of two or three years general surgical training. Contact Dr. Henry W. Conrad, Whitlatch Clinic, Milan, Indiana.

SOUTH BEND—St. Joseph County—115,911. Opening for young physician to share office. Practice may be purchased when doctor retires. Contact V. E. Harmon, M.D., 302 Sherland Bldg., South Bend, Indiana.

SOUTH BEND—Healthwin Hospital—Opening for staff physician at a county-owned tuberculosis hospital. Contact Edward W.

Custer, M.D., 1111 W. Darden Road, South Bend, Indiana.

BATTLE GROUND—Tippecanoe County—population 635. Located eight miles north of Lafayette. Contact Mr. E. Raymond Smith, Battle Ground, Indiana.

Physicians inquiring about opportunities in Indiana during the same period were:

Melvin M. Schiff (general practice) Montfiore Hospital, Pittsburgh 13, Pa.

Robert W. Lemire, M.D. (urology) 38 Dakota St., Buffalo 16, N. Y.

Arthur W. Devine, M.D. (general surgery) 705 North Linn St., Iowa City, Iowa.

John J. McLeod, Jr., M.D. (orthopedic surgery) Mayo Foundation, Rochester, Minnesota.

Patrick C. Meeken, M.D. (general practice—associate or small clinic) Sinclair, Wyoming.

Alvin Groupe, M.D. (general practice) 5115 ASU, Military Personnel Procurement Group, 2605 Walnut St., Kansas City 8, Missouri.

Harold Askren, M.D. (*locum tenums*) R. R. 11, Box 199, Indianapolis, Indiana.

Galen C. Huffman, M.D. (general practice) 3524 N. Schofield Ave., Indianapolis, Indiana.

Leo Friedman, M.D. (general practice) 4312 University, Dallas, Texas.

Nicholas I. Ardan, Jr., M.D. (orthopedic surgery) 1508 9th Street, N. E., Rochester, Minnesota.

Francis T. Fitch, M.D. (eye, ear, nose and throat) 826 S. Wabash Ave., Chicago, Illinois.

James W. Harper, M.D. (general practice) Sewickley Valley Hospital, Sewickley, Pa.

Donald J. Faulkner, M.D. (general practice) Crown Point, Indiana.

Jack C. Lindsey, M.D. (general surgery) 7434 Kipling Avenue, Detroit 6, Michigan.

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Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.:
J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.:
Brit. M. J. 2:755, 1953.

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Brown, H. W.:
J. Pediat. 45:419, 1954.

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THE EFFICIENCY AND BEAUTY of their new clinic building in Rockville have brought much favorable comment to Basil M. Merrell, M.D., and G. Allan Welch, D.D.S. After occupying their quarters for 10 months both physician and dentist are agreed that their carefully thought out plans are really working.

Constructed of dark stained Cellocrete block and redwood siding the modern 52 by 72 foot building has a flat roof. A beautiful sandstone planter stretches the entire width of the front of the building and is flood-lighted.

The corner entrance opens into a common waiting room 30 by 26 which has a window wall on the east. Attractive modern furniture with plenty of lamps, a window planter, colorful pictures on the redwood panelling and masonry walls make the waiting room a pleasant place.

Floors throughout the building are cork tile and all ceilings are acoustic tile. Doors are mahogany.

Utilities are housed in a small basement. A double heating system has a gas unit with blower and matching air conditioning units.

Each doctor has his own suite of rooms, but share a small private lounge and library, and a dark room.

Doctor Merrell's suite contains an office, two treatment rooms, a laboratory and minor surgery, and a recovery room with two beds, as well as a lavatory.

Doctor Welch's quarters have an office, three operating rooms, each with a dental chair, a laboratory and rest room.

Doctor Merrell's office staff consists of Miss Marjorie Bradfield, R.N., and Mrs. Ann Loden, office assistant.

The town of Rockville has a population of 3,000; Parke county has 18,000 inhabitants.

Photographs on the opposite page show exterior and interior views of the new Merrell-Welch Clinic. Top left shows Doctor Merrell just outside the front entrance. The window wall in the waiting room with its deep shelf for plants and attractive view is shown at top right.

A corner of the waiting room showing interesting grouping of paintings is at left, center; and Dr. Merrell and his office assistant, Mrs. Ann Loden, are seen at right, center.

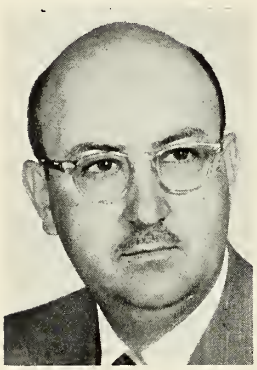
Below, Doctor Merrell reads a recent medical journal in the private library-lounge. A section of the floor-to-ceiling cabinets in the drug room and laboratory is at bottom right.

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Deaths . . .



Elvin Lee Fitzsimmons, M.D., 44, Evansville proctologist, died August 22 in Barnes Hospital, St. Louis, where he had undergone surgery several days earlier for removal of a brain tumor.

Doctor Fitzsimmons was chairman of the Committee on Convention Arrangements for the Annual Convention of Indiana State Medical Association at French Lick and had completed most details before going to St. Louis. He had been in failing health for more than a year. He also served as convention chairman in 1953; served as a delegate in 1952 and was to represent Vanderburgh county as delegate again this year.

Doctor Fitzsimmons was born in Evansville. He received his degree in medicine from Indiana University School of Medicine in 1935 and served his internship at Deaconess Hospital, Evansville. From 1942 to 1946 he served as a major in the U.S. Air Force. He was chief of surgery at Hobbs Army Air Base, New Mexico.

Doctor Fitzsimmons was an active member of Vanderburgh County Medical Society throughout his career, serving as president of the society in 1953. He was the author of several published medical articles and had been an interested worker in the Indiana State Medical Association. He was also a member of American Medical Association.

Percy E. McCown, M.D., 70, Indianapolis surgeon and urologist since 1908, died August 8 from a heart attack while vacationing at Taunton, Massachusetts.

Dr. McCown, who was a native of Paris, Illinois, had lived in Indianapolis since his graduation in 1908 from Indiana University School of Medicine. He had occupied the same offices in the Hume Mansur Building for more than 40 years. Although still in active practice, he had resigned from urological staff membership at both Methodist and General Hospitals.

Doctor McCown was a member of the American Urological Association, the Indianapolis Medical Society, the Indiana State and American Medical Associations. He also held church, fraternal, lodge and other club memberships.

Stewart H. Crossland, M.D., Gary physician and surgeon, died June 13 in his home after suffering a heart attack. He was 55.

Following his graduation in 1924 from the University of Tennessee College of Medicine at Memphis, Doctor Crossland served internship and residency before going to Gary in 1926 to establish his practice. During World War II he served as a lieutenant commander in the U.S. Navy, stationed first as an orthopedic surgeon at Great Lakes Naval Training Station and then going into combat duty. He was seriously wounded on Guadalcanal.

A yachting enthusiast, Doctor Crossland turned his 60-foot sailboat over to the U.S. Coast Guard for use during the war.

A member of Lake County Medical Society, the Indiana State and American Medical Associations, Doctor Crossland also held church, service club and other civic club memberships.

Weir M. Miley, M.D., 69, Anderson diagnostician for 33 years, died in his home July 26 following a 10 year illness. He had been invalided by a stroke. Although unable to practice he retained his great interest in his profession from which he had seldom taken even a brief vacation. During his illness he turned to painting and produced some excellent work.

A native of Anderson, Doctor Miley was son and grandson of physicians. After receiving his medical degree from Jefferson Medical College at Philadelphia in 1910, he remained there for two years' postgraduate work before establishing his practice in 1912

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in Anderson. He served overseas during World War I.

Doctor Miley was a member and past president of Madison County Medical Society, a member of Indiana State and American Medical Associations. He was formerly active in many civic affairs and had served several years as a member of Anderson School Board.

Perry A. Campbell, M.D., 52, died suddenly July 26 after a heart attack. He had been a practicing physician in Richmond for 11 years.

A native of Union county, Doctor Campbell was a former teacher at Union school where he taught science and mathematics. He received his medical degree in 1940 from Indiana University School of Medicine and served internship and residency at Methodist Hospital, Indianapolis, before going to St. Luke's Hospital, Chicago for an additional residency in surgery. He established his practice in Richmond in 1944. Doctor Campbell was a member of Wayne-Union County Medical Society, the Indiana State and American Medical Associations. He was also affiliated with several Masonic bodies and held church membership.

Nathan Stern, M.D., 74, Indianapolis physician, died July 18 in his car after suffering a heart attack enroute to the home of a patient. He pulled his car over to the curb, averting a possible accident.

Born in Indianapolis, Doctor Stern was a 1904 graduate of the Medical College of Indiana at Indianapolis. He became a member of the Fifty Year Club of Indiana State Medical Association in 1954. For 37 years he occupied offices in Bankers Trust building and for the last year and a half had offices in his north side home. During World War I Doctor Stern served as a captain in the Medical Corps.

He had been a member for many years of the Indianapolis Medical Society, the Indi-



ana State and American Medical Associations.

Henry W. Bopp, M.D., 74, died July 27 in his Terre Haute home following a two year illness.

A native and former resident of Harrison county, Doctor Bopp received his degree from the Indiana Medical College, School of Medicine of Purdue University, at Indianapolis, in 1906 and began the practice of medicine in Palmyra that year. He moved to Terre Haute in 1914 where he had been a physician and surgeon for 37 years. During that time he took postgraduate work in Vienna and Berlin.

Doctor Bopp was a former president of Vigo County Medical Society, and a member of both state and national medical associations. Two sons, Drs. Henry Bopp, Jr., and James Bopp, both of Terre Haute, are also practicing physicians.

Hobart Conway Ruddick, M.D., who had retired last January after practicing for 42 years, died in St. Mary's Hospital, Evansville, July 28. He had been a patient there for five months. He had been a diabetic for 29 years.

Born in Sandoval, Illinois, Doctor Ruddick received his degree from the University of Illinois College of Medicine at Chicago in 1912. He returned to Sandoval to practice, then entered World War I serving as a captain with a hospital unit in France. In 1919 he established his practice in Evansville where he was active in medical and civic organizations. He was president of Vanderburgh County Medical Society, was on the city board of health, and served eight years as a member of Indiana State Board of Medical Registration and Examination. Doctor Ruddick was an avid sportsman going each year to Canada and to Tennessee for fishing. In addition to his membership in county, state and national medical associations, he also belonged to several lodge, social and sportsmen's groups.

Geraldine Z. Plautz, M.D., 33, died August 10 in General Hospital, Indianapolis, following a long illness.

A life resident of Indianapolis, Doctor Plautz was graduated in 1944 from Indiana University School of Medicine and served her internship at St. Vincent's Hospital. She worked with the Division of Maternal and Child Health of the Indiana State Board of Health.

Doctor Plautz was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations and held church membership.

Robert W. Owsley, M.D., 45, former practicing physician in Thorntown and in Hartford City, died August 14 in San Francisco where he was vacationing with his family. He had been in practice in Whittier, California, since World War II when he received his discharge as a major in the Air Force. Doctor Owsley was born at Thorntown where his father and grandfather were physicians. A brother, Dr. Guy A. Owsley, Hartford City, is also a physician.

Doctor Owsley was graduated from Indiana University School of Medicine in 1934, interned at Methodist Hospital, and later went to Washington University, St. Louis, for special work in otolaryngology. He practiced for several years with his brother in Hartford City before entering service.

Loranza D. Goodwin, M.D., 93, who practiced medicine for 67 years, died August 13 in the home of a daughter in Evansville. He retired four years ago after practicing in Winslow for 35 years and in Owensville before that. Doctor Goodwin was a native of Noble, Illinois.

1955 INSTRUCTIONAL COURSES

Order Your Tickets Now!

The complete schedule of classes for the 1955 Instructional Courses, offered as a special feature of the Annual Convention of the Indiana State Medical Association at French Lick, is published below. Classes will be held on Monday, Tuesday and Wednesday, October 17, 18 and 19, 1955.

(Postgraduate training credit will be given by the Indiana Academy of General Practice to members attending classes.)

Admission to each class will be by ticket. Classes are limited to 30 physicians. The cost is $1.00 per class with a maximum charge of $3.50 for four or more classes. Plan your course to include six classes and indicate second choices. Enclose your check made payable to Indiana State Medical Association.

Order now—classes are filled early!

INSTRUCTIONAL COURSE SCHEDULE

Time	Monday, October 17, 1955				
2:00 to 3:00	Course 1 Infant Feeding Problems Gustaf W. Erickson South Bend Hunt Room	Course 2 The Painful Shoulder Frank W. Teague Indianapolis Radio Room	Course 3 Peripheral Vascular Diseases; Varicose Veins Joseph F. Ferrara Franklin Demon's Den	Course 4 Your Income Tax; Your Will Robert R. Girk Indianapolis South Foyer, Convention Hall	Course 5 Treatment of Congestive Heart Failure Francis B. Warrick Richmond Blue Room
3.00 to 4:00	Course 6 Pediatric Emergencies Joseph E. Coleman Evansville Radio Room	Course 7 What Can Be Done for the Arthritic? James S. Browning Indianapolis South Foyer, Convention Hall	Course 8 Office Management of Minor Psychiatric Disorders Philip B. Reed Indianapolis Hunt Room	Course 9 The Differential Diagnosis of the Pelvic Adnexal Mass Gordon C. Cook South Bend Demon's Den	Course 10 Management of Hypertension Richard M. Nay Indianapolis Blue Room
Time	Tuesday, October 18, 1955				
8:30 to 9:30	Course 11 Common Errors in the Treatment of Fractures of the Extremities Wayne R. Glock Fort Wayne Radio Room	Course 12 The Proper Neurological Examination with Demonstrations Philip T. White Indianapolis Hunt Room	Course 13 Practical Applications of Routine Laboratory Procedures David L. Adler Columbus South Foyer, Convention Hall	Course 14 Emergencies in the Diabetic, Young and Old Charles E. Test Indianapolis Demon's Den	Course 15 Chest Pain; Cardiac Versus Non-Cardiac Charles Fisch Indianapolis Blue Room
9:30 to 10:30	Course 16 Office Treatment of Common Foot Disorders Thomas A. Brady Indianapolis Radio Room	Course 17 Treatment of Infectious Diseases in Children Wallace E. Bash Fort Wayne Demon's Den	Course 18 Practical Interpretations of Electrocardiograms Roy H. Behnke Indianapolis Blue Room	Course 19 The Management of Prolonged Labor Charles F. Gillespie Indianapolis Hunt Room	Course 20 Treatment in Impending Death; Pain Relieving Procedures James O. Ritchey Indianapolis South Foyer, Convention Hall
Time	Wednesday, October 19, 1955				
8:30 to 9:30	Course 21 Office Treatment of Piles, Fissures and Fistula Donald Grillo South Bend Radio Room	Course 22 Premarital and Marital Counseling C. McCormick, Sr. Indianapolis North Foyer, Convention Hall	Course 23 Indications and Contraindications for the use of Cortisone and Allied Materials Glenn W. Irwin Indianapolis Hunt Room	Course 24 Surgical Emergencies in the Newborn Stanley Battersby Indianapolis South Foyer, Convention Hall	Course 25 What to Do About Gastro-Intestinal Hemorrhage I. J. Kwitney Indianapolis Demon's Den
9:30 to 10:30	Course 26 Incontinence and Other Urological Problems in the Geriatric Patient Gerald F. Ward Fort Wayne North Foyer, Convention Hall	Course 27 Gynecological Problems during Puberty S. H. Gardiner Indianapolis Hunt Room	Course 28 Attendant Dangers of Certain New Drugs R. A. Solomon Indianapolis South Foyer, Convention Hall	Course 29 Indications and Methods for the Induction of Labor C. Curtis Young, Jr. Evansville Radio Room	Course 30 Diagnosis and Treatment of Virus Pneumonia Richard S. Griffith Indianapolis Demon's Den

APPLICATION BLANK

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Indiana State Medical Association
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Enclosed find check for $..... Please reserve tickets for the following Instructional Courses:

	Monday, October 17	Tuesday, October 18	Wednesday, October 19
First choice.....	2:00 p.m. No.:	8:30 a.m. No.:	8:30 a.m. No.:
Second choice.....	2:00 p.m. No.:	8:30 a.m. No.:	8:30 a.m. No.:
First choice.....	3:00 p.m. No.:	9:30 a.m. No.:	9:30 a.m. No.:
Second choice.....	3:00 p.m. No.:	9:30 a.m. No.:	9:30 a.m. No.:

(Insert course numbers plainly, please.)

I will pick up my tickets at the Registration Desk at the convention.

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NEWS NOTES—from State and Nation

Dr. Segar Returns from Duty; Appointed to I. U. Staff

Dr. William E. Segar, who has been on duty at the Walter Reed Army Medical Center in Washington for the past year, has been appointed Assistant Professor of Pediatrics on the faculty of the Indiana University School of Medicine. Dean John D. VanNuys said the appointment is effective September 1.

A native of Indianapolis, Dr. Segar holds B.S. and M.D. degrees from Indiana University. After a residency in pediatrics at the Indiana University Medical Center, he was awarded a fellowship at Yale University School of Medicine where he served as an instructor in pediatrics and metabolism. On duty with the Army medical corps, he was on the faculty of the Medical Service Graduate School at the Walter Reed center.

Dr. Segar is the author of a number of papers on various phases of pediatrics and a diplomate of the American Board of Pediatrics.



Herbert A. Philbrick, former FBI agent of "I Led Three Lives" fame, is shown with a group of Indiana visitors at the AMA convention in Atlantic City. To his left is Mrs. J. E. Dudding, Hope; Mrs. Walter L. Portteus, Franklin; and Dr. Wm. Harry Howard, Hammond, past president of Indiana State Medical Association. Philbrick spoke at a meeting of the Conference of Presidents and Other Officers of State Medical Associations.

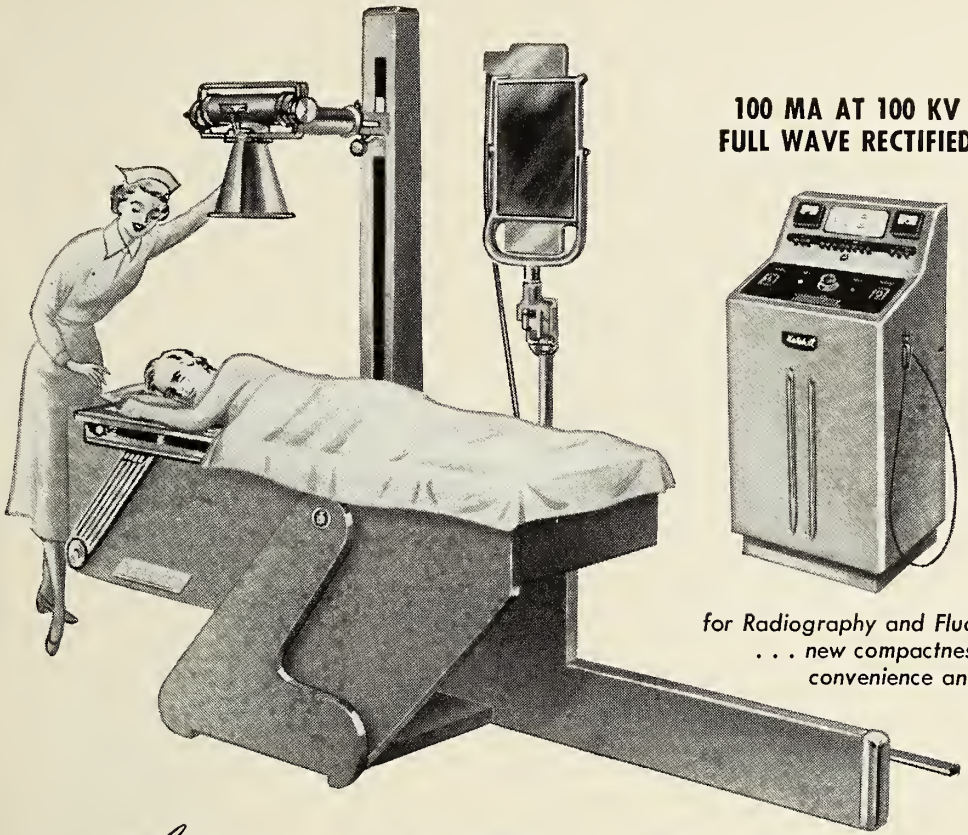
Dr. Nelson D. Gaddy, who completed his internship at Indianapolis General Hospital July 1 is now a first lieutenant in the U. S. Air Force. Following three weeks training at Montgomery, Alabama, he was to be stationed at McGuire Field, near Trenton, New Jersey. Lt. Gaddy is a son of Dr. E. T. Gaddy, Indianapolis.

Certificates of Fellowship in the American College of Chest Physicians were awarded to three Indiana physicians at the annual convention of the ACCP June 4 in Atlantic City. They were: **Drs. Robert W. Briggs,** Bridgeport, **Stuart T. Combs,** Terre Haute, and **Louis Weinstein,** Marion. Certificates were awarded to 251 members from 42 states, the District of Columbia, five provinces of Canada, Brazil, India, Korea and the Phillipines.

The Academy of Psychosomatic Medicine will hold its second annual meeting on October 6, 7, and 8 at the Plaza Hotel, New York City. The subject of this year's scientific program is "The Psychosomatic Aspects of Drug Administration." There is no registration fee. A preliminary program can be obtained from Ethan Allan Brown, M.D., Secretary, 75 Bay State Road, Boston, Massachusetts.

Dr. Joe B. Butler, a 1954 graduate of Indiana University School of Medicine, completed his internship at the Medical Center July 1 and has purchased a combined home and office at 508 East Moore street in Crothersville where he will practice general medicine.

Dr. Charles W. Dill has opened an office at 3655 Sherman Drive, south of Beech Grove, where he will practice general medicine. He is a 1954 graduate of I.U. School of Medicine and interned at the Medical Center.



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"March of Medicine" to Go on Air September 20

The first of six shows in the 1955-1956 series of the "March of Medicine" programs, presented by Smith, Kline and French Laboratories, will be telecast Tuesday, September 20 over the NBC-TV network. The first show will be seen at 9:30 p.m. EDT.

Dr. Leonard D. Lewis, who has been on the staff of the Wabash Railroad Hospital at Peru for the last two years, has opened an office for private practice in the Senger-Mavrick Building, 25 Court Street, Peru. Dr. Lewis is a native of South Bend, a 1952 graduate of I. U. School of Medicine, and served his internship at Methodist Hospital, Indianapolis. During World War II he served as a hospital corpsman with the U. S. Navy. Dr. and Mrs. Lewis and their two children reside at 111 North Fremont Street, Peru.

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A native of Valparaiso, **Dr. Robert L. Stoltz,** began the practice of medicine in his new residence-office at 501 Lincolnway, Valparaiso, July 1. Dr. Stoltz was graduated in 1953 from Indiana University School of Medicine, interned at the Medical Center and spent the last year at the Will Moore Surgical Clinic in Muncie. Dr. Stoltz served four years in the Marine Corps. Mrs. Stoltz, a native of Pittsburgh, is a registered nurse. Dr. and Mrs. Stoltz have two young daughters.

Dr. Elfred H. Hampe, a graduate of Washington University School of Medicine, St. Louis, is now associated with Dr. R. W. Wilkins and Dr. P. L. Smith in the practice of obstetrics and gynecology at the Duemling Clinic, Fort Wayne. He served internship and residencies at Presbyterian and Barnes Hospitals, Chicago.

Dr. Joseph P. Mudd opened an office for the practice of medicine at 619 Eastern Boulevard, Jeffersonville, July 15. Dr. Mudd, a native of Kentucky and a veteran, was graduated in 1954 from the University of Louisville School of Medicine and served his internship at St. Elizabeth Hospital, Dayton, Ohio. Dr. and Mrs. Mudd and their two daughters plan to move to their new home in Jeffersonville soon. They now reside in Louisville.



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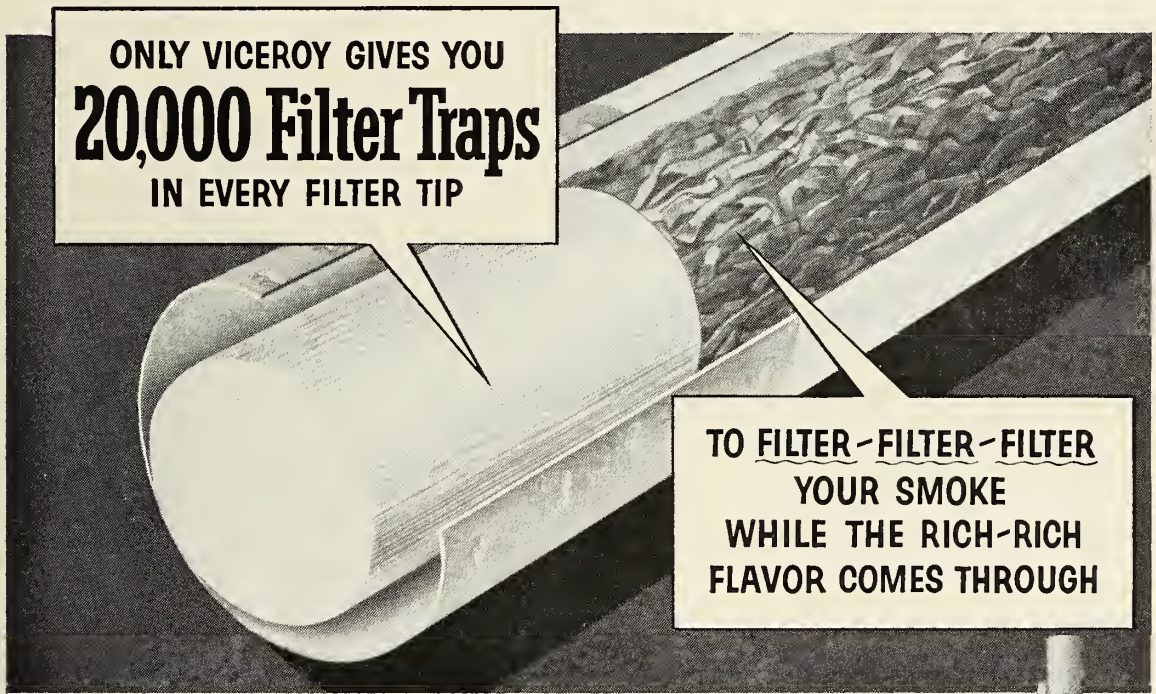
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Ohio Academy of GP Outlines Details of Dayton Meeting

The Fifth Annual Scientific Assembly of the Ohio Academy of General Practice will be held on Tuesday and Wednesday, September 20 and 21, in the Dayton-Biltmore Hotel, Dayton, Ohio. Ten hours of postgraduate credit will be allowed members of the American Academy of General Practice.

Highlights of the scientific program follow:

Tuesday

9:30 a.m. "Use of Drugs in the Emotional, Disturbed Patient"—Charles W. Harding, M.D., Columbus.

11:10 a.m. "Management of Poliomyelitis"—George J. Boines, M.D., Wilmington, Delaware.

1:30 p.m. "Treatment of Acne"—Alice E. Palmer, M.D., Detroit.

3:00 p.m. "Diagnosis of Congenital Heart Lesions Amenable to Surgery"—Herman K. Hellerstein, M.D., Cleveland

3:45 p.m. "The Diarrheal Syndrome"—Jerome Weiss, M.D., New York City.

6:30 p.m. Social hour and banquet.
Speaker—Mr. Mack Sauer, constructive humorist.
Entertainment and dancing.

Wednesday

9:00 a.m. "Hazards of Cortisone Therapy"—William McK. Jeffries, M.D., Cleveland.

9:45 a.m. "Obliterative Vascular Sclerosis of the Extremities" — John J. Cranley, M.D., Cincinnati

11:10 a.m. "Recent Advances in the Treatment of Hypertension" — J. Harold Kotte, M.D., Cincinnati.

1:30 p.m. "Relationship of the General Physician to Industry"—Charles F. Shook, M.D., Toledo

3:00 p.m. "Care of the Injured Hand"—James M. Shaffer, M.D., Dayton.

3:45 p.m. "Use and Abuse of Hormones"—John Bailey, M.D., Chicago.

Dr. Dan B. Kahle Joins Faculty at I. U. School of Medicine

Appointment of Dr. Dan B. Kahle to the faculty of the Indiana University School of Medicine as an Instructor in Obstetrics and Gynecology, has been announced by Dean John D. VanNuys.

A Navy veteran with two years service in Japan during the Korean War, Dr. Kahle is a 1949 graduate of the I. U. School of Medicine and has completed a three-year residency in obstetrics and gynecology at the University hospitals. He is a member of the American Medical Association and has been designated a junior candidate of the American College of Surgeons.

Dr. Kahle is a graduate of Jefferson high school at Lafayette and took his premedical work at DePauw and Indiana Universities. Married and the father of two children, he resides at 4988 Bonnie Brae Road, Indianapolis.

Dr. Lewis W. Knight, who recently completed a residency in obstetrics and gynecology at I. U. Medical Center, Indianapolis, has opened an office at 312 Medical Center Building, Fort Wayne, where he will specialize in obstetrics and gynecology. Dr. Knight is a Fort Wayne native, a 1949 graduate of Indiana University School of Medicine, served his internship at the Medical Center and then entered the Navy as a medical officer in 1950. Following two years' service in Japan, Dr. Knight returned to Indianapolis for his residency. Dr. and Mrs. Knight and their two children reside at 4367 North Clinton Street, Fort Wayne.

The twentieth reunion of the Class of 1935, Indiana University School of Medicine, will be held Wednesday, October 19, in the Demon's Den, at French Lick Springs Hotel, during the annual convention of Indiana State Medical Association. Reservations for the noon luncheon should be made with Dr. Stuart R. Combs, 721 Wabash Avenue, Terre Haute, Indiana.

Dr. James R. Mensch, a Fort Wayne native, opened an office for general practice at 2230 Alabama Avenue, in that city in July. Dr. Mensch received his medical degree in 1951 from Indiana University School of Medicine and served his internship at Good Samaritan and Maricopa County Hospitals, Phoenix, Arizona.

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Dr. Frank M. Thompson has opened an office in Huntington where he will be in private practice. He had been on the internal medicine staff of Linvill Memorial Clinic, Columbia City, since April 1947.

Dr. J. William Herr has opened offices at 622 Main Street, Tell City, where he began the practice of medicine August 1. He is residing in an apartment at 414 Fifteenth Street. Dr. Herr practiced for 11 years in Mt. Vernon where he served as Posey County health officer and as president of Posey County Medical Society. He is a native of Warrick County and a 1931 graduate of I.U. School of Medicine.

Dr. David Pietz, Indianapolis, has joined the internal medicine staff at Caylor-Nickel Clinic, Bluffton, after completing a three-year residency at Indianapolis General Hospital. He is a graduate of the University of Michigan Medical School. Another addition to the Bluffton clinic is **Dr. Harry A. Goldstone** who is serving a two year residency in internal medicine. He is a graduate of the University of Pittsburgh Medical School and has been with Healthwin Hospital, South Bend, for two years.

Dr. Joe R. Lloyd, a native of Salem, opened an office July 18 in the Hamilton Building in Noblesville. He is a 1954 graduate of Indiana University School of Medicine and served his internship at City Hospital, Springfield, Ohio. During World War II Dr. Lloyd served 21 months in the U. S. Navy as a pharmacist's mate. He and Mrs. Lloyd will reside at 560 North 14th Street, Noblesville.

Dr. Max Pfuetze, who recently completed a two year tour of duty overseas as a major in the Army Medical Corps, is opening an office at 408 North Street, Logansport, where he will be in private practice. Dr. Pfuetze, a graduate of the University of Kansas School of Medicine, interned at St. Mary's Hospital, Duluth, Minnesota, and was an assistant resident in surgery at University Hospital, Columbus, Ohio, before serving for three years as a fellow in surgery at Mayo Clinic. He



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was staff surgeon at Longcliff State Hospital, Logansport, before entering service.

Dr. J. Millard Fleming closed his Elkhart office August 1 and will become associate university physician at the University of Idaho, Moscow, Idaho, at the beginning of the term September 1. Dr. Fleming has been in practice in Elkhart since 1930 when he joined his father, Dr. J. C. Fleming. His uncle, Dr. Claude M. Fleming, is an Elkhart practicing physician, and his son is now serving his internship in Hanover, New Hampshire.

Dr. Phillip G. Bowser, a native of Goshen, has returned to that city and is occupying offices at 107 South Fifth Street used by his father, Dr. H. P. Bowser, for many years. Dr. Bowser was graduated from Indiana University School of Medicine in 1954 and completed his internship June 30 at Indianapolis General Hospital. Dr. and Mrs. Bowser and their son will reside at 214 East Washington Street.

Dr. A. W. Good, a graduate of Harvard Medical School, has joined the Doctors' Hospital staff at Michigan City where he will serve as an internist. He received his postgraduate training at the University of Michigan and at Yale University. Dr. Good is a native of Kendallville. He and Mrs. Good and their small son are living at 2025 Juneway Drive, Long Beach.

Dr. Good replaces **Dr. A. Walter Hoover,** who has begun a two-year residency at the Ochsner Clinic in New Orleans.

Dr. John D. Tharp, who for the last two years has been in the U. S. Public Health Service stationed at Marine Hospital, Chicago, has begun the practice of medicine in Culver at 114 Lake Shore Drive. Dr. Tharp is a native of Trafalgar and a 1952 graduate of I. U. School of Medicine. He interned at Norfolk, Virginia. Dr. and Mrs. Tharp and their son are now living in Culver.

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

The Council

July 17, 1955.

The Council of the Indiana State Medical Association convened for its summer meeting at 10:00 a.m., daylight saving time, Sunday, July 17, 1955, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Kenneth L. Olson, chairman, presiding.

Roll call showed the following present:

Councilors:

First District ——Minor Miller, Evansville
Second District ——Sam I. Rotman, Jasonville, alternate
Third District ——John M. Paris, New Albany, alternate-elect
Fourth District ——J. E. Dudding, Hope
Fifth District ——M. C. Topping, Terre Haute
V. Earle Wiseman, Greencastle, alternate
Sixth District ——Harry P. Ross, Richmond
Seventh District ——Lester D. Bibler, Indianapolis
Charles A. Jones, Franklin, alternate
Eighth District ——Guy A. Owsley, Hartford City
Gordon B. Wilder, Anderson, alternate
Ninth District ——Wemple Dodds, Crawfordsville
H. E. Klepinger, Lafayette, alternate
Tenth District ——James P. Vye, Gary
Ralph Eades, Gary, alternate
Eleventh District —Elton R. Clarke, Kokomo
Twelfth District —Maurice E. Glock, Fort Wayne
Thirteenth District—Kenneth L. Olson, South Bend

Officers:

Walter L. Portteus, Franklin, president
Walter U. Kennedy, New Castle, president-elect
Roy V. Myers, Indianapolis, treasurer
Frank B. Ramsey, Indianapolis, editor of THE JOURNAL
A. W. Cavins, Terre Haute, Associate Editor of THE JOURNAL

Executive Committee:

James W. Denny, Indianapolis, chairman
E. H. Clauser, Muncie
Albert Stump, attorney
Robert Hollowell, attorney
Robert J. Amick, field secretary
Kenneth W. Bush, field secretary
J. A. Waggener, executive secretary

Guests:

Cleon A. Nafe, Indianapolis
E. S. Jones, Hammond
Wendell C. Stover, Boonville
} A. M. A. delegates
J. William Wright, Sr., Indianapolis, co-chairman, Committee on Public Policy and Legislation
Wilbur F. Smith, Indianapolis
Robert B. Smallwood, Bedford
Howard T. Hammel, Bedford
Kenneth O. Neumann, Lafayette

On motion of Drs. Bibler and Dudding, minutes of the meeting held at Indianapolis April 17, 1955, were approved as printed in the June, 1955, Journal.

Reports of Councilors

Dr. Miller announced that the First District Medical Society will meet on September 15 at Princeton.

Dr. Topping read a letter from the secretary of the Vigo County Medical Society telling of the suspension from membership of one of that society's members for a period of one year.

Doctor Bibler invited the councilors and state association officers and their wives to attend the fall meeting of the Seventh District, to be held on October 5 in Indianapolis, with a tour of the Eli Lilly plant in the afternoon and a cocktail party and dinner dance at the Indianapolis Athletic Club in the evening.

On motion of Doctor Bibler, duly seconded, the matter of newspaper publicity in connection with Dr. Paul R. Hawley's talk before the Indianapolis Surgical Society in May was referred to the Public Relations Committee for consideration and report to the Council at its October meeting.

Doctor Dodds, at the request of the Tippecanoe County Medical Society, re-introduced the following resolution, which was tabled by the Council at its meeting on April 17, 1955:

> "WHEREAS, the N. F. I. P. has used its funds to purchase Salk vaccine for the 'free' inoculation of first and second grade school children without consideration of parental ability to pay, and,
>
> "WHEREAS, this sets a precedent favorable to free medical care by a national charitable organization, and
>
> "WHEREAS, the Shelby County Medical Society has already voiced its opposition to such a needless procedure, and
>
> "WHEREAS, the Daviess-Martin County Medical Society in its implementation of this program, without expressed opposition, would be negligent in their observation of the essential principles of free enterprise, now
>
> "THEREFORE BE IT RESOLVED to request the Indiana State Medical Association to demand a termination of such practices in subsequent years, and to hereinafter exhibit the proper initiative to keep such programs of medical practice under the guidance of medical associations dedicated to the better medical care afforded only by the private practice of medicine. Unanimously adopted at special session of the
>
> Daviess-Martin County Medical Society March 21, 1955.
>
> C. P. Fox, M.D., Secretary."

Doctor Dodds' motion for adoption of this resolution by the Council was seconded by Doctor Ross.

Following discussion by Drs. Dudding, Bibler, Topping, Ross and Miller, Doctor Miller moved that

a committee be appointed to study the advisability of revising the resolution to make it stronger, and to bring it to the Council at the first meeting at French Lick. Motion seconded by Dr. Bibler, and passed, following further discussion by Drs. Nafe, Denny and Dudding.

The chairman asked the Council Reference Committee on Public Policy and Legislation, composed of Dr. Minor Miller, chairman, Dr. Harry P. Ross, and Dr. Maurice E. Glock to consider the resolution and report to the Council at the French Lick meeting in October.

Doctor Vye reported that Dr. Ralph Eades of Gary was elected alternate councilor of the Tenth District at the district meeting held at Brook, Indiana.

Reports of Officers

Dr. Walter L. Portteus, president: "Mr. President, I would like to report that things have quieted down considerably during the summer months, and to mention two things. One is that you councilors be sure that the various component societies in your district get any resolutions to be introduced in the House of Delegates in early enough in order that we might get some mimeographed copies for the members of the House. This expedites early study and discussion, when we know ahead of time about resolutions to be introduced.

"I would like to reiterate the fact that we must continue to participate in politics whether we like it or not. Even though this is not a legislative year, it's time that we continue to mend our fences and continue to make contacts with state and national leaders whenever possible. In the past we have been negligent in our political approach because of the fact that we only worked when the state legislature was in session and that we neglected to meet with these men as friends in the interim. I would like to call your attention to the fact that the field men are doing that as representatives of your association at the present time, but we would like also to have you doctors encourage the various legislative groups in the counties to continue that same work. I am sure that the work of the field men is beginning to pay off."

The president-elect, the treasurer and editor of THE JOURNAL had no reports at this time.

Dr. Wendell C. Stover, A. M. A. Delegate, presented a report on the Atlantic City meeting of the A. M. A., held June 6 to 10. (See July issue of THE JOURNAL for complete report).

Unfinished Business

1. *Election of Editorial Board Members.* By unanimous vote Drs. Harold D. Lynch, Evansville (pediatrics) and Carl S. Culbertson, South Bend (pathology) were re-elected members of the Editorial Board for three years.

2. *Medical Education Foundation Fund.* Doctor Glock, chairman of the Committee on Medical Education and Hospitals, announced that while $63,000 had been contributed in 1952, $42,000 in 1953, and $49,000 in 1954, only $8,644.50 had been collected up to this time in 1955. He reported that the state committee feels that a mailing campaign should be deferred this year inasmuch as the A. M. A. is conducting another campaign by mail.

"Another point that I think is pertinent is that when the original pledge cards were passed out many men signed up for a three-year pledge, and I think we are going to have to change our concepts a little bit on this and realize that we cannot maintain this program for the American Medical Education Foundation Fund on the basis of three-year pledges. . . . I feel that besides the efforts of the committee, all of the officers and the councilors should constantly bring to the attention of the component societies and component members of the Association that this is a continuing endeavor, and we certainly would like to come nearer reaching the goal of $50,000 a year which our state committee has set."

3. *"Senior-Junior Day"*. Doctor Dudding, chairman of the Committee on Rural Health, reported an attendance of between 275 and 280 at the second annual affair for senior and junior medical students and their wives, held in Indianapolis on April 30. Doctor Dudding said his committee felt that this was a very worthwhile project and good public relations. He asked approval to proceed with plans for another such meeting next year.

On motion of Drs. Ross and Dodds the Council gave Doctor Dudding and his committee a vote of thanks for their work on this project.

4. *Physician Placement Program.* Doctor Dudding read the summary report which had been forwarded to the A. M. A., as follows:

Total number of requests from physicians seeking assistance in locating a place to practice:		
In the headquarters office	8	general practitioners
	2	specialists
By letter	32	general practitioners
	19	specialists
A. M. A. referral	10	general practitioners
	46	specialists
Total number of physicians who have been listed by the state medical society at any time and have located in the state between January 1 and June 30	27	
Total number of requests from community for assistance in obtaining a physician:		
a. Community committee or individual office visit	7	
b. By letter	20	
c. A. M. A. referral	1	
d. Others	3	

Total number of communities that have sought assistance from the state medical society at any time and have obtained a physician between January 1 and June 30_ 14

5. *Health Fair.* Doctor Denny reported that the Marion County Health Fair was not the success it had been in 1954, the first year it was held, and that participation by the State Association at a cost of $738.79, which was charged to the Public Relations Committee, was a waste of time, effort and money.

6. *Tape Recordings.* Doctor Denny reported that more requisitions for tape recordings were filled during the first six months of this year than were filled during the whole year of 1954. "This is one of the fine things that your state society is doing. We have some excellent subjects on the list by some good men."

7. *Rural Health Workshops.* Doctor Dudding reported that the Woman's Auxiliary is working very diligently trying to get some health conferences, similar to the health workshops that were held several years ago, set up before fall. If possible, each workshop will include a tetanus immunization program, which should prove to be a good public relations gesture.

Legislative Matters

Dr. J. William Wright reported on his trip to Washington on May 3 with Doctors Portteus and Don Wood, at the invitation of the Chamber of Commerce, to meet with the Indiana Senators and Congressmen. "I believe that something may have been accomplished. At any rate, from the local standpoint it served notice that the medical profession is cognizant of what is going on and wants to take an active part. There was nothing done politically. We did learn that a great many of the problems that come before the Congressmen and Senators are handled by their personnel. . . . I think it was a good thing not only from the national standpoint but from the local standpoint . . . to let our own Chamber of Commerce know that the doctors are interested."

Legislative matters were discussed further by Drs. Dodds, Stover, Owsley, Paris, Dudding, Denny and Mr. Stump.

New Business

1. *Retirement plan for State Association employees.* The chairman announced that he had been asked to appoint a committee from the officers and councilors to study a retirement plan for the employees in the state office. The following committee was appointed:

Wemple Dodds, chairman
M. C. Topping
Maurice E. Glock
W. U. Kennedy
Roy V. Myers

2. *Section on Aero Medicine.* Dr. Wilbur F. Smith, Indianapolis, presented the following resolution:

A resolution to the Council of Indiana State Medical Association

WHEREAS, the American Medical Association now recognizes Aviation Medicine as a Specialty.

WHEREAS, several State Medical Associations have recognized members of their associations who have organized sections of Aviation Medicine; namely Texas, Illinois, Minnesota and Ohio.

WHEREAS, there are now 39 members of the Indiana State Medical Association who are Designated Medical Examiners for the Civil Aeronautics Administration, as of July 1, 1955; besides a large number of members who were Flight Surgeons of the armed services during World War II and the Korean War.

WHEREAS, it is the desire of these men to meet as a section at the time of the State Meeting for the following reasons.

1. To advance the science and art of Aviation Medicine.
 a. By stimulating investigation and study.
 b. By disseminating knowledge.
2. To establish and maintain cooperation between the Medical and other sciences concerned with Aeronautical development and progress.
3. To promote fellowship and mutual assistance in this branch of medicine.

This is not for a specialty group, because many of these men are specialists in other lines, but are deeply interested in Aviation Medicine.

BE IT RESOLVED, that the Council of the Indiana State Medical Association recognize the wishes of those interested in Aviation Medicine, and recommend to the House of Delegates at their next meeting that recognition be given such a section within the Indiana State Medical Association.

Wilbur F. Smith, M.D., Chairman.

This resolution was referred to the Reference Committee of the Council on Proposed Amendments to the Constitution and Bylaws, composed of Drs. Ross, Chairman, Vye and Topping.

3. *Scholarship loan program for medical students.* Dr. Howard T. Hammel, of Bedford, spoke of the availability of a loan fund of the Knights Templar of Indiana to assist medical students. He read a letter from President Wells of Indiana University voicing approval of such a scholarship fund and suggesting that loans be provided up to a maximum of $5,000.00 for any individual medical student. Doctor Hammel asked that the State Medical Association write a letter to the Knights Templar giving approval of such loan funds being made available to worthy medical students.

On motion of Drs. Dudding and Clarke the Council went on record as approving this program and giving the necessary support to implement it.

4. *Per diem expenses of A. M. A. delegates.* On motion of Drs. Bibler and Ross, the matter of per diem expenses for A. M. A. delegates was referred to the Reference Committee of the Council on Education Affairs, composed of Drs. Dodds, chairman, Topping and Dudding, for study and report at the next Council meeting.

No further business appearing, the Council adjourned, to meet again at 3:00 p.m., Sunday, October 16, 1955, in the Hunt Room, at the French Lick Springs Hotel, French Lick, Indiana.

Indiana University School of Medicine

SCHEDULE OF POSTGRADUATE COURSES, GUEST SPEAKERS, PROFESSIONAL EVENTS*

This is a corrected version of the first issue of a bulletin on professional meetings at the Medical Center. It is being issued in an attempt to keep the staff posted on coming events and to avoid, by sufficient advance publicity, conflicts in meetings or schedules of guest speakers.

It is planned as an announcement only, listing dates, speakers when known, and the individual who can supply additional information. Its value will obviously depend on getting information to us as soon as it is available. We plan to distribute at least once a month, and oftener if a large number of revisions come in in a short interval. Please send announcements to Mr. Charles Peake, Faculty Secretary, or call him at Ext. 585, MElrose 5-8441.

Date	Event-Speaker-Place	Sponsor
September 26 to October 1	Postgraduate Assembly in Endocrinology and Metabolism Guest lecturers— Willard M. Allen, Washington University Brown M. Dobyns, Western Reserve Ralph I. Dorfman, Boston University Frank L. Engle, Duke University Earl T. Engle, Columbia University Roberto F. Escamilla, University of California Robert B. Greenblatt, Medical College of Georgia Charles W. Lloyd, Syracuse University Karl E. Paschkis, Jefferson Medical School Rulon W. Rawson, Cornell University Edw. C. Reifenstein, Jr., E. R. Squibb Co. Edw. H. Rynearson, Mayo Clinic Henry H. Turner, University of Oklahoma Lawson Wilkins, Johns Hopkins	Dr. Mahoney Ext. 585
October 27	Indiana Speech and Hearing Therapists Association	Dr. Fuller Ext. 221
February 15	Heart Symposium (Fifth annual)	Dr. Kohlstaedt Me. 6-6331
27-29	Course in Electrocardiography	Dr. Close Ext. 571
March 19-31	Clinical and Anatomical Course in Otorhinolaryngology (41st annual)	Dr. Manion Ext. 585
27-28	Symposium on Malignancy (ninth annual) Neurogenic Carcinoma	Dr. Heimburger Ext. 564
May 21-22	Course in Clinical Cardiology	Dr. Behnke Ext. 571
23	Course in Lung Diseases and Pulmonary Function	Dr. Behnke Ext. 571

* The Journal will carry revised bulletins as issued by the School of Medicine as a service to ISMA members who may wish to attend courses and events at the I.U. Medical Center and as a reminder that *all meetings* should be publicized well in advance.

Shelby County Annual Picnic . . .



Physicians of Shelby county conclude each year's meetings with a country style picnic each June. Scientific and business meetings are resumed in September. Special guests at this year's affair in addition to those pictured were James A. Waggener, ISMA executive secretary, and Mrs. Waggener, and Robert J. Amick, field secretary.

Photographs on the opposite page were taken at the annual picnic of the Shelby County Medical Society held on June 15 at the home of Dr. and Mrs. Paul R. Tindall.

Top left, Dr. Wilson L. Dalton, secretary of the society, and Dr. Walter U. Kennedy, New Castle, president-elect of Indiana State Medical Association.

Top right, Mrs. Wilson Dalton, Mrs. E. G. Grove, and Mrs. Emerson Barnum, all of Shelbyville.

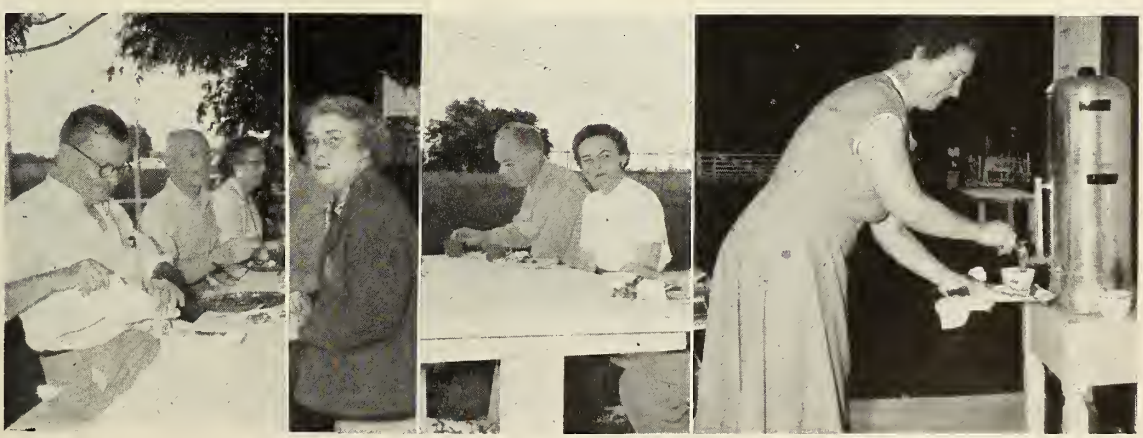
Center group of pictures shows Mrs. Robert D. Spindler, Shelbyville, whose husband is president of the Shelby County Medical Society; Dr. John A. Davis, Flat Rock; and at one of the picnic tables, Dr. William R. Tindall, Shelbyville; Dr. Rufus M. Nigh, Fairland; Mrs. R. C. Miller, Shelbyville (back to camera); and across the table, Dr. Davis; Mrs. Davis, and Dr. Roger F. Whitcomb, Shelbyville.

Bottom groups include, at left, Dr. W. D. Inlow, Dr. Emerson Barnum, Dr. Paul Tindall, and Dr. V. B. Scott, all of Shelbyville; at right, Dr. Vernon C. Patten, Morristown, and Dr. Norman F. Richard, Shelbyville.



Mrs. Roger F. Whitcomb and Mrs. Robert W. Gehres, both of Shelbyville, relax in a lawn swing after supper.

Bottom photographs from left to right show Dr. Gehres, Dr. Herbert Inlow, Mrs. Inlow, Mrs. W. D. Inlow, Dr. and Mrs. Richard C. Miller, and at far right, Mrs. Rufus M. Nigh, at the coffee urn.



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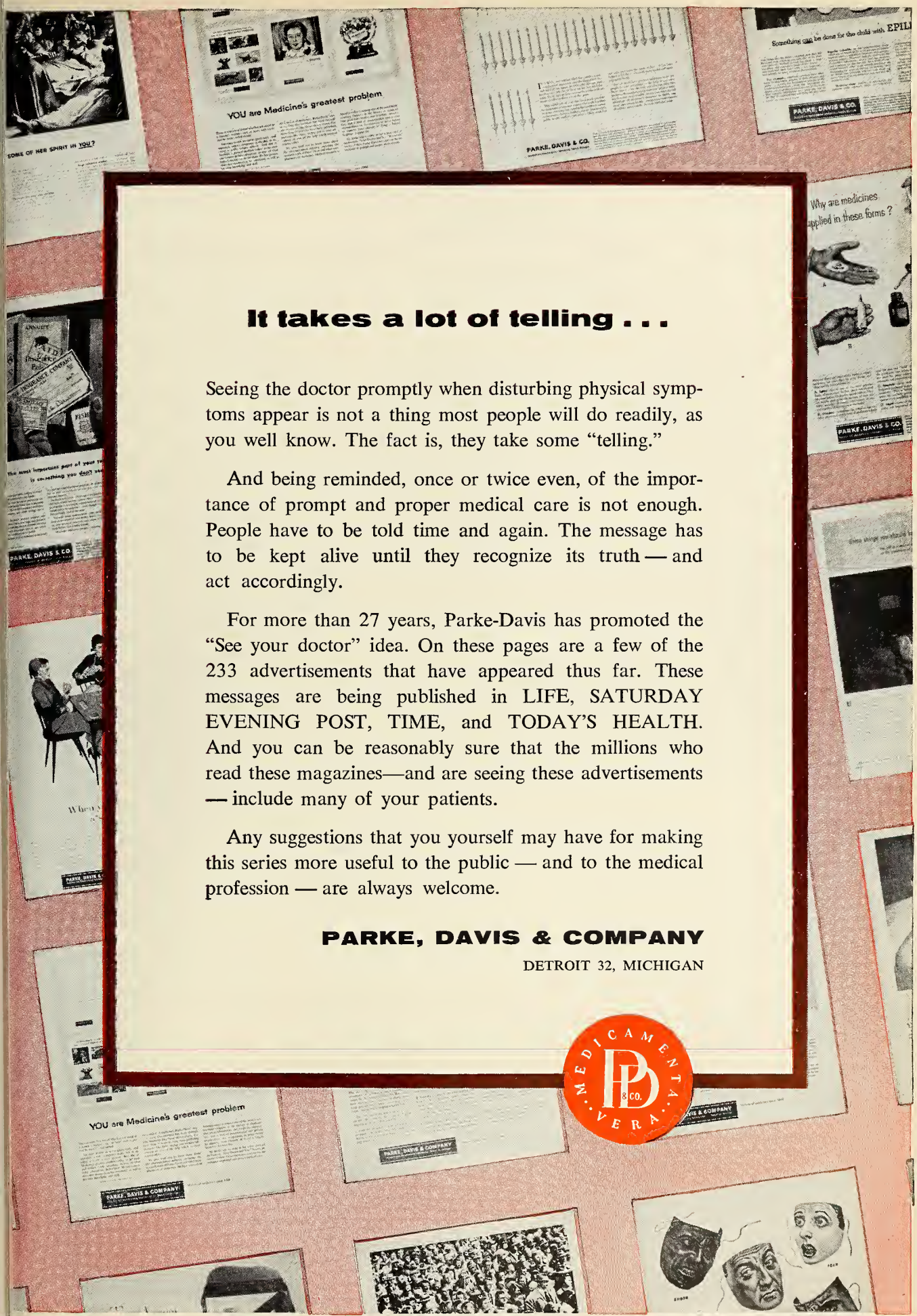
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October 1955

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All articles must be typewritten, double-spaced, with margins of one inch.

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Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

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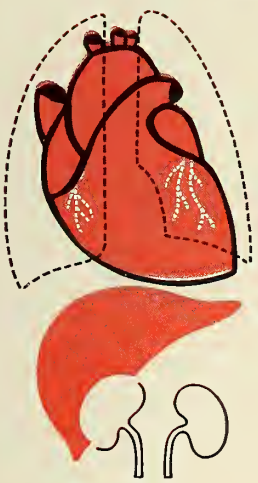
Communications dealing with editorial matters should be sent to Frank B. Ramsey, M.D., Editor, 201 Hume Mansur Building, Indianapolis 4, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1017 Hume Mansur Building, Indianapolis 4, Indiana.

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11	Elton R. Clarke, Kokomo	Dec. 31, 1957
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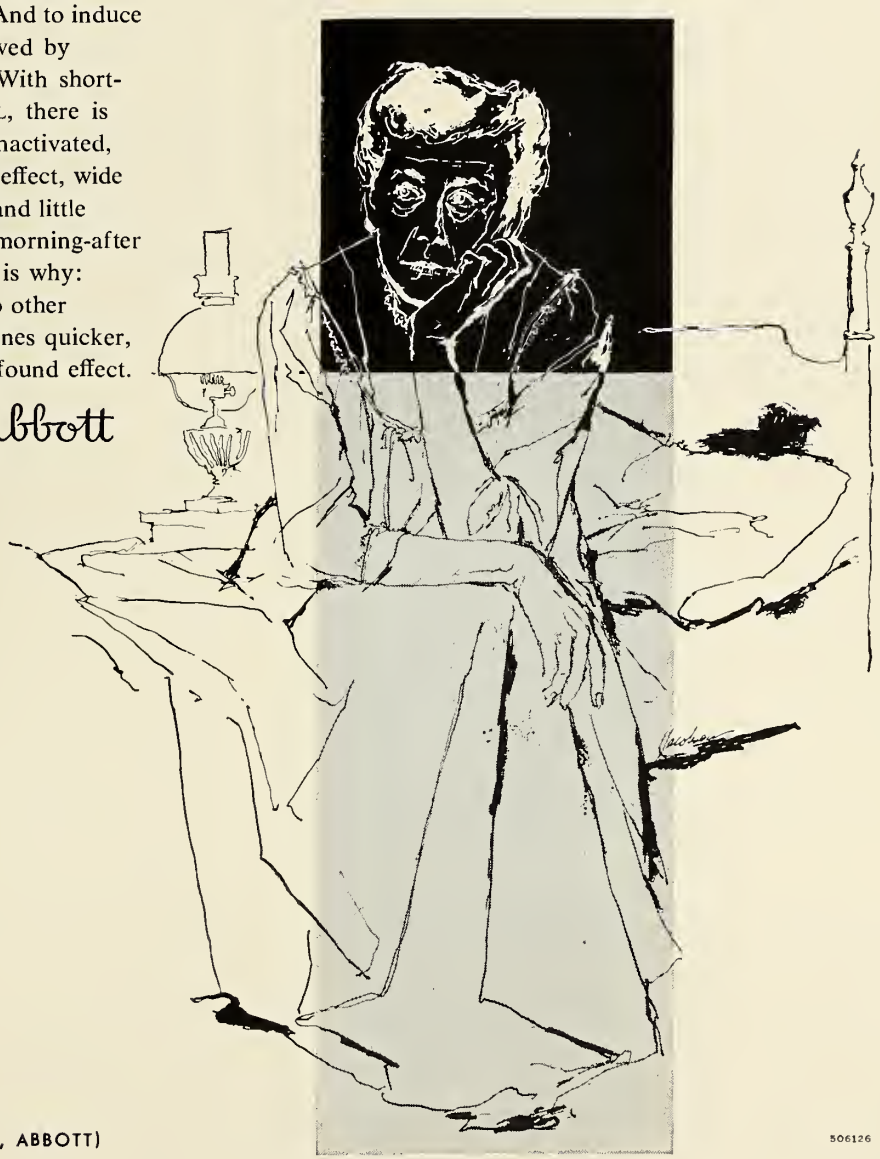
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2.	Robert H. Rang, M.D., Washington	J. S. Brown, M.D., Carlisle	Washington, 1956
3.	B. E. Sugarman, M.D., French Lick	Eli Goodman, M.D., Charlestown	
4.	J. K. Jackson, M.D., Aurora	George A. Vail, M.D., Lawrenceburg	
5.	C. M. Schauwecker, M.D., Greencastle	James B. Johnson, M.D., Greencastle	Greencastle, May, 1956
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Maurice G. Murphy, M.D., Morgantown	T. V. Petranoff, M.D., Indianapolis	
8.	Roger R. Reed, M.D., Anderson	Warren E. Fischer, M.D., Anderson	Anderson, 1956
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Frankfort, 1956
10.	W. G. Pippenger, M.D., Brook	Hugh J. Williams, M.D., Morocco	
11.	Fred Malott, M.D., Converse	Owen Johnson, M.D., Peru	
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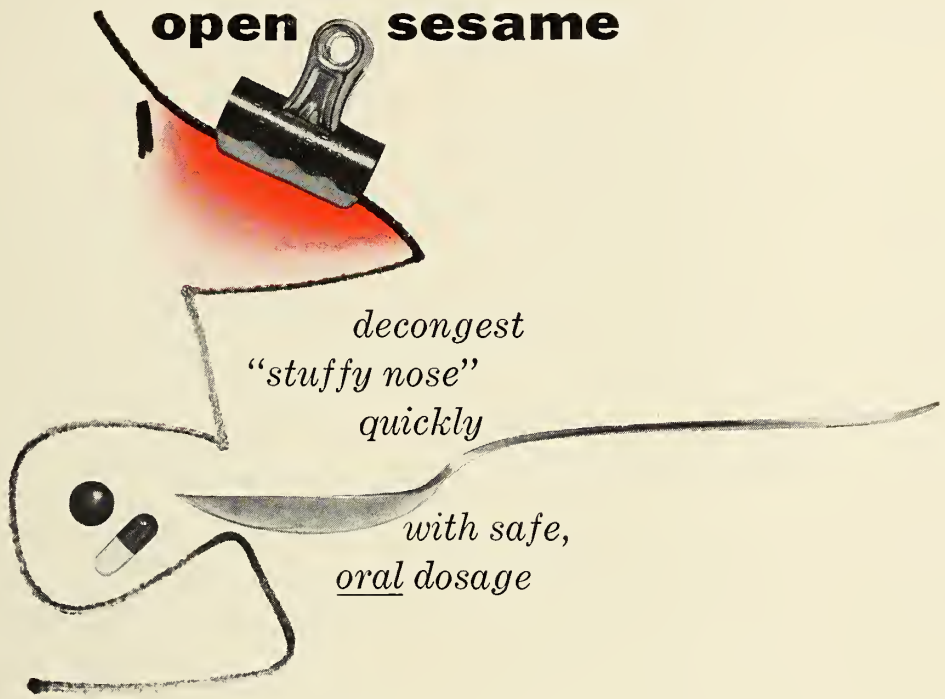
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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

BAD MEDICINE

Mr. Folsom, the new Secretary of Health, Education and Welfare, is taking a new look at the Administration's luckless plan to put the Federal Government into the business of insuring people against sickness.

Nub of the plan, which two sessions of Congress have showed wide disinterest in, would guarantee "abnormal losses" suffered by private insurance companies which expanded their businesses—under Government prodding—onto unsound actuarial ground.

Nobody, Mr. Folsom said the other day, seemed interested in the plan. The insurance companies were reluctant and the doctors don't like it. The people who think the Government ought to provide everything the citizen needs from birth certificates to cerements say the plan wouldn't help those who need help the most.

Indeed, Mr. Folsom doesn't think the plan would work, either. He thinks the net effect would only be another vast Government subsidy and one subsidy only leads to more and more. His attitude is certain to be twisted into something different by those who want more socialism in the Government, and doubtless he will be called a heartless fellow. This will be unfair, for Mr. Folsom recognizes that there are health problems and lags in the present forms of health insurance. But he recognizes also that there are wrong ways to go about trying to cure all the ills and cure them all at once.

A quarter century ago, for example, only a small percentage of the people had any hospital or surgical insurance at all. Now the Blue Cross and Blue Shield plans span the nation and a great many people benefit from what security they provide. That they do not provide adequate insurance for all cases is, of course, true; but there is little reason to doubt that as they expand their coverage they will expand also the benefits.

The surface in the health field, as the Secretary noted, has hardly been scratched by voluntary insurance in spite of its added services and growth in recent years. But what most of the companies have accomplished has been done on a sound actuarial basis and Federal bureaucracy has neither helped nor, as is often the result, hindered the growth. Already two-thirds of all employed people in the nation are covered by some sort of sick benefit plan.

We would certainly be very much happier about it if everyone had assurance that a sudden illness or a chronic ailment would not prove too much of a drain on their other responsibilities and we hope that the time will not be long before the voluntary associations can cover most such catastrophies.

The Government can, of course, help in this effort. One way would be to reduce the taxes which drain the ailing as well as the healthy. Another would be to allow more reasonable tax deductions for expenditures having to do with health care. There may be other ways.

But there is one way not to do it. To put a Government bureaucracy into the business of insuring against sickness will not measurably aid the people's health. It would only be to make more dangerous the virus of state control.

—**Wall Street Journal**

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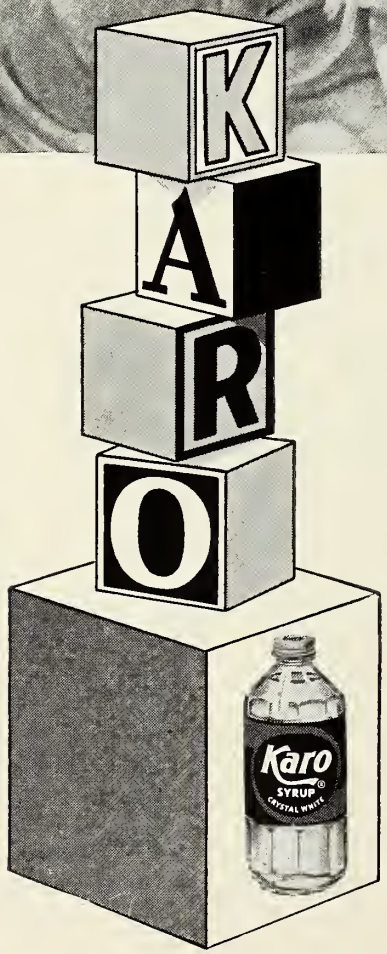
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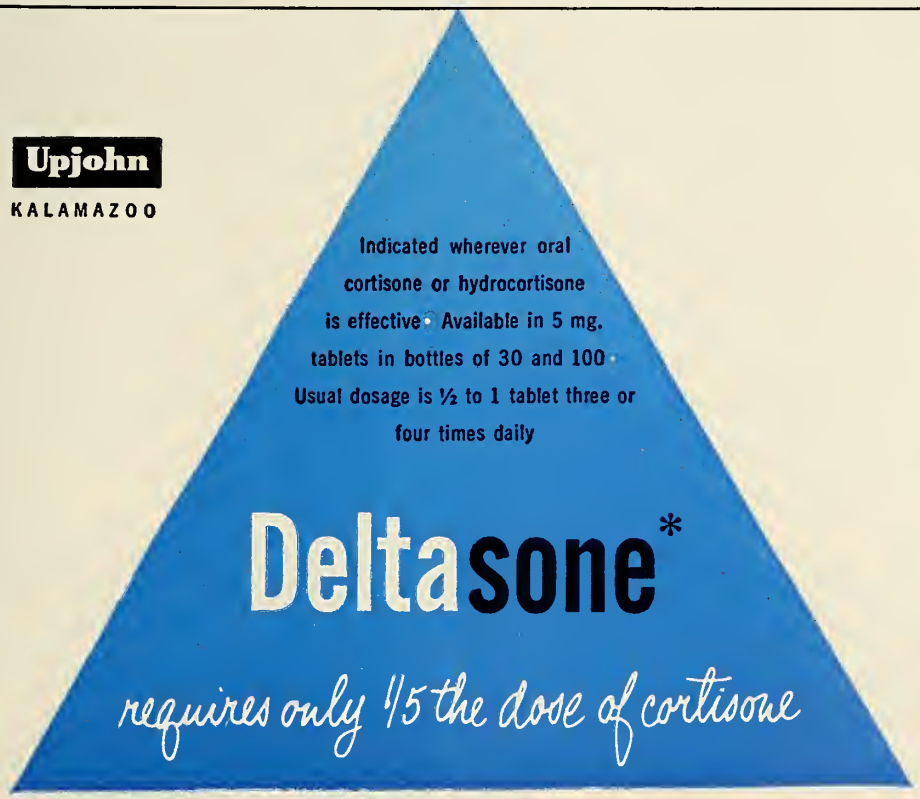
A helping hand to physicians in need of financial assistance to establish medical practice units is being offered by the Sears-Roebuck Foundation in cooperation with the American Medical Association. Since young physicians often lack capital and business "know-how," this plan is intended to fill the gap with long-term, low-cost assistance. Unsecured 10-year loans of up to $25,000 will be offered physicians seeking to establish practices but unable to get full local financing. One loan in each of five regions in the country will be given in 1955 under an original $125,000 Foundation grant.

Especially planned for small or medium sized towns and growing or rural communities, the program is designed to be self-expanding. All repayments will be used for further grants.

Applications will be screened by a medical advisory board which has been appointed from nominations by the AMA Board of Trustees. Each applicant must submit information about the area where he intends to locate, indicating the need for medical care, medical resources already available, possible reasons for the success of a new practice, and benefits expected for the community.

State medical society physician placement services will play a major role in getting the program started. The plan, formulated by the recently created medical advisory board, is headed by two members-at-large: Dr. F. J. L. Blasingame, Wharton, Texas, chairman, and Dr. Edwin S. Hamilton, Kankakee, Illinois, vice chairman. Regional members include Drs. Samuel P. Newman, Denver, Midwest; James Z. Appel, Lancaster, Pennsylvania, East; David Henry Poer, Atlanta, South; Eugene F. Hoffman, Los Angeles, Pacific Coast, and Robert D. Moreton, Fort Worth, Southwest.

Applications should be sent to the office of the region in which the proposed medical practice is to be established. They should be addressed to the Director, Sears-Roebuck Board, at these locations: Pacific Coast Region—2650 Olympia Blvd., Los Angeles 54; Southwestern—1409 South Lamar St., Dallas 2; Midwest—8 E. Congress St., Chicago 5; South—675 Ponce de Leon Ave., Atlanta; East—4640 Roosevelt Boulevard, Philadelphia 32.



Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

FUNDAMENTALS OF P. R.

Sometimes in considering the public relations of the medical profession, we become a bit panicky and are apt to indulge in remedies which are not always dignified. In the Detroit Medical News is a well-considered reply by an M. D. to statements made by a layman concerning this matter. It is published as a guest editorial, and can scarcely be cut, so is here reprinted in full. If you have not the time to read it all, at least peruse the last paragraph.

Let us assume that Mr. Tew was right: that public opinion, generally, considers doctors faulty in their attitudes toward patients, specifically that we hold ourselves aloof and create doubts, fears, and antagonisms. There are certain situations which tend to create such misunderstanding, situations in which we may not seem to be delivering to the patient the kind of personal responsibility for his welfare which he expects.

Dangerous or fatal illness is not such a situation. The public will forgive us for our inability to save the patient, if we have labored diligently; and since we know how serious the illness is, we automatically take the situation (and, incidentally, the patient) seriously. Likewise, we are seldom criticized if the illness is one for which an effective treatment is available. We do what needs to be done, the patient gets better, and everybody is happy.

However, if the patient's discomfort is due to a functional or self-limited disease, and thus is not as dangerous as the patient fears, the doctor's casualness toward the disease may be interpreted by the patient as casualness toward him. The doctor must walk a middle course between two opposite psychological errors. If, on the one hand, he stresses the severity of the disease and the efficacy of the prescribed treatment, he runs the danger of frightening the patient, making him give undue significance to the situation. The doctor then has, as Mr. Tew says, created "doubts and fears." If, on the other hand, in trying to allay anxiety, the doctor minimizes the importance of the illness, and admits that treatment is necessary primarily for comfort rather than cure, the patient may feel slighted. It seems he has paid his fee essentially for nothing, and he

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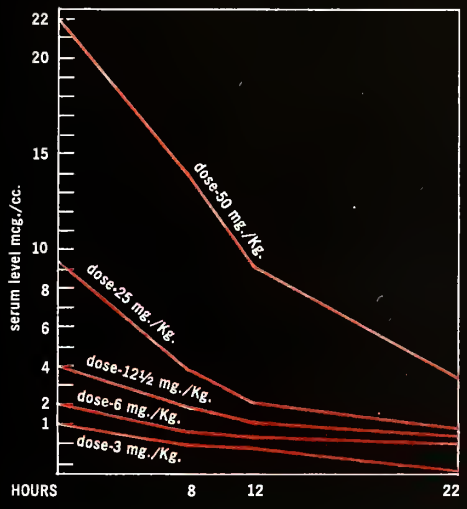
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wonders how he can justify to his wife the fact that he got frightened enough to go to the doctor about such an unimportant ailment.

Perhaps we doctors ought to talk more about the importance of our diagnostic function. Popular literature already glorifies sufficiently—if not too much—our therapeutic function. Instead of saying, "It was very necessary that you came in to get this treated," we might say, "It was very necessary that you came in to find out that those symptoms didn't mean something serious."

When the patient has an illness which is chronic and slowly progressive, an inconvenient and uncomfortable ailment to which he will have to adjust gradually, but which is not immediately dangerous to life (I am thinking of such things as hypertrophic arthritis, bronchiectasis, hypertension, etc.) we again have a difficult public relations problem. If we, in trying to aid his morale, build up too bright a picture of the future and of our ability to help him, he is later angry at us if the subjective improvement gained is less, or the progress of the disease is greater, than we seemed to promise. As Mr. Tew says, we create "resentments." The patient may wonder bitterly if the treatment was to aid our pocketbook or his condition. If, on the other hand, we talk about treatment designed to help him to adjust to the illness, and to become fairly comfortable and efficient in spite of it, rather than to expect complete relief from it, this may be worse news than he is ready to accept. It may sound to him as if there is "nothing" we can do for him. Then, the very human trait of blaming bad news on the one who gave it may be exhibited, and he goes away angry, this time to the cultist who will promise him the moon.

Many of us meet this kind of public relations problem by telling the patient as little as possible about his illness. We may then be accused (as Mr. Tew says) of "holding ourselves aloof," when actually we are merely withholding truth which the patient is not ready psychologically to accept. We could, in years gone by, have good public relations and maintain a close tongue; it is not so easy now. We need to study more how to tell the patient the facts about his illness—if he wants to know them—in such a way that the information will not harm

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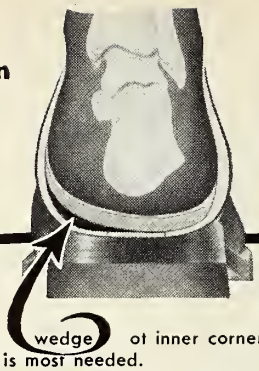
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him. Perhaps we can admit our own therapeutic limitations without destroying hope by adding a word about "new things constantly being discovered." But if we do lose a patient to the cultist, or the private practice of medicine to the supervision of the State, because of our inability to sugar-coat unpleasant facts sufficiently, the chances are that respect for our honesty, if not for our salesmanship and psychological dexterity, will nevertheless eventually be regained.

We appreciate well meant, constructive criticism; but as Dr. Bailey said, the ethical principles preventing self-laudation are sound, precisely for the reason that competition for the public's esteem is not our business. Popularity and public acceptance measures the value of a brand of beer, of a piece of real estate, of a movie actor, but not of a doctor. The value of most things consists in giving the public what it wants. Our value lies in giving the public what it needs. Let us, if we are clever enough, do both; if we can't, let it be our popularity rather than our integrity which suffers.

E. J. Alexander, M.D.

Dr. Alexander has struck a very important nail squarely on the head. If we are faced with a dilemma, let us at least maintain an honorable course and hew to the line, let the chips fall where they may. (In case you have doubts about this, consider but one example—the recent affair of the Salk vaccine.)

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C. — Although Salk vaccine now is coming from the laboratories in encouraging volume, in Washington there still are unresolved questions that may well go beyond the problem of controlling poliomyelitis.

After months of wrangling, Congress this year enacted only one law dealing with the new vaccine. This was an authorization for the allocation of money to states to help finance inoculation campaigns. On this there was a sharp difference of opinion. Some lawmakers wanted to give federal money, but to earmark it for the exclusive use of children who had passed the "means test," that is, whose parents had been officially determined to be unable to pay for the shots. Others would have nothing to do with a bill carrying the "means test."

As finally enacted, the law provides enough money to buy vaccine for only approximately one-third of all children under 20 and pregnant women. That is a concession to those who want a "means test." But the "no-means test" faction was appeased by another provision of the law, a stipulation that in inoculation programs arranged by the state and communities no financial questions could be asked.

It may be that this decision will be final, that Congress will have nothing more to do with this complicated problem, except possibly to add to the 30 million dollars already appropriated to pay for vaccine. But that isn't the way some members of Congress feel. They want to reopen the entire question before the present law expires next February 15. At the very least, these Senators and Representatives want Congress to vote enough money to buy shots for all children in the eligible ages. In fact, those who want the federal government to play a larger role in inoculation programs regard the law now on the books as merely a temporary measure. They are looking forward to reopening the issue.

If this is done, the many questions that the last session couldn't decide again will be before Congress. Here are some of them:

1. Is it the responsibility of the federal government to make free shots available to all, regardless of ability to pay?
2. If there is to be a "means test," should the states or the federal government set the dividing line between the families that can pay and those that can't?
3. Should the federal government move into the picture and allocate the available vaccine, or should distribution continue along the present voluntary lines?
4. Should the states and communities arrange for all inoculations themselves?

Underlying these questions are some issues that go beyond Salk vaccine. Some persons in Congress believe there should be no limit to the participation of the federal government in public health programs. They would like to see free inoculations not only for poliomyelitis but also for all other communicable diseases for which there is a specific vaccine.

Also, the rambling system of federal control over drugs, with enforcement spread among half a dozen departments and agencies, is under criticism. One bill on this subject—which was not pressed last session—would give the Secretary of the Department of Health, Education, and Welfare authority to move in and assume control over the distribution and even the use of any drug when the Secretary decided that the public welfare warranted such drastic action.

NOTES

During the current fiscal year the U. S. will be spending a total of over 32 million dollars to help in vocational rehabilitation work, most of it in the form of grants to states.

In exchange for patent rights, colleges and laboratories will receive some financial concessions from the Atomic Energy Commission in purchase of nuclear materials and equipment.

From now on Air Force physicians, when addressed verbally, will be called "doctor." The military rank and title will continue to be used, however, in written communications.

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Clinical Experience with Anticoagulant Danilone (Phenylindanedione) in 72 Patients

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THE ISOLATION AND SYNTHESIS of the hemorrhagic agent (bishydroxycoumarin) in hemorrhagic sweet clover disease was announced by Link and Associates[1] in 1941, followed a few months later by the first report of its clinical effects by the Mayo Clinic group[2]. Since that time, bishydroxycoumarin (Dicumarol) has become established as the leading anticoagulant in this country. In general, it has proved to be a remarkably satisfactory agent in the treatment of thromboembolic diseases. Its main disadvantages have been a relatively slow onset of effect, a still slower dissipation, and the occasional occurrence of sensitivity. Efforts to avoid these disadvantages have resulted in recent years in the study of a number of newer oral anticoagulants. These include other members of the coumarin group of chemical compounds, namely, ethyl biscoumacetate (Tromexan) and 4-hydroxycoumarin anticoagulant No. 63 (Cumopyran), and, more recently, members of a non-coumarin group of anticoagulants, the indanediones, namely, phenylindanedione (Danilone, Hedulin, Indon, (P.I.D.) and 2-diphenyl-acetyl-1, 3-indanedione (Dipaxin). These compounds have in common a hypoprothrombinemic effect which is effectively counteracted by Vitamin K_1.[13, 14, 17] Although the mechanism of action is not entirely clear, the drugs presumably act to lower blood prothrombin by interfering with its formation in the liver. In the presence of normal renal function, the drugs are effectively excreted in the urine. All are relatively inexpensive but require

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daily determination of prothrombin time to guide dosage. All have the common potential hazard of hemorrhage and are contraindicated or indicated only with the greatest amount of caution in hepatic or severe renal disease, in diseases with ulcerating or granulomatous lesions, in blood dyscrasias with bleeding tendencies, in Vitamin K or Vitamin C deficiencies, in patients recently subjected to operations on the brain or spinal cord or to any operation or trauma leaving large open surfaces, and probably contraindicated in severe hypertension and in subacute bacterial endocarditis.

The findings of Barker et al.,[3] relative to ethyl biscoumacetate, 4-hydroxycoumarin anticoagulant No. 63, and bishydroxycoumarin, are representative. The rapidity with which these drugs induced therapeutic hypoprothrombinemia was approximately as follows: ethyl biscoumacetate, within 1 day in 40% of cases and within 2 days in 84% of cases; 4-hydroxycoumarin, within 1 day in 5% of cases and within 2 days in 85% of cases; bishydroxycoumarin, within 1 day in 19% of cases and within 2 days in 62% of cases. A therapeutic effect was not achieved until after 2 days in 12%, 15%, and 38% of cases, respectively. The mean number of days from the last dose of the drug to the first normal prothrombin time was 3, 8, and 5 days, respectively. Ethyl biscoumacetate had the most rapid induction and recovery times but required the largest dosage; bishydroxycoumarin had the least rapid induction, and 4-hydroxycoumarin had the least rapid recovery time. There was considerable variability of response from patient to patient regardless of which drug was used.

The hypoprothrombinemic effect of indanedione derivatives was reported by Kabat and co-workers[4] in 1944. Three years later, Meunier and co-workers[5] reported phenylindanedione as an effective anti-Vitamin K compound with hypoprothrombinemic activity in laboratory animals. In 1947, Soulier and Gueguen[6] described toxicity studies in animals. They noted no constant toxicity to the drug until 400 mgs. per kilogram of body weight of their preparation had been given, when it was stated renal tubular damage occurred. These workers also reported the results of clinical investigation of phenylindanedione. Since that time, a number of other clinical reports have appeared.[7, 8, 9, 10, 11] There is general agreement in this group that the drug will produce a therapeutic response in 24-48 hours, with restoration to nearly normal prothrombin concentration within 48 hours after withdrawal. Thus, it appears to resemble ethyl biscoumacetate in rates of induction and recovery; the dosage, however, is considerably smaller than that of ethyl biscoumacetate. The following initial doses have been reported by different workers: 150-200 mgs.,[7, 8] 200 mgs.,[10] 200-300 mgs.,[11] as single induction doses, and 300 mgs. followed by 300 mgs. in 12 hours, as a double initial dose.[9] The following maintenance doses have been reported: 50-150 mgs.,[7] 12.5-300 mgs.,[10] as single doses, and 50 mgs. twice daily as a double daily maintenance dose.[8] Liver, hematologic, and urinary toxicity have not been described clinically. An orange-red color of the urine, thought to be due to the presence of a degradation product of phenylindanedione, has been reported; the color is stated to appear in alkaline urine and to disappear with acidification.[11] One case of severe drug sensitivity to phenylindanedione has been reported.[12]

The experience to date with 2-phenyl-acetyl-1, 3-indanedione (Dipaxin) is very limited, but preliminary work suggests that speed of induction is similar to that of phenylindanedione, while the recovery period is considerably longer.[14, 15] The effective dose appears to be smaller than that of phenylindanedione.

METHOD OF STUDY

In this study, phenylindanedione (hereinafter referred to as Danilone) was administered to 72 hospital patients during the 23 month period beginning February 1953 and ending December 1954. A small number of patients in the series received a course of treatment on more than one occasion, making a total of 78 clinical trials in 72 patients. The duration of a single period of treatment in the individual cases varied from 1 to 44 days. Fifty-six courses of treatment extended over a period of time exceeding 7 days and 16 of these exceeded 21 days (Table 1). In each case the patient had peripheral vascular or cardiac disease with actual or potential thromboembolism (Table 2). Sixty-one of the series were charity ward patients at Indianapolis General Hospital; 11 were private patients studied at other Indianapolis hospitals.

Danilone was given orally in a single daily dose. The initial dose administered was 300

Table 1—Duration of Treatment with Danilone

Number of days	Number of cases
1- 7	22
8-14	23
15-21	17
22-28	14
29-44	2
	78 Total

mgs. in most instances, but initial dosages ranging from 150 to 350 mgs. were given in some cases. The amount given on subsequent days, usually 50 to 150 mgs., was determined by the effect of the dose of the preceding day on the prothrombin time. A preliminary prothrombin determination was made in every case before initiating therapy and daily thereafter except for Sundays and holidays. In most cases the blood urea nitrogen concentration was also determined. The method for estimation of prothrombin in use at Indianapolis General Hospital was that of Tilden and Peirce, which is a one-stage method utilizing a standard activity curve.[16] The standard Quick one-stage method of prothrombin estimation utilizing a commercial thromboplastin (Simplastin) was used in the other hospitals. In expressing prothrombin time in this paper, the figures given represent percentage of normal activity.

All patients on whom adequate data had been recorded were included in evaluating the various responses to the anticoagulant. In certain cases in the series, records were incomplete at one or more points in the course of therapy, due to such factors as admission to the hospital on weekends when only emergency laboratory facilities were available, dismissal of the patient coincident with termination of anticoagulant therapy, patient's objection to frequent venepuncture after cessation of treatment, or inadvertent omission of daily dosage or prothrombin determination. Patients receiving the drug for only several days were not included in the evaluation of maintenance dosage. Hence, although the total number of cases considered in each category of study varies, the figures given actually represent the consecutive cases with valid observations.

Table 2—Diagnosis in Cases in Which Danilone Was Administered

Diagnosis	Number of cases
1. Thrombophlebitis	26
2. Myocardial infarction	20
3. Acute peripheral arterial occlusion	7
4. Chronic occlusive peripheral arterial disease	7
5. Pulmonary embolism	5
6. Congestive heart failure	5
7. Severe chronic venous insufficiency	4
8. Auricular fibrillation with embolic phenomena	2
9. Retinal venous thrombosis	1
10. Frostbite	1
	78 Total*

*This figure exceeds 72 since some patients received treatment on more than one occasion.

RESULTS

Induction.

In 71 cases, a therapeutic degree of hypoprothrombinemia (i.e., less than 30% and more than 10% of normal control) was reached on the first day after institution of treatment in 15 cases, on the second day in 51, on the third day in 3, on the 6th day in 1, and never in 1 (Table 3). Since blood for prothrombin tests was usually drawn approximately at 8 a.m., and the anticoagulant was usually administered approximately at 12 noon, this degree of hypoprothrombinemia was achieved in approximately 20 hours, 44 hours, or 68 hours, or less, respectively, excluding the last 2 cases. In the case in which an effective range was at no time achieved, dosage was inadequate; the case did not represent true resistance to the drug. Prothrombin was estimated at 4, 8, and 24 hours after administration of a single dose of Danilone in 4 cases (Table 4), and a significant effect was first apparent after 24 hours. Of the total doses received by patients

Table 3—Induction Time and Dosage in 71 Cases

Days to therapeutic level of hypoprothrombinemia (prothrombin not exceeding 30% of normal control).	No. of cases	Total dosage (mgs. Danilone) required to achieve therapeutic level	
		Mode*	Range
1	15	250 (single dose in each of 5 cases)	200-350
2	51	400 (sum of first two days doses in each of 11 cases)	275-650
3	3	650 (sum of first three days doses in each of 2 cases)	550-650
6	1	1125 (sum of first six days doses)	1125
Never reached	1		
	71		

* The dosage given oftenest.

Table 4—Effect of Single Dose of Danilone on Prothrombin Time in 4 Patients

Case	Dose (mgs Danilone)	Prothrombin (% of normal control) Before Danilone	Hours after Danilone		
			4	8	24
1	200	94	94	88	34
2	250	100	94	88	38
3	200	82	82	81	34
4	200	68	64	60	34

before reaching therapeutic hypoprothrombinemia, for those reaching this level within 1 day, 250 mgs. was the mode*, for those reaching it within 2 days, 400 mgs., and for those within 3 days, 650 mgs. (Table 3).

Maintenance.

The most frequently administered maintenance dose in each of 56 cases was determined (Table 5). The mean modal maintenance dose in these 56 cases was 107.3 mgs.; the range of all maintenance doses actually administered in the 56 cases was from none to 225 mgs. The maintenance dose was administered as a single daily dose. In order to detect any evidence of wide diurnal swings in prothrombin concentra-

* The dose most frequently given in this series of patients.

Table 5—Maintenance Dose

Modal* maintenance dose for individual patients (mgs. Danilone)	Number of patients
25	4
37.5**	1
50	6
62.5**	3
75	4
87.5**	1
100	9
125	10
137.5**	1
150	11
162.5**	1
175	4
200	1
107.3 Mean	56 Total

* Maintenance dose most frequently given in the individual case.

** Actual doses were in almost all instances given in multiples of 25 mgs. For the purposes of this table, when two different dosages were given with equal frequency in the same case, the "modal maintenance dose" was considered to be the average of the two. E.g., if 75 mgs. daily was given on 8 days and 100 mgs. daily on 8 days in the treatment of the same patient, the modal maintenance dose was considered to be 87.5 mgs.

tion with single daily dosage, 3 consecutive prothrombin estimations at intervals of 4 hours were made in 6 cases (Table 6). No significant diurnal variation was noted.

In some cases almost perfect control of the hypoprothrombinemia was achieved, the prothrombin concentration remaining between 15% and 30% at all times after induction, while in other instances control was erratic. In an attempt to determine the over-all effectiveness of prothrombin control, the 56 cases represented in Table 5 were studied from the first day that the prothrombin reached a therapeutic level until the day of the last dose of Danilone. In these cases collectively, there were 883 days of treatment, during which the prothrombin was greater than 30% on 91 days and less than 10% on 4 days, amounting to 10.3% and 0.45%, respectively. Thus, control was satisfactory approximately 89% of the time.

Withdrawal.

In 38 cases, after discontinuance of anticoagulant, daily estimation of prothrombin was continued until prothrombin had increased to 40% or more. Such an increase had occurred by the second or third day in every instance except one (Table 7). In 8 cases, prothrombin was estimated at more frequent intervals during the withdrawal period until the pre-treatment level was re-attained (Table 8). In most cases restoration of prothrombin of 40% or greater did not occur until 44 to 68 hours after the last dose of anticoagulant. Restoration of prothrombin approximately to the initial pre-treatment level did not occur until 52 to 80 hours after the last dose of anticoagulant.

Antagonistic effect of Vitamin K_1.

Vitamin K or Vitamin K_1 was administered in 9 cases. In every case satisfactory restoration of prothrombin occurred. Three examples are illustrated in Fig. 1. In one instance, 250 mgs. of Vitamin K_1 was given by mouth, in another, 50 mgs. and, in another, 150 mgs. were given intravenously. Restoration of prothrombin to 40% or greater occurred within 10½, 18½, and 6 hours respectively (Fig. 1).

One instance of post-Vitamin K_1 refractoriness to Danilone was observed. Following the intravenous administration of 50 mgs. of Vitamin K_1, the prothrombin rose to 86%, after which maintenance dosage during the next 20 days averaged 250 mgs. daily, whereas during the 9 days prior to Vitamin K_1 it had averaged 75 mgs. There was no other apparent explanation for the increased maintenance requirement.

Table 6—Fluctuation in Prothrombin Time During the Same Day in Patients Receiving Danilone in Single Daily Maintenance Dose

	Prothrombin time (% of normal control)		
Case	8 a.m.	12 noon	4 p.m.
1	24	20	24
2	20	21	20
3	19	20	20
4	18	20	22
5	17	15	14
6	22	21	21

Table 7—Recovery after Withdrawal of Danilone (38 Cases)

Number of patients	Days from last dose of drug to first prothrombin of 40% or greater
0	1
20	2
17	3
1	4
38 Total	

Undesirable effects.

Hemorrhage of major or minor degree occurred in 8 of the 72 patients. Menorrhagia occurred in one patient while the prothrombin was in therapeutic range; anticoagulant was withheld for 3 days, after which therapy was reinstituted with no further bleeding. In another

case, minor epistaxis occurred on several occasions, requiring cauterization of the nasal mucosa, but cessation of anticoagulant therapy was not necessary. Transient microhematuria occurred in one patient. Gross hematuria occurred in another patient who had thrombophlebitis and carcinoma of the prostate; an anchored urethral catheter was in place at the time bleeding occurred and the prothrombin was 16%. The anticoagulant was discontinued and no further hemorrhage occurred. Slight hemoptysis recurred in a patient who had been given Danilone because of thrombophlebitis and pulmonary infarction; prothrombin was 10% at the time of hemorrhage. Anticoagulant treatment was continued for 16 days afterwards, during which the prothrombin was not depressed below 15%, and no further bleeding occurred.

Three instances of major bleeding occurred. A gastrointestinal source of hemorrhage was certain in two cases, probable in one. In all three cases, prothrombin at the time of hemorrhage was 15% or greater, and there was prompt restoration to normal values by administration of Vitamin K_1. Death occurred in two cases, recovery in one. In each of the two fatal cases, prothrombin had been restored to normal 5 days before death occurred. In the first case, death occurred suddenly due to coronary artery disease, which was confirmed at autopsy. In the other case, in which the patient had been admitted in a state of shock and in which the initial clinical diagnosis had been myocardial infarction, the major cause of death appeared to be gastrointestinal hemorrhage, site of origin uncertain; necropsy disclosed hiatus hernia and multiple petechiae throughout the gastrointestinal tract. In spite of prompt and sustained restoration of normal prothrombin content, hemorrhage had continued for an additional 5 days, necessitating transfusion of 7500 cc. of blood. The bleeding in the case with recovery was thought to have been due to gastrointestinal oozing from staphylococcic ileocolitis following a period of high dosage of combined penicillin-streptomycin-dihydrostreptomycin therapy; no further bleeding occurred after restoration of prothrombin and institution of erythromycin therapy.

Orange-colored urine was noted in three patients during treatments with Danilone; in each case microscopic examination of the urine disclosed no evidence of hematuria.

No evidence of sensitivity, alopecia, or untoward reaction other than those mentioned above

Table 8—Rise in Prothrombin Time During Recovery from Danilone in 8 Patients

	Prothrombin time (% of normal control)											
Case	Before Danilone	At time last Danilone given	Hours after last dose of Danilone									
			20	24	28	44	48	52	68	72	76	80
1	76	16	26			52			70	74	74	
2	60	14	19			32	38	60				
3	72	14	13			22	22	42				100
4	82	16	20	21	20	31			78			
5	82	24	19			34			46	64	82	
6	52	26	20			32	42		47		68	
7	82	14	19	20	20	28			60			100
8	68	÷ 23 —	16			38			50	60		

was noted. Five patients in the series received more than one course of treatment with Danilone, and there was no evidence of sensitization at any time in these patients.

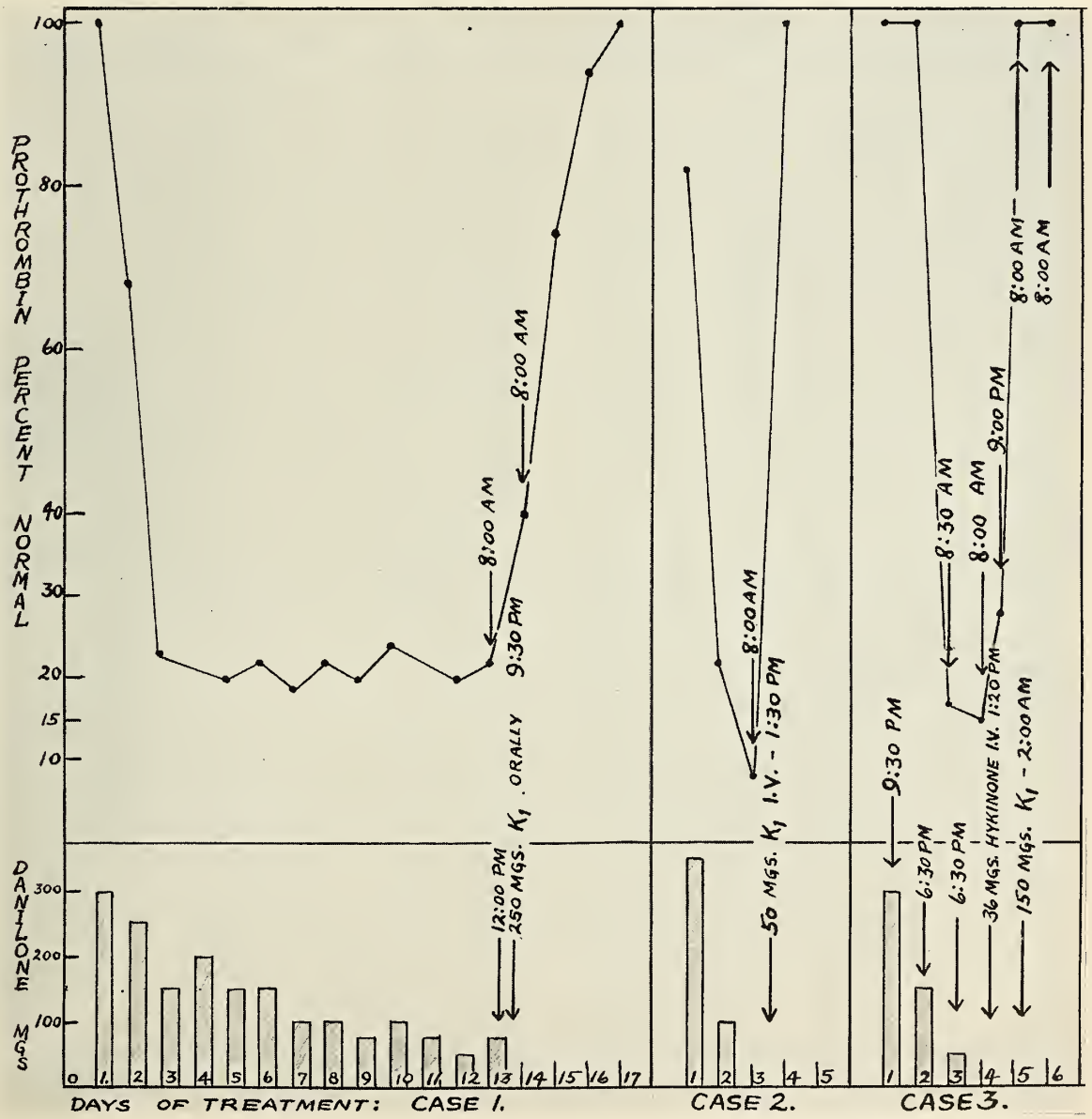
Protection against thromboembolism.

In no case in the series was there evidence of the development of thromboembolic phenomena during periods of adequate therapy. In one case in which the prothrombin had been allowed to rise to non-therapeutic levels for 7 days, the patient experienced a mild cerebrovascular accident thought to be non-hemorrhagic in character; after resumption of treatment with adequate amounts of Danilone, there was no further progression of the hemiparesis and no recurrent vascular accidents.

COMMENT

Our results regarding induction dose and induction time indicate that approximately 300 mgs. initially followed by approximately 150 mgs. on the second day can usually be expected to yield a therapeutic degree of hypoprothrombinemia approximately 36 hours after the initial dose. The average daily maintenance requirement slightly exceeded 100 mgs. in a single dose. This is in substantial agreement with work in other centers quoted above. Divided daily dosage of Danilone does not seem necessary. In 4 cases

Figure 1. Effect of Vitamin K and Vitamin K_1 on Danilone-induced hypoprothrombinemia.



studied while on single daily maintenance dosage there was no significant diurnal fluctuation in prothrombin.

It is apparent that Danilone, like other oral anticoagulants, produces a variable response in different patients, and that the only safe guide to therapy in the individual case is the daily prothrombin determination. Provided the prothrombin is 15% or greater, it appears that it is better to give the drug in some amount, even though small, each day, rather than to omit it entirely, since complete omission one day is usually followed by temporary "escape" from control 24 to 48 hours later. This lability presumably is due to the relatively rapid excretion of Danilone. We have seen prothrombin time change from 10%, after omission of one day's dose of Danilone, to a non-therapeutic level 48 hours later, despite resumption of apparently adequate dosage the following day. Even so, when the prothrombin is 10%, it would seem more prudent to err on the side of giving too little drug than to risk overdosage, although the decision in each case must be tempered by the particular situation. We have come to be wary of possible decreased tolerance to Danilone in patients who are receiving large doses of broad spectrum antibiotics, as well as in those who are malnourished or who have renal impairment. In these situations, we would be inclined to omit the day's dose, if the prothrombin is less than 15%. If, on the contrary, a patient whose prothrombin is less than 15% (but no less than 10%) is known, for example, to have experienced recurrent pulmonary emboli at a time when the prothrombin was only slightly in excess of 25%, it might be wiser to chance a small dose of the drug. The availability and effectiveness of Vitamin K_1 adds a partial safeguard in such cases.

The results of withdrawal studies suggest that the period of recovery from Danilone is approximately 44 to 68 hours if the attainment of prothrombin of 40% or greater is the criterion of recovery, and approximately 52 to 80 hours, if the pre-treatment prothrombin level is the criterion. This is a somewhat longer recovery than reported elsewhere. A relatively great proportion of patients in our series were of the lowest economic group and malnutrition might be presumed therefore to have played a role in producing the slower response in recovery.

Although our experience with Vitamin K_1 has been limited, it confirms the effectiveness of this preparation as an antidote for the hypoprothrombinemic effect of Danilone.

Statements concerning toxicity are limited to the extent that the majority of our patients received the drug for no longer than 4 weeks. The only serious adverse effect observed in patients while under Danilone therapy in this study was hemorrhage. As far as we are aware, hemorrhage is a potential hazard in every case of anticoagulant therapy, regardless of the specific anticoagulant used. In the three cases in which major hemorrhage occurred, the prothrombin was at a point (namely, 17%, 22%, and 23%, respectively) at which, in the presence of a potential bleeding lesion, hemorrhage would generally be considered to be likely to occur, regardless of the nature of the prothrombopenic agent. Although latent gastrointestinal lesions of a potentially hemorrhagic nature had been produced almost certainly by factors other than the anticoagulant, the fact remains that hemorrhage was facilitated and possibly initiated by therapeutically-induced hypoprothrombinemia. In our view, this in no way detracts from the merits of Danilone specifically, but rather emphasizes the great care and close supervision essential for patients on anticoagulant therapy of any kind, so that such lesions may be recognized and dealt with promptly. In the two fatal cases, normal prothrombin had been restored 5 days prior to death, so that the anticoagulant, though possibly a contributory cause, certainly was not the primary cause of death.

SUMMARY

1. Anticoagulant Danilone (phenylindanedione) was administered to 72 hospital patients who had peripheral vascular or cardiac disease with actual or potential thromboembolism.

2. The duration of treatment in the majority of cases was 1 to 4 weeks.

3. The usual dosage required for induction of therapeutic hypoprothrombinemia was approximately 300 mgs. as a single oral dose or 300 mgs. initially followed by 100-150 mgs. on the second

day. Daily maintenance dosage averaged slightly in excess of 100 mgs. as a single dose. No case of true resistance to the drug was observed.

4. Induction time averaged approximately 36 hours and recovery time approximately 56 hours.

5. Prothrombin times between 30% and 10% of normal controls were maintained during 89% of the total period of treatment in the cases studied.

6. No progression of thromboembolism was seen in patients during periods of therapeutic hypoprothrombinemia.

7. Minor hemorrhage, not requiring permanent discontinuance of Danilone, was noted in 5 cases. Major hemorrhage was observed in 3 patients. In the cases of major hemorrhage, normal prothrombin time was promptly restored with Vitamin K_1.

8. Danilone's chief advantages over bishydroxycoumarin appear to be its somewhat more rapid periods of induction and dissipation, rendering day-to-day dosage calculation slightly easier and allowing more rapid spontaneous prothrombin recovery. Although Danilone is slightly exceeded in speed of onset and withdrawal by ethyl biscoumacetate, the dosage of Danilone is only one-fourth to one-third as great, thus reducing the incidence of gastric irritation and vomiting not infrequently seen with the large initial doses of ethylbiscoumacetate.

CONCLUSIONS

The results of this study of short term treatment in hospital patients suggest that Danilone is a satisfactory oral anticoagulant for use in treatment and prevention of thromboembolic disease. It appears to have some advantages over the older oral anticoagulants and it provides a non-coumarin anticoagulant for use in subjects allergic to coumarin compounds.

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REFERENCES

1. Stahmann, M. A., Huebner, C. F., and Link, K. P.: Studies on the hemorrhagic sweet clover disease. V. Identification and synthesis of the hemorrhagic agent. J. Biol. Chem., 138: 513-527, (Apr.), 1941.

2. Butt, H. R., Allen, E. V., and Bollman, J. L.: A preparation from spoiled sweet clover (3,3'-methylenebis ((4-hydroxycoumarin))) which prolongs coagulation and prothrombin time of the blood: preliminary report of experimental and clinical studies. Proc. Staff Meet. Mayo Clinic, 16: 388-395, (June 18), 1941.

3. Barker, N. W., Hanson, H. H., and Mann, F. D.: Bishydroxycoumarin, ethyl biscoumacetate, and 4-hydroxycoumarin anticoagulant No. 63. Comparative effects. J.A.M.A., Jan. 26, 1952, Vol. 148, 274-277.

4. Kabat, H., Stohlman, E. F., and Smith, M. I.: Hypoprothrombinemia induced by administration of indanedione derivatives. J. Pharmacol. and Exper. Therap., 80: 160-170, 1944.

5. Meunier, P., Mentzer, C., and Mohlo, D.: Sur l'activite antivitaminique K (hemorragique) d'une indanedione. Compt. rend. Acad. d sc., 224: 1666, 1947.

6. Soulier, J. P., and Gueguen, J.: Action hypoprothrombinemiante (anti-K) de la phenylindanedione etudiee experimentalement chez le lapin: son application chez l'homme. Compt. rend. Soc. de biol., 141: 1007-1011, 1947.

7. Blaustein, A. U.: Clinical aspects of the anticoagulant phenylindanedione. Blood Clotting and Allied Problems, Tr. of the Third Conf., Jan. 23-24, 1950, pp. 40-56, Josiah Macy, Jr. Foundation, New York, 1950.

8. O'Connor, W. R., Thompson, C. E., and Baker, L. A.: Experience with new anticoagulant phenylindanedione in acute myocardial infarction: preliminary report of 50 cases. Quart. Bull. Northwestern Univ. Med. School, 26: No. 3, 193-196, 1952.

9. Coon, W. W., Duff, I. F., Hodgson, P. E., and Dennis, E. W.: Therapeutic evaluation of new anticoagulant, phenylindanedione. Ann. Surg., 138: 467-475, 1953.

10. Brown, K. W. G., and MacMillan, R. L.: The anticoagulant effect of phenylindanedione in thromboembolic disorders. Amer. J. Med. Sc., 225: 495-500, May, 1953.

11. Kruesi, O. R., and Schilling, F. J.: The clinical evaluation of phenylindanedione as an anticoagulant. New Eng. J. Med., 251, 23, (Dec. 2, 1954), 927-931.

12. Makous, N., and Vander Veer, J. B.: Severe drug sensitivity reaction to phenindione (phenylindanedione). J.A.M.A., 155: 739-741, June 19, 1954.

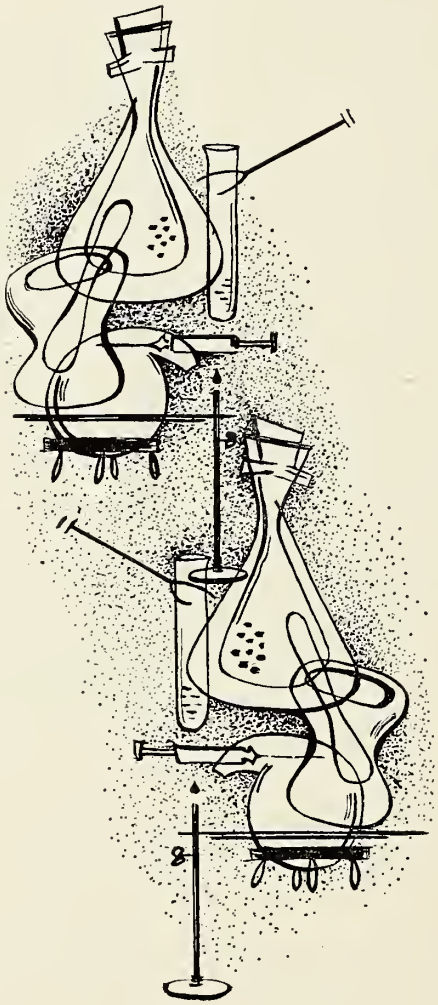
13. Stragnell, R., and Ware, A. G.: Mephyton (Emulsified Vitamin K_1) in treatment of excessive therapeutic hypoprothrombinemia. Med. Clin. N. Amer., 38:413-417, March, 1954.

14. Reitemeier, J., Barker, N. W., and Mann, F. D.: Observations on rapidity of initial response to orally administered anticoagulant. Schweiz. med. Wchnschr., 84: 827-830, July 17, 1954.

15. Duff, I. F., Dennis, E. W., Hodgson, P. E., and Coon, W. W.: Clinical experience with a new indanedione derivative: a preliminary report. U. of Mich. Med. Bull., Feb., 1953, Vol. XIX, 43-48.

16. Tilden, J. H., and Peirce, J. D.: A standard activity curve for estimation of prothrombin using the one-stage method. J. Lab. & Clin. Med., 39: 6, 954-962, June, 1952.

17. Toohey, M.: Antagonism of anticoagulants dicoumarol, tromexan, and phenylindanedione by Vitamin K_1. Brit. Med. J., 2: 687, Sept. 27, 1952.



Human Infection with Leptospirosis Pomona in Indiana

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SEVERAL EXCELLENT REVIEWS on infections with Leptospira pomona in humans have appeared in the recent literature.[1, 2] These reviewers have pointed out that while the animal reservoir is believed to be large, only a few cases in humans have been reported. Human cases of Leptospira pomona have been reported only in Texas[3], Minnesota[2], Georgia[4], Pennsylvania[5], Alabama[6], Iowa[1] and Tennessee[7]. This discrepancy has led to the belief that human cases are not being recognized. Larson[1] believes that the reasons for this lack of recognition are due to:

(a) "Lack of the awareness of the disease and its features.

(b) Inability to demonstrate the organism on 'routine' bacterial cultures.

(c) Similarity of the clinical picture to neurotropic virus infection and so-called 'grippe.'

(d) Lack of readily available diagnostic laboratories.

(e) The self-limited nature of the disease."

In the case to be reported here, the lack of readily available diagnostic laboratories certainly delayed the diagnosis.

CASE REPORT

The patient, a 42 year old white male, was employed as a hog killer in a meat packing plant. On September 14, 1954, he had the onset of a headache and a lumbar backache that radiated to the posterior thighs. He had to stop work when his fever rose to 102.2 F. and he began to vomit. The fever lasted only one day but he vomited for one week. During this period he was very drowsy and slept most of the time. His wife was able to arouse him to give him liquids to drink. The patient had no recollection of this period and all information about it was obtained from his wife. On September 8, 1954, albumin was found in his urine and a physician diagnosed Bright's disease. By September 11, 1954, the vomiting and backache had ceased but he was very weak. He was more alert, however, and responsive. On September 12, 1954, the patient developed an erythematous, maculopapular rash.

The patient was seen by the authors for the first time on September 13, 1954. He appeared to be in no acute distress and the temperature was 98.4 F. The blood pressure was 100/70 and the pulse was 112 and regular. There was a confluent, erythematous, maculo-papular rash on his anterior chest, about the neck and shoulders, and on his forearms. The tongue was coated. The pharynx was slightly red but there was no exudate. There was a marked suffusion of the conjunctivas of both eyes. The liver was not enlarged or palpable but there was some tenderness on percussion over it. Examination of the heart, lungs, lymph nodes, thyroid, spleen, carotid and femoral pulses, Kernig's sign, and Babinski's sign were all negative. There was a questionable mild nuchal rigidity. The urinalysis at this time revealed no sugar or albumin but an occasional white blood cell and hyaline and granular casts. The impression was that of an infectious disease with encephalitis. It was felt that on the basis of the patient's occupation and clinical history, Leptospirosis was the most probable diagnosis, but Q fever and other infectious processes were considered. Since the patient was improving and was reluctant to go to any additional expense, no further investigative or therapeutic measures were carried out. Inquiries were instituted, however, as to labora-

From the Elkhart Clinic, Elkhart, Indiana.

tories where agglutinations for Leptospirosis could be made.

The patient was seen again on September 20, 1954, at which time he was feeling much better and had had no further vomiting, headache or backache. His main complaint at this time was fatigue and irritability. The patient had had no temperature elevation for over 5 days and the rash had disappeared. The conjunctivas were normal at this time as was the remainder of the physical examination.

The patient was seen again on September 28, 1954, because of a recurrence of vomiting and an elevation of his temperature to 100.8 F. The blood pressure was 120/90 and the pulse was 112 and regular. The remainder of the physical examination was normal. No change in diagnosis was made but he was put on a course of Achromycin, 250 mg. four times a day for five days and given multivitamins and intramuscular liver extract. It was on this date, 24 days after the onset of his illness, that blood was first drawn for agglutinations against Leptospirosis. These tests were carried out at the Communicable Disease Center, Chamblee, Georgia. The results of this and subsequent tests are as follows:

Date serum was Collected	Day of Disease	Titer of the Agglutinins for Leptospirosis L. Ictero-	L. canicola	L. pomona
9/28/54	24	1:512	1:1024	1:4096
10/16/54	42	1:256	1:512	1:2048
11/15/54	72	1:256	Negative	1:512
1/ 8/55	126	1:128	1:64	1:256

The patient continued to be bothered with nausea and easy fatiguability but made a gradual convalescence and returned to his work on November 22, 1954, the seventy-ninth day after the onset of his disease.

INCIDENCE

On checking with Samuel R. Damon, Ph.D., Director, Bureau of Laboratories, Indiana State Board of Health, it was found that there were no previously reported cases of Leptospirosis pomona infections in the state of Indiana. Despite this paucity of recognized cases, it is believed that this disease is widespread in the populations of farm animals and that there is a significant incidence of this disease in humans exposed to these reservoirs. The disease in swine is usually mild and recognized primarily as a cause of abortion[1]. However, it may cause inability to stand, rigidity, spasm and gastrointestinal disturbances with anorexia. It lasts about two weeks and is rarely fatal[1]. The disease may also occur in cattle and causes "red water", due to hemoglobinuria. It lasts one or two days in cattle and, while cows usually recover, it causes a high mortality in calves. In horses the disease is a cause of recurrent iridocyclitis or periodic ophthalmia. It may also occur in sheep, but swine are the true reservoir. Swine become carriers and excrete the organism in the urine for months[8]. Agglutination studies in Illinois[9, 10] indicated that among swine, approximately 17% of individuals and 29% of herds had been infected with Leptospira pomona. Among cattle, approximately 13% of individuals and 29% of herds had been infected. On one farm in Ohio, agglutination tests indicated that 53% of 52 hogs, 80% of 18 cattle, 100% of 2 horses and 0% of 2 dogs and rats had been infected with Leptospira pomona[2]. At the annual meeting of the Iowa Veterinary Medical Association in January 1953, agglutination tests were performed on blood drawn from 140 veterinarians and of these 23 or 16.4% showed positive reactions to Leptospira pomona and Leptospira canicola[11]. Interest on the part of the veterinarians in this disease is indicated by the fact that there were no less than 20 articles and abstracts on this subject in the 1954 issues of the Journal of the American Veterinarian Medical Association.

CLINICAL COURSE

Resumes of the clinical course, diagnosis and prognosis are contained in the reviews by Larson[1] and Spink[2]. These reviewers give credit to Gsell* who has published details of 217 human cases.

In man, infections with Leptospira pomona occur primarily in the young between the ages of 20 and 29. Most cases have been in males, who accidentally or occupationally come in contact with the urine of swine or cattle. The most common portal of entry is an abrasion of the skin but the organism may enter through the respiratory system or the conjunctiva. Most cases occur during the summer months. The incubation period is from 2 to 10 days. About 50% of those afflicted have prodromata lasting about 2

* Gsell, O.: Leptospirosen, Bern, Switzerland Medizinischer, Verlag, Hans Huber, 1952.

days and consisting of headache and malaise. The disease then starts with a sudden onset of fever, chills, severe headache, myalgia, stiff neck and weakness to the point of collapse. The fever is usually 102 F. or above and remains at a plateau from 3 to 6 days. About 60% have a conjunctivitis. About 10% have a maculo-papular, morbilliform or urticarial skin eruption about the trunk. Abdominal pain, nausea, vomiting and diarrhea and constipation may occur. A relative bradycardia may occur. Jaundice is rare. Albuminuria and microscopic hematuria and pyuria may occur. There is leukopenia with neutrophilia. The sedimentation rate is elevated and there are increased globulins. The cerebrospinal fluid is under increased pressure and Leptospira pomona can be cultured from it. This first phase is followed by a remission in the fever for 1 or 2 days.

The second phase is ushered in by a recurrence of the fever lasting a few days. It is during the second phase that the signs of meningitis become prominent. The cerebrospinal fluid has an elevated cell count and the protein varies from 40 to 80 mgms. per 100 cc. The cell count varies from 50 to 200 with a tendency to lymphocytes. The organisms can no longer be cultured. The white blood cell count at this time is usually normal with a relative lymphocytosis. There is variation in the type and severity of the symptoms and it can be seen that the case presented does not manifest the typical clinical picture. A case simulating rheumatic fever has been recently reported[7].

DIAGNOSIS

The diagnosis is made during the first week by culture or by direct observation by the dark field technique of the spirochete from the blood, cerebrospinal fluid or urine. The culture of the spirochete requires special techniques[1,2] that are not available at most laboratories. Demonstration of antibodies by agglutination and complement fixation techniques during and after the second week, while not as definitive as culture, is the usual means of making the diagnosis. An agglutination titer of 1:400 or higher is considered to be diagnostic[1]. Cross agglutination with L. icterohemorrhagica and L. canicola occurs but at lower titers. Antigens for these tests are not generally available. However, any physician can have the agglutination tests performed by sending blood samples taken during the acute and convalescent stages to the Communicable Disease Center, United States Public Health Center, Chamblee, Georgia. Blood samples sent to the Bureau of Laboratories, Indiana State Board of Health, will be forwarded to the Communicable Disease Center at Chamblee. Joseph H. Schubert, Ph.D., Bacteriologist in Charge, Serology Research Laboratory, writes that "The Communicable Disease Center is making intensive efforts to determine the significance of human leptospiral infections in the United States and to determine, whenever possible, the animal reservoirs of the various serotypes responsible for such infections. It would be greatly appreciated if you would cooperate with us by supplying, whenever possible, the following:

1. A follow-up of serum.
2. A brief history of the patient, particularly the date of onset, the date the specimen was obtained, and any clinical or epidemiological information of pertinence.

The Leptospira Research Laboratory is interested particularly in isolating and serotyping Leptospira and, on request through proper channels is prepared to give assistance in any epidemiologic studies which appear to be warranted."

Agglutinins may be detected in the blood for years[1]. The agglutination tests are of primary value in differentiating this disease from Q fever, brucellosis, infectious mononucleosis, lymphocytic meningitis associated with mumps, lymphocytic choriomeningitis and acute poliomyelitis. Leptospirosis should be considered in all cases of benign lymphocytic meningitis, in cases of iridocyclitis, and in cases of unexplained febrile illnesses which follow contact with animals. The other leptospiral diseases, L. icterohemorrhagica (Weil's disease), L. canicola, L. grippotyphosa (swamp fever), L. Autumnalis (Fort Bragg fever, autumnal fever) and L. bataviae (Indonesian Weil's disease), have similar clinical pictures and affect the meninges, kidneys, eyes and liver. L. icterohemorrhagica most commonly involves the liver and kidneys and L. canicola commonly involves the meninges. The

various leptospiral diseases can be differentiated by the agglutination tests.

PROGNOSIS

After the 5 to 15 day course of the illness there may be a prolonged post-infectious asthenia but other sequelae are rare. An iridocyclitis may occur at a period varying from 3 weeks to 1 year after the febrile illness. One attack of leptospirosis is thought to confer immunity[8]. The prognosis is good. Only one human death has been reported[1].

TREATMENT

The value of specific antibiotic therapy is questionable. Some[8, 13, 14] have felt that Aureomycin and Terramycin have been effective. Others[15] have felt that there was no effect of these antibiotics on the fever, duration of the illness or the renal, hepatic or central nervous system involvement. In any case the self-limited nature of the disease makes evaluation of these therapies difficult.

SUMMARY

1) This is the first case of L. pomona occurring in Indiana to be reported.

2) It is believed that the incidence in man may be more widespread than is indicated by the reported cases.

3) By using the facilities of the Communicable Disease Center, it is felt that the diagnosis more often can be established.

BIBLIOGRAPHY

1. Larson, E.: Leptospirosis Due to Leptospira Pomona: Report of First Case in Iowa and a Review of the Literature. J. Iowa State Med. Soc. 43:178-181, May 1953.
2. Spink, W. W.: The Human Leptospirosis Due to Leptospira Pomona. Report of First Case in Minnesota. Minnesota Med. 35:525-528, June 1952.
3. Coffey, J. H., Dravin, I., and Dine, W. C.: Swineherd's Disease (Aseptic Meningitis) Due to Leptospira Pomona. J.A.M.A. 147:949-950, Nov. 3, 1951.
4. Beeson, P. B., Hankey, D. H., and Cooper, C. F., Jr.: Leptospiral Iridocyclitis: Evidence of Human Infection With Leptospiral Pomona in the United States. J.A.M.A. 145:229, 1951.
5. Krouse, T. B., and Sigel, M. M.: Leptospiral Meningitis: Report of Case Resembling Swineherd's Disease, Due to L. Pomona, in the U. S. Industrial Medicine and Surgery, 21:121-123, March 1952.
6. Schaeffer, M.: Leptospiral Meningitis: Investigation of a Water-Borne Epidemic Due to L. Pomona. J. Clin. Investigation 30:670-671, June 1951.
7. Sutliff, W. D., Shepard, R., and Dunham, W. B.: Acute Leptospira Pomona Arthritis and Myocarditis. Ann. Int. Med. 39:134-140, July 1953.
8. Kirschner, L., Miller, T. F., and Garlick, C. H.: Swineherd's Disease in New Zealand. Infection with Leptospira Pomona in Man, Calves, and Pigs. New Zealand M. J. 51:98-108, April 1952.
9. Bryan, H. S.: Studies on Leptospirosis in Domestic Animals. III. Incidence of Leptospirosis in Cattle and Swine in Illinois. J. Am. Veterinary Med. Assoc. 124:423-426, June 1954.
10. Leptospirosis in Cattle and Swine. J. Am. Veterinary Med. Assoc. 125:340, October 1954.
11. Heeren, R. H., Evans, R. E., and Hendricks, S. L.: Leptospira Pomona Infection In Man and Animals in Iowa. J. Iowa State Med. Soc. 44:285-289, July 1954.
12. Beeson, P. B., and Hankey, D. D.: Leptospiral Meningitis. Arch. Int. Med. 89:575-583, April 1952.
13. Whitehouse, F. W.: Canicola Fever: Report of a Case in Which Aureomycin and Penicillin Were Used. J.A.M.A. 148-47-49. January 5, 1952.
14. Liebowitz, D., and Schwartz, H.: Leptospiral Infection in Man Treated with Terramycin. J.A.M.A. 147:122-123, September 8, 1951.
15. Hall, H. E., Hightower, J. A., Rivera, R. D., Byrne, R. J., Smadel, J. E., and Woodward, T. E.: Evaluation of Antibiotic Therapy in Human Leptospirosis, Ann. Int. Med. 35:981-998, November 1951.

Clinical Experiences with Co-Pyronil*

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IN 1952 WE REPORTED in this JOURNAL[1] preliminary clinical observations on the prolonged antihistaminic activity of Pyronil.* Studies with laboratory animals[2,3] indicated that as compared to other commonly used antihistamine drugs, Pyronil exhibited (a) relatively high potency per milligram, (b) relatively low toxicity, and (c) prolonged action. These three characteristics taken together made it appear very attractive.

Co-Pyronil* contained, in addition to Pyronil, the quick-acting but short-acting antihistamine, Histadyl,* and the sympathomimetic drug, Clopane Hydrochloride.* The combination was expected to have a quick onset of action due to Histadyl. It was hoped that the sympathomimetic drug would give Co-Pyronil some value in asthma due to its bronchodilating action. Moreover, the peripheral vasoconstrictor action of this constituent was expected to give the combination greater potency in nasal allergy, and its cerebral stimulating activity might to some extent neutralize the sedative tendencies of the two antihistamines.

The present study was begun primarily to determine the duration of clinical relief, especially in cases of hay fever, and we began by putting a series of hay fever patients on a dosage schedule of 1 or 2 pulvules every 48 hours. Lee, Anderson, and Harris[2] had shown that Pyronil does not dissolve out of the tissues as readily as other antihistamines. They also had reported that after administration of an adequate oral dose, guinea pigs had been protected against a standard histamine aerosol for approximately 13.3 hours. We scarcely expected that Pyronil would maintain relief from hay fever symptoms for two days, but it was our intent to determine the outside limits of its activity. None of the patients in this series gave definite evidence of relief for 48 hours. They did obtain relief for shorter periods, and some of them were unwilling to wait 48 hours for the next dose.

In another series, a dose of 15 mg. Pyronil was given at bedtime with the privilege of taking 15 mg. the next morning if, and only if, symptoms appeared. A few of these were free of symptoms for 24 hours, but the number was not large enough to make this interval seem practical, especially in view of the fact that most patients conveniently can take their antihistamine dose in the morning before going to work or to school and again in the evening.

We next investigated the 12-hour interval. Patients were advised to take 1 pulvule Co-Pyronil every 12 hours. If this failed to give relief for 12 hours and caused no side-effects, they were to take 2 pulvules every 12 hours. If still inadequate and no side-effects, they were to take 1 or 2 pulvules every 8 hours, and finally, if necessary and no important side-effects 1 or 2 pulvules every 4 hours. The results are shown in Chart No. 1.

The degree of relief was reported as:

1. Complete
2. Almost complete
3. Fair to good
4. Very little
5. None

Reports were obtained on 155 persons who carried out this dosage schedule, and they are classified in the following chart. (Page 1100)

The cases of asthma in this series were, for the most part, of the acute type such as occurs for a month or two during the pollen season rather than the chronic perennial type with

* Pyronil (Pyrrobutamine, Lilly)
Co-Pyronil (Pyrrobutamine Compound, Lilly)
Histadyl (Thenylpyramine, Lilly)
Clopane Hydrochloride (Cyclopentamine Hydrochloride, Lilly)

Chart No. 1
Patients Treated With Co-Pyronil

Type of Symptoms	No. Cases	Complete or Almost Complete Relief			
		Dose at 12-hr. interval	8 hr.	4 hr.	Total
Nasal and ocular	76	50	8	6	64(84%)
Asthma usually associated with hay fever	54	32	5	1	38(70%)
Dermatitis	25	9	11	0	20(80%)
Total	155	91 (59%)	24 (15%)	7 (5%)	122(79%)

Side-effects in 16 cases: sedation, 15; dry mouth, 1

chronic edema, bronchiectasis, emphysema, and the like.

It will be seen that on a maximum dose of 2 capsules every 12 hours, 59 percent of the 155 cases obtained complete or almost complete relief.

An additional 15 percent maintained this degree of relief for 8 hours. A further shortening of the interval to 4 hours added another 5 percent. Seventeen percent were classified as fair to good. This means that 96 percent reported relief varying from "fair" to "complete."

Side-effects were reported by 16 of the 155 patients who took Co-Pyronil. This would be an incidence of 10.3 percent. Some degree of sedation was reported by 15. The other one complained of dry mouth.

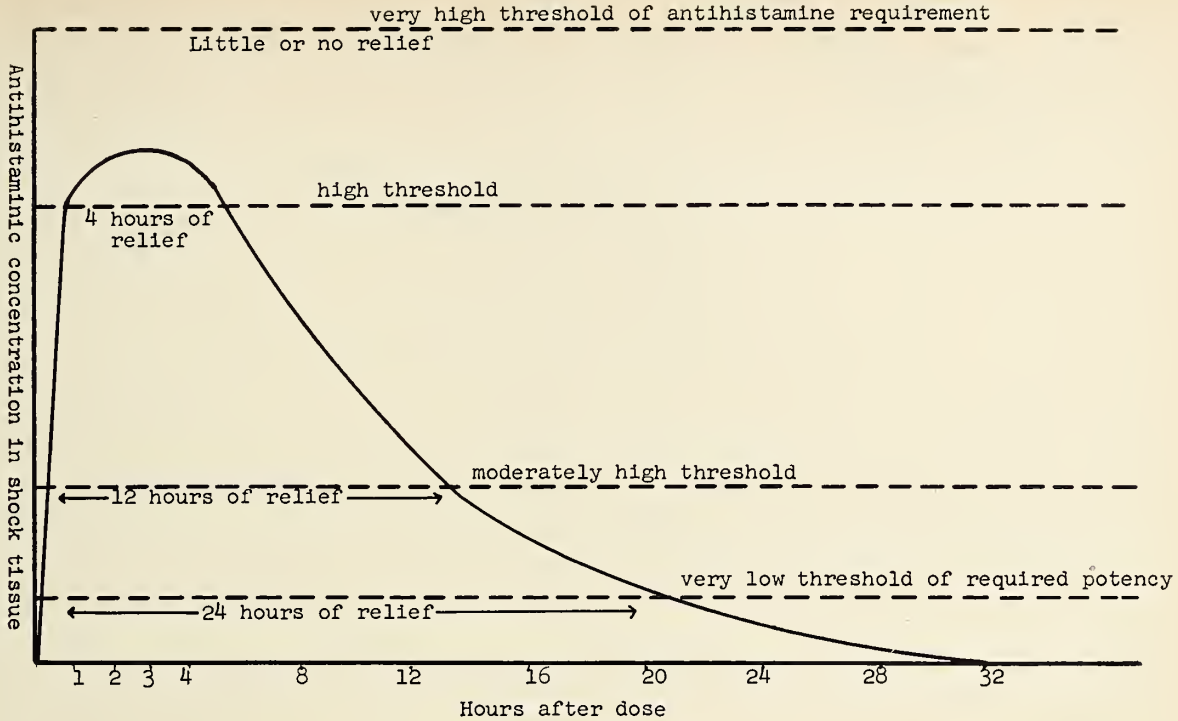
Nervousness and insomnia did not occur in this series but has been seen from time to time in other cases. A patient who is excessively responsive to the stimulating activity of sympathomimetic drugs might report nervousness and insomnia.

On doses of 8 to 12 pulvules daily, the amount of Clopane Hydrochloride varies from 100 to 150 mg. It has been shown[4] that sympathomimetics tend to relax the wall of the urinary bladder and at the same time contract the sphincter, thereby producing retention. None of the patients in this series exhibited this side-effect. We did, however, see retention in a 50 year old man with hypertrophied prostrate who had taken 8 pulvules Co-Pyronil daily for about a month. In his case the medication was changed to 15 mg. Pyronil 8 times daily and the retention disappeared.

VARIABLES IN DURATION OF ACTION

The duration of relief varies in different individuals and it even varies in the same individual from time to time.

A high school senior was first seen by us in October, 1952. Her complaint was perennial rhinitis. Skin tests indicated allergy to timothy, ragweed, dust, Alternaria, and certain respiratory bacteria. The reaction to timothy was very marked. She began taking 1 capsule of Co-Pyronil night and morning and was completely relieved of symptoms throughout 24 hours of each day. On every occasion when she discontinued the use of Co-Pyronil the symptoms returned. This dose was, therefore, continued from October, 1952, until June, 1953. At that time the dose became inadequate supposedly due to timothy pollen. It was necessary then for her to take 6 capsules daily, but in the following October 1 capsule every 12 hours again became adequate. The fact that she did, at times, obtain continuous complete relief when the interval was 12 hours indicated that the drug probably remained in the system for more than 12 hours. When the threshold of required antihistamine potency was high, as it was in June, the drug apparently provided the higher potency for only about 4 hours. During the remainder of the 12 hours it was probably present, but in a concentration too low to give adequate relief. Efforts to make accurate quantitative determinations of the blood levels of Pyronil have not so far been successful.



DISCUSSION

The use of antihistamine drugs as a treatment for allergic symptoms is based on the theory that those symptoms are, at least in part, due to the presence of released histamine in the shock tissue. If the concentration of histamine is high, one might expect the requirement for antihistamine potency to be correspondingly high. If this is so, one might speak of varying "thresholds" of required antihistamine potency above which adequate relief of symptoms is obtained.

In Chart No. 2, which is purely diagrammatic, a curve of hypothetical antihistamine potencies following a single dose of antihistamine drug is drawn. It is assumed that the drug is completely eliminated after 32 hours. The curve remains above the "very low threshold of required potency" for 24 hours. It is above the moderately high threshold for 12 hours and the high threshold for only 4 hours. It does not reach the "very high threshold" at all and theoretically could not give relief. In the absence of accurate measurements of concentrations of antihistamine drugs in the tissues perhaps this curve will serve to explain differences in duration of relief from the same dose in the same person at different times. The patient described obtained 12 hours' relief on 1 pulvule of Co-Pyronil during the winter and only 4 hours during the timothy pollen season.

SUMMARY

A report is given in which Co-Pyronil was given at intervals varying from 48 to 4 hours.

This combination of two antihistaminics and one sympathomimetic drug appears to exhibit some degree of therapeutic action for 12 hours or more in many patients.

In the more severe cases requiring a high concentration of antihistaminic potency, it was desirable to give doses at 8 and 4 hours.

Side-effects were reported in 16 of 155 cases, and in 15 of these the side-effect was sedation.

The high percentage of relief in asthma is believed attributable to the presence of Clopane Hydrochloride supplemented by antihistamine activity.

REFERENCES

1. Mothersill, M. H.: Prolonged Antihistamine Action, J. Indiana M. A., 45:786, 1952.
2. Lee, H. M., Anderson, R. C., and Harris, P. N.: Antihistaminic Action of 'Pyronil,' Proc. Soc. Exper. Biol. & Med., 80:458, 1952.
3. Mothersill, M. H.; Mills, Jack; Lee, Henry M.; Anderson, Robert C.; and Harris, Paul N.: Chemical and Pharmacological Characteristics of the Antihistaminic Compound, Pyrrobutamine, Ann. Allergy, 11:754, 1953.
4. Balyeat, Ray M., and Rinkel, Herbert J.: Urinary Retention Due to the Use of Ephedrine, J.A.M.A., 98:1545, 1932.

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THE ROLE OF THE HOSPITAL—FROM THE RECORD

IN 1946 the American Hospital Association first published a review of hospital statistics and has repeated this report annually ever since. The review covers all hospitals in the United States, 49 percent of which are nonprofit, and 19 percent of which are proprietary. The remaining 32 percent are operated by governmental agencies.

The report for 1954 has just been released. In spite of the fact that statistics are apt to be cold and sometimes boring, the latest set of figures tells a story of hospital development that is amazing.

20,345,431 patients were cared for in 1954, an increase of 161,604 over the previous year.

3,342,599 babies were born in U. S. hospitals last year, 233,529 more than in 1953.

The total expenditures for all hospitals exceeded five billion dollars, an increase over 1953 of almost a half a billion.

The average patient-day cost in the nonprofit general hospitals was $22.78, up by $1.69 over 1953.

Patients paid 90.4 percent of all expenses for nonprofit hospitals. This is an improvement, since the percentage was 89.6 in 1953 and 83.5 in 1946.

The increase in expenses is largely accounted for by increasing payrolls. 64 percent of the 1954 outgo was for wages and salaries. In 1946 the payroll percentage was 56.2.

The average hospital stay is getting shorter and shorter. Countrywide it was 7.8 days in 1954, 7.9 days in 1953 and 9.1 days in 1946.

On an average day in 1954, there were 1,342,508 patients and 45,337 newborn infants in U. S. hospitals.

These facts and figures present a tremendous story, one in which hospital administrations and doctors alike can take pride. Approximately half of the hospitals are voluntary. They were

built and organized on a voluntary basis, and are contributed to sufficiently to allow them to continue on an income from patients of 90 percent of their expenses.

They care for the great majority of the acute short term cases. Year after year they have decreased the hospital stay without interfering with the patient's recovery. They have increased their admissions, and have rendered good service in spite of increased demands on personnel and a decreasing supply of personnel. They have stubbornly and adroitly avoided a substantial part of the general increase in the cost of living, and in terms of purchasing power today offer the public its biggest bargain. They offer more in terms of the 1935 dollar now than they did then.

All this has been accomplished by an extremely complex operation of which the hospital is the focal center. Advances in medicine and surgery, new drugs, prepayment plans for medical expenses, good hospital management, and devoted service on the part of all the people who are concerned with hospital care, have all contributed to this remarkable record.

During the year 1955, one out of every eight persons in the United States will be a hospital patient. They will be cared for in a hospital plant which in the aggregate is valued at more than ten billion dollars. The cost of hospital care will exceed five billion dollars. This is big business. It would be big business in any league. It is certainly not big business from the standpoint of profits, but it is big business on the basis of total outlay, and on the tremendous profits it produces in good health, quick return to work, the saving of life and relief of suffering.

DEATHS SHOULD BE REPORTED PROMPTLY

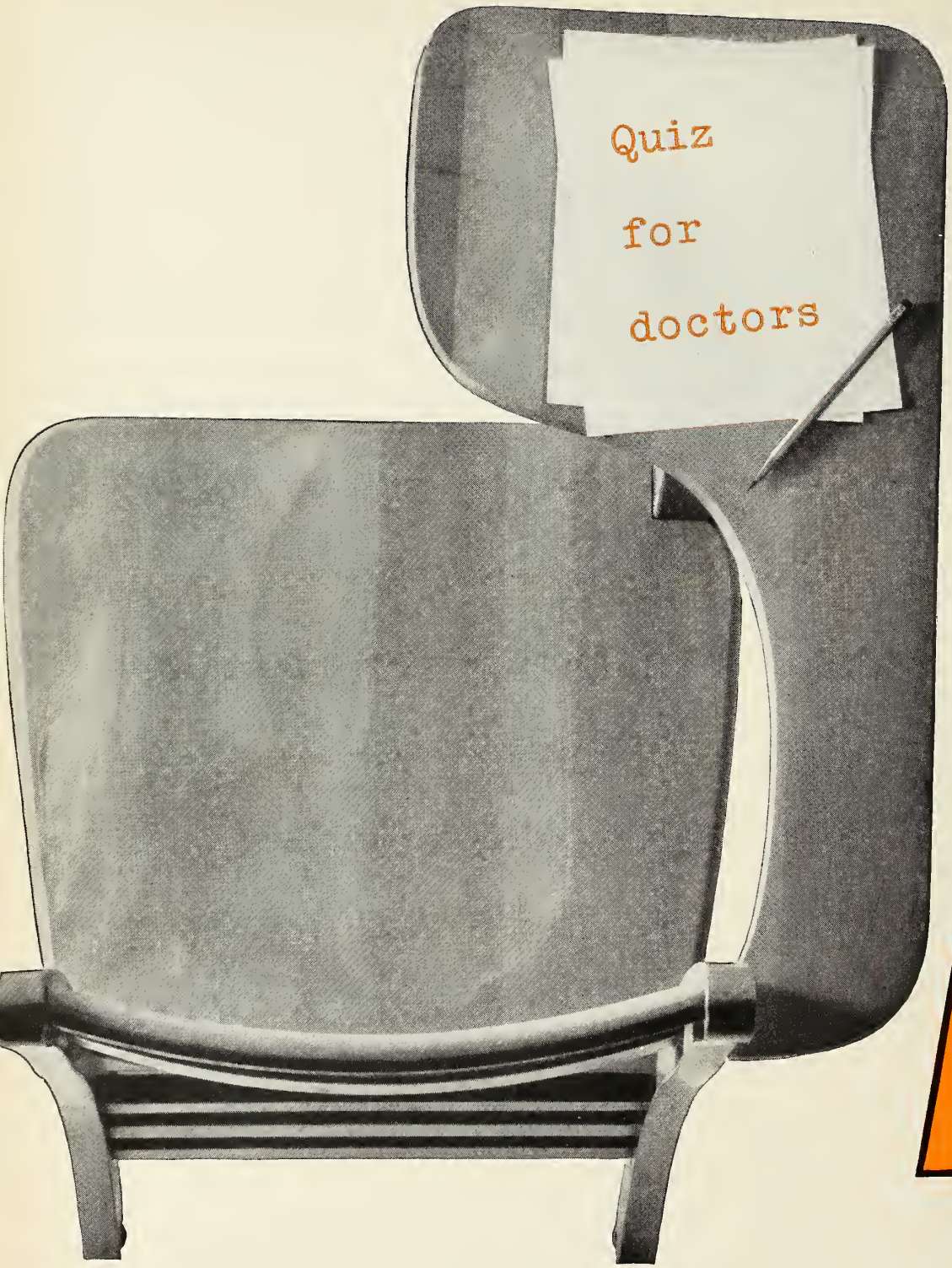
THE STAFF OF THE JOURNAL has always endeavored to record the passing of members of the Association with respect and timeliness. A proper obituary may be written when the necessary information is at hand. However the timeliness of the writing is sometimes difficult to achieve. Often, or at least more often than we would wish, recognition of deceased members is delayed in publication, because neither the office of THE JOURNAL nor the headquarters office of the Association receives information of the death of a physician at the proper time. It is to be regretted that occasionally obituaries are several months late.

It is our earnest intention to improve this important function as much as possible. In order to supplement the usual means of collecting information, it is desirable to enlist the assistance of the county societies, and their officers. If the death of each physician could be announced promptly to the headquarters office or to THE JOURNAL, and if a few local newspaper clippings could be included, the task of writing a suitable obituary would be greatly simplified, and an important element in honoring a deceased colleague, timeliness, could be achieved.

RESIDENT PHYSICIAN

THIS WILL COME AS A SURPRISE, but someone has found a medical group which does not have a medical magazine, and has made plans to fill the vacancy. The group consists of resident physicians, and to get a little serious about the matter, it may be that the whole thing is a pretty good idea.

Residents in training have their own set of problems, and no doubt will profit from having their present problems and those related to estab-



AC

(you probably know every answer!)

Q. Which is today's most widely prescribed broad-spectrum antibiotic?

A. ACHROMYCIN — it's first by many thousands of prescriptions.

Q. What are some of the advantages of ACHROMYCIN?

A. Wide spectrum of effectiveness.
Rapid diffusion and penetration.
Negligible side effects.

Q. Exactly how broad is the spectrum of ACHROMYCIN?

A. It has proved effective against a wide variety of infections, caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa.

Q. In what way are ACHROMYCIN Capsules advantageous?

A. For rapid and complete absorption they are dry-filled, sealed capsules (a Lederle exclusive!) No oils, no paste...tamperproof.

Q. Who makes ACHROMYCIN?

A. It is produced — every gram — under rigid quality control in Lederle's own laboratories and is available only under the Lederle label.

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LEDERLE LABORATORIES DIVISION *AMERICAN Cyanamid COMPANY* PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

lishment of practice discussed by those who know.

The new medical journal is called Resident Physician. Perrin H. Long, M.D., is the Editor-in-Chief, and has associated with him a distinguished group of editors from all the various medical specialties. The magazine, which appeared first in September, will be mailed to all hospital residents in the United States.

Subjects to be covered include various types of residency programs, pyramidal residency versus columnar residency, how to manage a ward, how to organize teaching conferences and fellowships for residents. Topics of post-residency interest will be—how to build a practice, buying a home and office, how to prepare for specialty examinations and others of practical importance.

The purpose of the journal will be one of improvement—for the resident himself, for his hospital patients, and for his plans for the future.

FARM/CITY WEEK

EACH PHYSICIAN AND HIS MEDICAL SOCIETY is invited to plan and participate actively in Farm/City Week, October 23-29, a week-long series of events aimed at bringing about better understanding between rural and urban dwellers.

During the past two years the American Medical Association has been cooperating with the Farm-City Conference, an informal alliance of leaders in industry, agriculture, and the professions promoting civic cooperation and understanding between farm and city groups.

Now the Conference has launched plans for its most sweeping program to date, the Farm/City Week. The member organizations include the U. S. Chamber of Commerce, Foundation for American Agriculture, Sears-Roebuck, The National Grange, Quaker Oats, Standard Oil of Indiana, U. S. Department of Agriculture, National Milk Producers Federation, General Electric, National Cotton Council, and many others. They hope to make the Week a truly nationwide activity in good citizenship.

Because the Farm/City Week provides a splendid opportunity for the medical society to assert its civic leadership and to inform the public of its many services, all physicians are invited to participate in the program to help dramatize the mutual need for good relationships between town and country neighbors.

Kiwanis International is the coordinating agency, and each local Kiwanis Club will provide liaison between the various service groups, businesses and professions.

Health and medical care are of uppermost interest in this activity dedicated to urban and rural progress. Medical societies can add greatly to the success of the Week by developing health programs, addressing civic organizations, participating in newspaper, radio and TV interviews, providing tours of medical facilities, and presenting vocational guidance programs in secondary schools.

Through your cooperation with these groups the medical profession can accept the unexcelled opportunity to exercise civic leadership, to dramatize medicine's services, to win support of community health programs, and to enjoy the reciprocal benefits of participating in a major public relations program with many of the foremost organizations in the United States.

Guest Editorials:

The following editorial, "Freedom in Research" is reprinted from the Southern Medical Journal, July 1955.

FREEDOM IN RESEARCH

THE PUBLIC and the medical profession have been treated to a frenzy unlike any of similar nature in the history of medicine,—the debacle of the vaccine for poliomyelitis. This statement has no reference to Salk's basic research or to the statistical evaluation by competent medical scientists.

These editorial comments are made not from any detailed knowledge of events which led to the announcement of the results of the vaccine's application, nor of the machinations of lawmakers or public officials after the results were publicized. Rather they represent philosophical thoughts relative to basic research, its application to practical medicine, and freedom of the investigator to proclaim the results of his research when and where he pleases.

Research basically represents the search for truth. Truths are usually arrived at only by hard work and at the expense of much time,—time spent in checking and rechecking until the investigator can feel certain enough to stand before his peers and announce the results of his work. When the research involves biologic phenomena the investigation demands even more time than when dealing with mathematical, physical, chemical, or even with *in vitro* biological questions. Nature does not readily give up her secrets, and denies them through vagaries that try the patience of the investigator who hopes to solve the processes of life. It is these vagaries and the unanticipated actions or reactions that require, at times, seemingly endless checking and rechecking.

Jenner, Pasteur, Behring, Ehrlich, Banting and Best, Minot and Murphy, Kendall and Hench presented their findings to the sober criticism of their brothers in science. Theirs was freedom of research and expression even though the practical application touched the health and happiness of millions of sick people in the aggregate.

In contrast to this stands the announcement of the results of vaccination for poliomyelitis, a televised program, covered by newsmen and with an audience of prominent laymen. Unquestionably this setting was much to the distaste of the principal participants. They would without doubt have preferred to report their findings some days later at the scientific forum of the American Society of Clinical Investigation.

Why have we seen this first deviation from the usual in the reporting of scientific work? Your editor knows no facts but speculates on what he sees between the lines. May this be the first major example of the effect when research and its disposition is no longer the property of the investigator, to be publicized when the time is proper? May it mean that the research is the property of those who supply the funds? Here lie dangers to medical research, —that the organizer who raises funds or the political body which disburses tax funds must justify their existence by "producing," and as in the auto factory hope to see research come off the line like cars. Be it said to the everlasting credit of those who disbursed the funds of the tycoons and philanthropists, they gave science carte blanche and meddled not in what was unknown to them.

These words are not to be interpreted as reactionary expressions, but rather as speculations for the good of humanity. The recent episode might serve as a lesson never to be repeated. Never again should laymen either through ulterior motives or from misguided judgment be permitted to build up the hopes of an emotional public to a hysterical frenzy, whose frustrations then cause lawmakers to make un-

seemingly political capital of the situation,—witness the multitude of bills concerning the vaccine entering the hopper in Congress.

Matters such as the vaccine for poliomyelitis must be left in the hands of the investigator and the professional personnel working with him. He only will know when results are ready for publication. And, if it seems better to wait yet another year or two, or more, for double checking, so it should be. For the researcher must be as objective in attaining the end result, though some persons may die because of delay, as the surgeon entering upon an operation entailing a 20 per cent operative mortality. In the same way the investigator knows the hazards and decrees the safeguards. If these were lacking in the present episode, the responsibility lies at the door of whatever influences led to the fanfare and possible prematurity in the publication of results.

The layman must learn that the medical investigator should be free of pressure; only in this way will he make his greatest contributions to the health and welfare of the people.

A GOOD FRIEND OF THE MEDICAL PROFESSION

Former President Herbert Hoover proved again recently that he is a good friend of the medical profession.

He spoke at Newburg, Oregon—the scene of his boyhood—on his 81st birthday and nearly all of his speech, entitled "Our American Way of Life," extolled the family doctor. After his fine address, the residence of the late Dr. Henry John Minthorn was made one of the Hoover shrines throughout the country.

"The species of the country doctor is not extinct," Mr. Hoover said. "With urban life, paved roads, and the automobile, he has changed his name to that of the family doctor. He is better equipped to fight disease and accident, but the family doctor has the same qualities of moral strength, friendship, and family guidance as of old."

Writing from San Francisco, Dr. L. R. Chandler said "the Chief really did a good job of aggrandizing the family doctor in his speech . . . medicine, truly, has a wonderful friend in Mr. Hoover."

The President's Page

"The Moving Finger writes; and having writ,
moves on: nor all your Piety nor Wit
shall lure it back to cancel half a Line
nor all your Tears wash out a word of it"

FITZGERALD

OCTOBER—THE END OF MY TERM as president of the ISMA. All too soon has time in its inexorable flight brought me to the realization that I have come to the end of a very interesting year. One filled with memories of new friendships made and old ones strengthened. A year in which I hope we have accomplished a bit of the unity and strength of our organization I so eagerly sought at the beginning of my term of office.

I would be lacking in gratitude if I did not thank each and every one of you who so unselfishly served on committees or were active in your own local county or district society. Without your continued support and active participation in the business of organized medicine we would be in a sorry state of affairs.

My thanks also to the Headquarters and Journal staffs for their untiring efforts to assist me along the way. Without their help the job would have been burdensome. I fervently pray all who have assisted me in my official duties will be as helpful to my successor and that we can all continue to work together in the spirit of mutual helpfulness and humility necessary to make our organization one of the best of its kind.

I bid you all adieu after a year of pleasant activities and I hope a bit of achievement.

W L Bortens M.D.

The Woman's Auxiliary

REPORTS TO I. S. M. A.

October 1955

As I am writing this I am anticipating seeing many of you at the Annual Convention of the Indiana State Medical Association of which the Fall Assembly of the Woman's Auxiliary is an integral part. The meeting is in French Lick; the dates are October 17 through October 19.

October also marks the beginning of the county meetings. I hope that some of the following topics will occupy your program time and thought. The National and State theme is: "Active Leadership in Community Health". From the National program chairman, Mrs. J. M. Chenault, we present the following outline of activities and organizations with which we should cooperate:

I. **Community Health Studies**

Medical Society, and related professional societies; tax-supported health agencies, hospitals and treatment centers; union-sponsored health facilities and industrial medical care plans.

II. **Rural Health**

Available health facilities, and how to use them; family doctor and responsibility for family health.

III. **Safety**

IV. **Medical and Health Education**

V. **Public Affairs**

Civil Defense legislation; voluntary health insurance plans; American Heritage Foundation.

VI. **Conservation of Human Resources**

Maternal and child care; school health; care of the aging; mental health; nutrition and overweight.

VII. **Activities** of Medical Associations and individual physicians;

American Medical Association; World Medical Association; "A Family Doctor for Every Doctor's Family"; Doctors' Day.

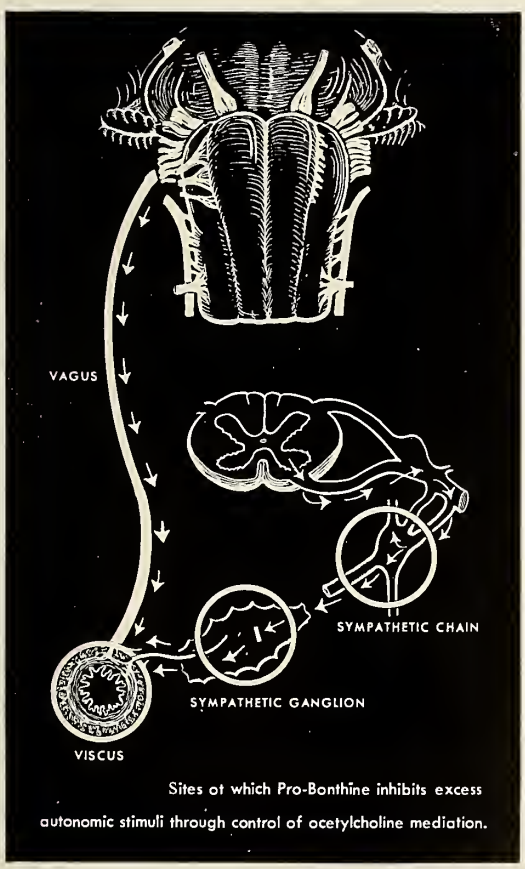
Helen W. Mather
(Mrs. J. Winford Mather)

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By controlling excess motility of the gastrointestinal tract, Pro-Banthine has found wide use[1] in the treatment of peptic ulcer, functional diarrheas, regional enteritis and ulcerative colitis. It is also valuable in the treatment of pylorospasm and spasm of the sphincter of Oddi.



Sites of which Pro-Bonthine inhibits excess autonomic stimuli through control of ocetylcholine mediation.

Roback and Beal[2] found that Pro-Banthine orally was an "inhibitor of spontaneous and histamine-stimulated gastric secretion" which "resulted in marked and prolonged inhibition of the motility of the stomach, jejunum, and colon. . . ."

Therapy with Pro-Banthine is remarkably free from reactions associated with parasympathetic inhibition. Dryness of the mouth and blurred vision are much less common with Pro-Banthine than with other potent anticholinergic agents.

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For the average patient one tablet of Pro-Banthine (15 mg.) with each meal and two tablets (30 mg.) at bedtime will be adequate. G. D. Searle & Co., Research in the Service of Medicine.

1. Schwartz I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology *25*:416 (Nov.) 1953.

2. Roback, R. A., and Beal, J. M.: Gastroenterology *25*:24 (Sept.) 1953.

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Abstracts:

MULTIPLE SCLEROSIS

Miller, Z. R., M.D.; Multiple Sclerosis, Diagnosis, Diagnostic Errors and Treatment. Minnesota Medicine, 237:244, Vol. 38, April 1955.

The author discusses the difficulty of making this diagnosis and urges that the diagnosis be presumptive until all doubt has been removed. The worst thing that can happen to a patient, he says, is to be diagnosed, "multiple sclerosis" when actually some other neurologic disease is present which may be specifically treated. To prove his point he gives in detail case histories of five patients who had been diagnosed as multiple sclerosis, two of whom had cervical cord tumors, two brain tumors involving the brain stem and cranial nerves and one, myasthenia gravis. Treatment in the cases of myasthenia gravis and cord tumor changed the prognosis of these patients completely. While he admits that there is no specific treatment for this condition he feels that, "a sincere medical interest on the part of the doctor, utilizing a positive dynamic approach, will result in many satisfying improvements", and he urges that this be carried on into the period of corrective rehabilitation. His program of treatment during an acute attack includes, extra large doses of Thiamine and of Vitamin B_{12} with slow drip intravenous histamine and physical therapy.

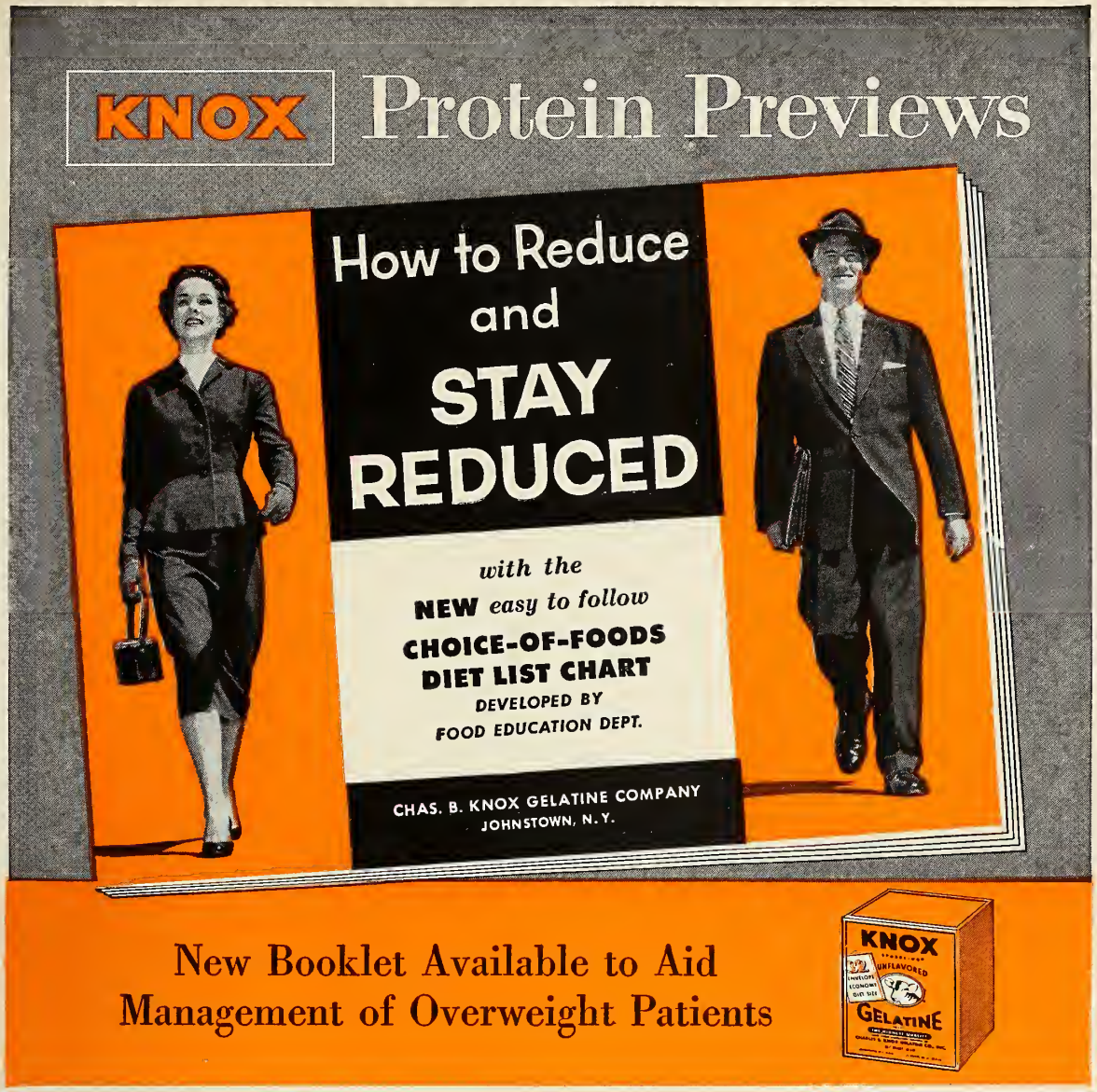
The article is a good antidote for the nihilistic attitude of the medical profession toward this illness.

Stephen L. Johnson, M.D., Evansville

WHAT MAKES US GROW AS WE DO

Goldberg, Minnie B., M.D.: J. American Women's Medical Association, Vol. 1, No. 4, April 1955.

Maturation is the end result of growth, which is an increase in size, and development, which is the differentiation of tissues. The factors involved in growth are genes, anterior pituitary growth hormone (APGH), thyroxin, and the adrenal and gonadal steroids. During the first four years of life, growth is under the control of genes through their enzymatic organizers. After this time and until puberty APGH is probably the agent responsible for the steady increase in stature of approximately two inches per year. APGH plays little part before 4 years of age since pituitary dwarfism has never been recognized before this age. The role of thyroxin is that of a growth catalyst and is essential for tissue differentiation. Without it growth is markedly retarded. In the absence of the hypophysis, however, thyroxin alone will not produce growth. Between the ages of 8 and 11 years the pituitary gonadotropins begin to stimulate their respective androgens and estrogens. Both of these steroids in turn stimulate linear growth and



The 1955 edition of the well-known Knox "Eat-and-Reduce" booklet eliminates calorie counting for your obese patients. This year's edition is based on the use of Food Exchange Lists[1] which have proved so accurate in the dietary management of diabetics. These lists have been adapted to the dietary needs of patients who must lose weight.

The first 18 pages of the new booklet present in simple terms key information on the use of Food Exchanges (referred to in the book as Choices). In the center, double gatefold pages outline color-coded diets of 1200, 1600, and 1800 calories based on the Food Exchanges. Physicians will find these diets easy to revise to meet the special needs of individual patients.

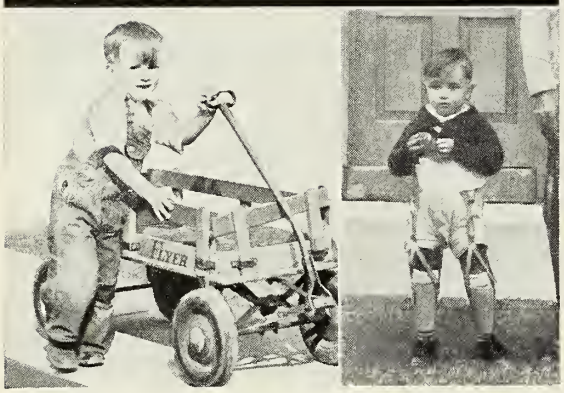
To help patients persevere in their reducing plans, the last 14 pages of the new Knox booklet are devoted to more than six dozen *tested*, low-calorie recipes. Please use the coupon below to obtain copies of the new "Eat-and-Reduce" booklet for your practice.

1. Developed by the U. S. Public Health Service assisted by committees of The American Diabetes Assn., Inc. and The American Dietetic Assn.

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Abstracts:—(Continued)

epiphyseal closure, and they are responsible for the adolescent growth spurt. Genetic mutations may affect the sensitivity of the skeleton to growth stimuli as exemplified by African pigmies and primordial dwarfs such as Tom Thumb (miniature but otherwise normal). Of course, nutrition, infection, organ system defects or disease may reflect themselves in growth disturbances.

Abner H. Levkoff, M.D., South Bend

MATERNAL DEATHS: SOME PRACTICAL LESSONS THEY TEACH US

Whitridge, John Jr., M.D.: The West Virginia Medical Journal, Vol. 51, No. 5, May 1955.

In Maryland a maternal mortality committee has been active for 17 years. This project has been regarded solely as an educational project. Some pertinent observations are made from a nine year study (1945-1953 inclusive). During this time there were 257 maternal deaths; 95 were due to hemorrhage; 45 to toxemia; 38 to embolism; 26 to infection; 7 anesthetic deaths; and 46 deaths due to miscellaneous conditions, including heart disease.

This study revealed that associated with these maternal deaths a definite pattern of circumstances recurred. In the cases of hemorrhagic complications, which is the most frequent cause of

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maternal death, disregard for the significance of bleeding in the last trimester of pregnancy, and the failure to have adequate amounts of blood available for transfusion were the most common mistakes. Continued hospitalization for patients with placenta praevia, although an economic burden, appears to be necessary to prevent deaths from this complication.

Second to hemorrhagic complications, acute toxemia is the greatest danger to the pregnant patient. Intelligent prenatal care with proper attention to abnormal weight increase and blood pressure rise will nearly always prevent death from this complication.

An interesting clinical problem, the differentiation of false labor from true labor is discussed. This does not appear to be much of a problem but it is accountable for a number of maternal deaths. Means of differentiating false from true labor are discussed. Effacement and dilatation of cervix are essential signs of true labor.

Another recurring pattern of circumstances which was present in many maternal deaths was operative interference and the use of oxytocic drugs without definite indications. Any operative procedure carries with it some hazard. The author condemns packing the uterus for postpartum hemorrhage.

A certain number of deaths were due to inadequate nursing or anesthesia care. Inexperience with spinal anesthesia and lack of hospital teamwork were important evident factors in several catastrophes.

A number of deaths were due to heart disease. Pregnancy and heart disease has been shown to be a treacherous combination. The aid of a cardiologist is most important in the management of such cases.

The important information gleaned from this study is that 73% of the maternal deaths could be classified as preventable.

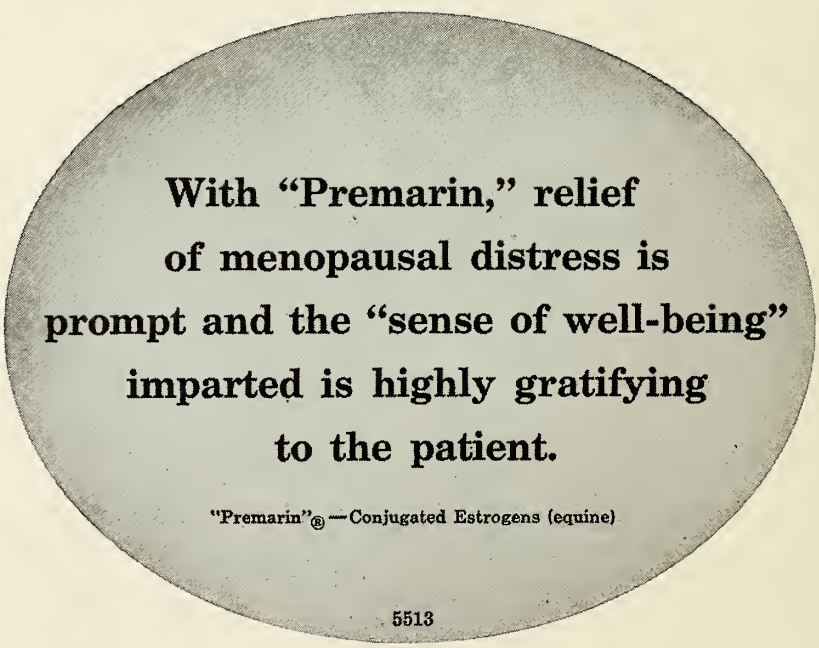
David A. Bickel, M.D., South Bend

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1. Selling, L.S.: J.A.M.A. 157: 1594 (April 30) 1955. 2. Borrus, J.C.: J.A.M.A. 157: 1596 (April 30) 1955.

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Surgical Technic, Surgical Anatomy & Clinical Surgery. Four Weeks, October 10
Surgical Anatomy & Clinical Surgery. Two Weeks, October 24
Surgery of Colon & Rectum, One Week, October 17, November 28
General Surgery. One Week, October 17
Gallbladder Surgery, Ten Hours, October 24
Fractures & Traumatic Surgery. Two Weeks, October 17
GYNECOLOGY—Office & Operative Gynecology, Two Weeks, November 28
Vaginal Approach to Pelvic Surgery, One Week, November 7
OBSTETRICS—General & Surgical Obstetrics, Two Weeks, November 7
MEDICINE—Gastroenterology, Two Weeks, October 24
Electrocardiography & Heart Disease. Two-Week Basic Course, October 10
Gastroscopy, Forty-Hour Basic Course, November 7
Dermatology, Two Weeks, October 17
RADIOLOGY—Clinical Course, Two Weeks, by appointment
Clinical Uses of Radioisotopes, Two Weeks, October 10
PEDIATRICS—Clinical Course, Two Weeks, by appointment
UROLOGY—Two Week Course, October 10

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Abstracts:—(Continued)

PLEURAL EFFUSION

Leuallen, Edmund C., M.D., and Carr, David T., M.D.: Pleural Effusion. New England J. Med. 79:83. Vol. 252, January, 1955.

This is a study from the Mayo Clinic of 436 patients with pleural effusion made to find out what diagnostic methods had been most effective in determining the cause of the fluid. Fifty-two and a half per cent of the effusions were due to neoplasms, 10 per cent to congestive heart failure, and 8 per cent to infections. The presence of blood in the fluid proved to be of little significance. While only 62 per cent of the bloody fluids were due to neoplasm, 45 per cent of the non-bloody fluids were due to neoplasms. The protein content of the fluid was much more helpful in selecting exudates than was the specific gravity, a protein content above 3.0 gm. per 100 cc. of fluid being practically never present in pure transudation. Examination of fluid for malignant cells proved especially valuable and where they were expected more than one specimen was examined producing a higher percentage of positive results. Presence or absence of blood in the fluid did not affect the percentage of positive findings. Isolation of an infecting organism proved most helpful. Culture for tubercle bacillus was depended on rather than guinea-pig inoculation. Total cell and differential counts on the fluids proved to be of no value.

Stephen L. Johnson, M.D., Evansville

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Complete Program and Annual Reports on Following Pages

Official Call to the House of Delegates

The next annual session of the Indiana State Medical Association will be held at the French Lick Sheraton Hotel, French Lick, Indiana. October 16, 17, 18 and 19, 1955.

The House of Delegates will be constituted as follows: Marion County, nineteen delegates; Lake County, seven delegates; Allen County, five delegates; St. Joseph County, four delegates; Vanderburgh County, four delegates; Delaware-Blackford, three delegates; Bartholomew-Brown, Daviess-Martin, Dearborn-Ohio, Elkhart, Fayette-Franklin, Fountain-Warren, Harrison-Crawford, Jasper-Newton, Jefferson-Switzerland, LaPorte, Madison, Owen-Monroe, Parke-Vermillion, Tippecanoe, Vigo and Wayne-Union County Societies, each two delegates; the other fifty-nine county societies, each one delegate; thirteen councilors; and the ex-presidents, namely, C. S. Bond, W. H. Stemm, E. M. Shanklin, Charles N. Combs, George R. Daniels, Charles E. Gillespie, F. S. Crockett, R. L. Sensenich, Herman M. Baker, Karl R. Ruddell, M. A. Austin, Carl H. McCaskey, N. K. Forster, Cleon A. Nafe, Augustus P. Hauss, C. S. Black, Alfred Ellison, J. William Wright, Paul D. Crimm and Wm. Harry Howard; and ex-officio, the president, president-elect, executive secretary, and the treasurer of the association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the president shall cast the deciding vote.

Blank credentials have been sent by the secretary to each county society, and the properly executed credentials should be mailed to the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana, or brought to the session. No delegate will be seated unless wearing the official badge.

The House of Delegates will convene promptly at 6:30 p.m., Sunday, October 16, in the West Dining Room, French Lick Sheraton Hotel, French Lick, (dinner meeting), and again at 7:30 a.m., Wednesday, October 19, in the West Dining Room. (breakfast meeting).

The order of business will be as follows:

1. Call to order by the president.
2. Roll call and seating of qualified delegates.
3. Reading of the minutes of previous meetings.
4. Appointment of reference committees.
5. Address of president-elect.
6. Report of executive secretary.
7. Report of treasurer.
8. Report of the chairman of the Council.
9. Reports of councilors.
10. Reports of standing and special committees:
 - (1) Executive Committee.
 - (2) Board of Appeals on Patient-Physician Relations.
 - (3) County Medical Society Officers' Conference.
 - (4) Constitution and By-Laws.
 - (5) Convention Arrangements.
 - (6) Industrial Health.
 - (7) Medical Education and Hospitals.
 - (8) Public Policy and Legislation.
 - (9) Public Relations.
 - (10) Publicity.
 - (11) Rural Health.
 - (12) Subcommittee on Preceptorships.
 - (13) Scientific Exhibits.
 - (14) Scientific Work.
 - (15) Auditing.
 - (16) Cancer.
 - (17) Chronic Illness.
 - (18) Civil Defense.
 - (19) Conservation of Vision.
 - (20) Diabetes.
 - (21) Conservation of Hearing.
 - (22) Heart Disease.
 - (23) Indiana Inter-Professional Health Council.
 - (24) Instructional Courses.
 - (25) Maternal and Child Health and Crippled Children Services.
 - (26) Medical Care Insurance.
 - (27) Mental Health and Alcoholic Study.
 - (28) Military Manpower.
 - (29) Necrology.
 - (30) Physician-Hospital Relations.
 - (31) Polio.
 - (32) School Health and Physical Education.
 - (33) State Fair.
 - (34) Traffic Safety.
 - (35) Tuberculosis.
 - (36) Venereal Disease.
 - (37) Veterans Affairs and Rehabilitation.
 - (38) Liaison Committee with the Indiana Association of Licensed Nursing Homes.
 - (39) Liaison Committee with Labor.
 - (40) Liaison Committee with State Department of Public Welfare.

The election of officers will be the first order of business at the second meeting of the House of

Delegates. In addition to the regular officers, the terms of the following officers expire December 31, 1955, and their successors must be elected at the session: Delegates to the American Medical Association to succeed Alfred Ellison, South Bend, and Wendell Stover, Boonville; and alternates, Gordon B. Wilder, Anderson, and John M. Paris, New Albany.

Delegates from the third, sixth, ninth, and twelfth districts are reminded that the terms of their councilors will expire December 31, 1955, and the new councilors should be elected to succeed the following:

Third District: William H. Garner, New Albany.
Sixth District: Harry P. Ross, Richmond.
Ninth District: Wemple Dodds, Crawfordsville.
Twelfth District: Maurice E. Glock, Fort Wayne.

Some of these elections already may have been held, but they should be reported to the House of Delegates at this session for confirmation.

JAMES A. WAGGENER,
Executive Secretary

HOUSE OF DELEGATES

Indiana State Medical Association

French Lick, Indiana—October 16, 17, 18 and 19, 1955

Delegates	Alternates
ADAMS	
James M. Burk, Decatur	Gerald J. Kohne, Decatur
ALLEN	
W. C. Wright, Fort Wayne	R. C. Stauffer, Fort Wayne
R. N. Kent, Fort Wayne	Wm. R. Clark, Fort Wayne
G. H. Somers, Fort Wayne	S. C. Michaelis, Fort Wayne
George D. Buckner, Fort Wayne	P. L. Smith, Fort Wayne
F. L. Land, Fort Wayne	W. D. Greist, Fort Wayne
BARTHOLOMEW-BROWN	
Robert M. Reid, Columbus	L. F. Beggs, Columbus
K. Schneider, Nashville	
BENTON	
Robert H. Leak, Boswell	
BOONE	
C. G. Kern, Lebanon	E. E. Gregg, Thorntown
CARROLL	
John M. Byrne, Delphi	Charles L. Wise, Camden
CASS	
Earl B. Jewell, Logansport	L. J. Hillis, Logansport
CLARK	
Joel Carney, Jeffersonville	J. S. Huoni, Jeffersonville
CLAY	
John M. Palm, Brazil	Jack R. Glosson, Clay City
CLINTON	
Claude D. Holmes, Frankfort	
DAVIESS-MARTIN	
C. Philip Fox, Washington	R. H. Rang, Washington
Emory B. Lett, Loogootee	R. E. Chattin, Loogootee
DEARBORN-OHIO	
Omer H. Stewart, Aurora	J. K. Jackson, Aurora
G. S. Fessler, Rising Sun	
DECATUR	
W. R. Shaffer, Greensburg	C. Overpeck, Greensburg
DE KALB	
Loren E. Jinnings, Garrett	C. I. Weirich, Butler
DELAWARE-BLACKFORD	
Kemper Venis, Muncie	George E. McCoy, Muncie
Thomas M. Brown, Muncie	Thomas Botkin, Muncie
Wm. Douglas, Montpelier	Paul Burns, Montpelier
DUBOIS	
Arthur L. Wagner, Jasper	Martin Heck, Jasper
ELKHART	
B. E. Kintner, Elkhart	Jack Hannah, Wakarusa
Samuel T. Miller, Elkhart	Floyd Martin, Goshen
FAYETTE-FRANKLIN	
J. Steinem, Connersville	A. F. Gregg, Connersville
H. N. Smith, Brookville	Perry F. Seal, Brookville
FLOYD	
J. M. Paris, New Albany	K. H. Brown, New Albany
FOUNTAIN-WARREN	
Lee J. Maris, Attica	L. Stephens, Covington
J. W. Crain, Williamsport	Carl Nelson, West Lebanon
FULTON	
John C. Glackman, Sr., Rochester	A. E. Stinson, Rochester
GIBSON	
Virgil McCarty, Princeton	James Peck, Princeton
GRANT	
Robert M. Brown, Marion	Max Long, Marion
GREENE	
R. Moses, Worthington	Edwin Bailey, Linton
HAMILTON	
Ray Shanks, Noblesville	Harold Shonk, Noblesville
HANCOCK	
Dee D. Gill, Greenfield	Robert Kuhn, Wilkinson
HARRISON-CRAWFORD	
William E. Amy, Corydon	
Jesse Benz, Marengo	
HENDRICKS	
O. T. Scamahorn, Pittsboro	J. C. Stafford, Plainfield
HENRY	
W. M. Stout, New Castle	L. C. Marshall, Mt. Summit
HOWARD	
Richard Good, Kokomo	
HUNTINGTON	
G. M. Nie, Huntington	W. A. Clunie, Huntington

Delegates	Alternates
JACKSON	
J. E. Shields, Brownstown	L. H. Osterman, Seymour
JASPER-NEWTON	
Jack L. Titus, Rensselaer	
W. G. Pippenger, Brook	
JAY	
S. M. Hammond, Portland	Forest Keeling, Portland
JEFFERSON-SWITZERLAND	
Allen P. Petway, Madison	S. W. Whitsitt, Madison
JENNINGS	
D. W. Matthew, North Vernon	B. W. Thayer, North Vernon
JOHNSON	
W. D. Province, Franklin	C. F. Deppe, Franklin
KNOX	
H. O. Chattin, Vincennes	V. C. McMahan, Vincennes
KOSCIUSKO	
George Haymond, Warsaw	
LA GRANGE	
Philip E. Yunker, Howe	Kenneth Lehman, Topeka
LAKE	
Ray Elledge, Hammond	F. F. Premuda, Hammond
R. J. Modjeski, Hammond	A. J. Dainko East Chicago
James P. Vye, Gary	George M. Young, Gary
J. B. Nicosia, East Chicago	P. J. Rosenbloom, Gary
J. P. Birdzell, Crown Point	Michael Shellhouse, Gary
Harry R. Stimson, Gary	
R. G. Husted, Hammond	
LA PORTE	
G. O. Larson, La Porte	D. G. Bernoske, Michigan City
V. F. Kling, Michigan City	J. C. Richter, La Porte
LAWRENCE	
L. E. Benham, Bedford	William R. Noe, Bedford
MADISON	
G. B. Wilder, Anderson	Seth W. Ellis, Anderson
R. R. Ploughe, Elwood	Paul T. Lamey, Anderson
MARION	
W. M. Browning, Indianapolis	Joseph Ball, Indianapolis
R. A. Solomon, Indianapolis	I. J. Kwitny, Indianapolis
O. W. Sicks, Indianapolis	G. N. Love, Indianapolis
G. V. Ryan, Indianapolis	C. Keith Hepburn, Indianapolis
J. E. Owen, Indianapolis	Wayne Carson, Indianapolis
H. R. Kerr, Indianapolis	Clifford Taylor, Indianapolis
Don J. Wolfram, Indianapolis	P. J. Fouts, Indianapolis
Harold C. Ochsner, Indianapolis	Louis Nie, Indianapolis
John W. Hendricks, Indianapolis	Hugh K. Thatcher, Indianapolis
Loren H. Martin, Indianapolis	A. M. Donato, Indianapolis
L. J. Clark, Indianapolis	R. A. Geider, Indianapolis
J. W. Denny, Indianapolis	J. M. McIntyre, Indianapolis
R. V. Everly, Indianapolis	R. M. Nay, Indianapolis
Bernard D. Rosenak, Indianapolis	L. I. Thomas, Indianapolis
J. M. Leffel, Indianapolis	A. E. Blatt, Indianapolis
R. J. Spivey, Indianapolis	Wm. Sutton, Indianapolis
D. S. Megenhardt, Indianapolis	W. D. Close, Indianapolis
Earl W. Mericle, Indianapolis	Thomas W. Johnson, Indianapolis
William B. Lybrook, Indianapolis	J. W. Young, Indianapolis
MARSHALL	
A. A. Thompson, Tyner	
MIAMI	
C. R. Herd, Peru	D. W. Ferrara, Peru
MONTGOMERY	
J. M. Kirtley, Crawfordsville	F. N. Daugherty, Crawfordsville
MORGAN	
Robert W. Van Bokkelen, Mooresville	K. E. Comer, Mooresville
NOBLE	
J. R. Nash, Albion	H. O. Williams, Kendallville
ORANGE	
Ivan Clark, Paoli	B. E. Sugarman, French Lick
OWEN-MONROE	
W. C. Reed, Bloomington	H. D. Schell, Bloomington
Donald Blackwell, Spencer	C. E. Stouder, Gosport
PARKE-VERMILLION	
J. R. Bloomer, Rockville	W. D. Britton, Montezuma
Milton Herzberg, Clinton	Paul Casebeer, Clinton
PERRY	
P. J. Coultas, Tell City	N. A. James, Tell City
PIKE	
M. H. Omstead, Petersburg	J. L. Higgins, Petersburg
PORTER	
J. R. Frank, Valparaiso	C. J. Maternowski, Valparaiso
POSEY	
William B. Challman, Mt. Vernon	Harold Ropp, New Harmony
PULASKI	
PUTNAM	
V. Earle Wiseman, Greencastle	Dick J. Steele, Greencastle
RANDOLPH	
H. E. White, Farmland	P. W. Sparks, Winchester
RIPLEY	
Lowell G. Hunter, Milan	William J. Warn, Milan
RUSH	
Frank H. Green, Rushville	R. B. Johnson, Rushville
ST. JOSEPH	
F. R. N. Carter, South Bend	C. S. Culbertson, South Bend
D. D. Stiver, South Bend	R. E. Nelson, South Bend
W. D. Buchanan, South Bend	J. R. Bennett, South Bend
Donald Grillo, South Bend	W. Robert Orr, Mishawaka
SCOTT	
F. S. Napper, Scottsburg	M. L. McClain, Scottsburg
SHELBY	
P. R. Tindall, Shelbyville	W. D. Inlow, Shelbyville
SPENCER	
K. E. Ambrose, Rockport	M. O. Monar, Rockport

Delegates	Alternates
STARKE	
J. F. DeNaut, Knox	J. R. Matthew, North Judson
STEUBEN	
Donald G. Mason, Angola	James A. Alford, Hamilton
SULLIVAN	
Joe Dukes, Dugger	
TIPPECANOE	
W. W. Washburn, Lafayette	M. J. Eaton, Lafayette
R. B. Dubois, Lafayette	K. O. Neumann, Lafayette
TIPTON	
A. E. Stouder, Kempton	M. B. Gossard, Tipton
VANDERBURGH	
C. P. Schneider, Evansville	Robert Kessler, Evansville
John E. Alexander, Evansville	John Sterne, Evansville
L. Edward Gaul Evansville	
C. C. Herzer, Evansville	
VIGO	
Hubert T. Goodman, Terre Haute	A. W. Cavins, Terre Haute
E. O. Nay, Terre Haute	Wm. C. Kunkler, Terre Haute
WABASH	
John F. Mills, Wabash	
WARRICK	
W. C. Stover, Boonville	K. J. Rudolph, Boonville
WASHINGTON	
I. E. Huckleberry, Salem	E. R. Apple, Salem
WAYNE-UNION	
Glen Ward Lee, Richmond	Tom Shields, Richmond
James F. Lewis, Liberty	Fred Shepard, College Corner, O.
WELLS	
T. E. Caylor, Bluffton	J. L. Eisaman, Bluffton
WHITE	
S. E. McClure, Monon	David Beck, Monticello
WHITLEY	
Thomas G. Hamilton, Columbia City	Otto F. C. Lehmberg, Columbia City

PAST PRESIDENTS

Charles S. Bond, Richmond
William H. Stemm, North Vernon
E. M. Shanklin, Hammond
Charles N. Combs, Terre Haute
George R. Daniels, Marion
Charles E. Gillespie, Seymour
Franklin S. Crockett, Lafayette
R. L. Sensenich, South Bend
Herman M. Baker, Evansville
Karl R. Ruddell, Indianapolis
M. A. Austin, Anderson
C. H. McCaskey, Indianapolis
N. K. Forster, Pacific Palisades, Calif.
Cleon A. Nafe, Indianapolis
A. P. Hauss, New Albany
C. S. Black, Warren
Alfred Ellison, South Bend
J. William Wright, Indianapolis
Paul D. Crimm, Sidney, Ohio
Wm. Harry Howard, Hammond

DELEGATES TO A.M.A.

Cleon A. Nafe, Indianapolis
E. S. Jones, Hammond
Alfred Ellison, South Bend
Wendell C. Stover, Boonville

COUNCILORS

1st District—Minor Miller, Evansville
2nd District—J. H. Crowder, Sullivan
3rd District—William H. Garner, New Albany
4th District—Joseph E. Dudding, Hope
5th District—M. C. Topping, Terre Haute
6th District—Harry P. Ross, Richmond
7th District—Lester D. Bibler, Indianapolis
8th District—Guy A. Owsley, Hartford City
9th District—Wemple Dodds, Crawfordsville
10th District—James P. Vye, Gary
11th District—Elton R. Clarke, Kokomo
12th District—Maurice E. Glock, Fort Wayne
13th District—Kenneth L. Olson, South Bend

CONVENTION ARRANGEMENTS

CONVENTION ARRANGEMENTS: Chairman, Wendell C. Stover, Boonville; N. E. Keseric, French Lick; Keith Hammond, Paoli; Milton W. Roggenkamp, New Albany; George A. May, Madison.

RECEPTION: Chairman, Ray H. Burnikel, Evansville; Virgil McCarthy, Princeton; Clarence E. Reich, Evansville; Joseph D. McDonald, Evansville.

GOLF: Chairman, Robert R. Acre, W. L. Daves, Herbert S. Dieckman, Dallas Fickas, W. A. Heinrich, C. C. Herzer, R. L. Kleindorfer, Joseph C. Lawrence, William D. Ritchie, R. A. Royster, V. V. Schriefer, C. Curtis Young, all of Evansville.

TRAP AND SKEET SHOOT: Chairman, William B. Challman, Mt. Vernon; Fielding P. Williams, Huntingburg; Chris W. Cullnane and C. A. Hartley, Evansville.

FIFTY-YEAR CLUB RECEPTION: Chairman, H. G. Weiss, Evansville.

WOMEN'S ENTERTAINMENT: Co-chairmen, Mrs. Ray H. Burnikel, Evansville, and Mrs. Weston A. Heinrich, Evansville; Mrs. C. C. Herzer, Evansville; Mrs. L. B. Miller, Evansville; Mrs. W. O. Denzer, Evansville; Mrs. Joseph C. Lawrence, Evansville; Mrs. V. C. McMahan, Vincennes; Mrs. Gene S. Pierce, New Albany.

REFERENCE COMMITTEES — 1955

ANNUAL CONVENTION — October 16, 17 and 18

1. Sections and Section Work:

M. C. Topping, Terre Haute (Vigo), chairman
V. Earle Wiseman, Greencastle (Putnam)
Jack E. Shields, Brownstown (Jackson)
Harry P. Ross, Richmond (Wayne-Union)
Kenneth Schneider, Nashville (Bartholomew-Brown)

2. Rules and Order of Business:

Carl H. McCaskey, Indianapolis (Marion), chairman
Walter M. Stout, New Castle (Henry)
Thomas M. Brown, Muncie (Delaware-Blackford)
O. T. Scamahorn, Pittsboro (Hendricks)
Philip E. Yunker, Howe (LaGrange)

3. Medical Education and Hospitals:

Joseph E. Dudding, Hope (Bartholomew-Brown), chairman
Ralph V. Everly, Indianapolis (Marion)
Elton R. Clarke, Kokomo (Howard)
Harold C. Ochsner, Indianapolis (Marion)
William C. Wright, Fort Wayne (Allen)

4. Legislation:

J. William Wright, Sr., Indianapolis (Marion), chairman
John M. Paris, New Albany (Floyd)
Frank H. Green, Rushville (Rush)
Gordon B. Wilder, Anderson (Madison)
F. R. N. Carter, South Bend (St. Joseph)

5. Public Relations:

G. O. Larson, LaPorte (LaPorte), chairman
Earl W. Mericle, Indianapolis (Marion)
Paul R. Tindall, Shelbyville (Shelby)
Kenneth L. Olson, South Bend (St. Joseph)
J. H. Crowder, Sullivan (Sullivan)

6. Hygiene and Public Health:

Glen V. Ryan, Indianapolis (Marion), chairman
J. M. Kirtley, Crawfordsville (Montgomery)
James P. Vye, Gary (Lake)
Gordon S. Fessler, Rising Sun (Dearborn-Ohio)
Burton E. Kintner, Elkhart (Elkhart)

7. Amendments to the Constitution and By-Laws:

Alfred Ellison, South Bend (St. Joseph), chairman
Truman E. Caylor, Bluffton (Wells)
Richard P. Good, Kokomo (Howard)
William H. Garner, Sr., New Albany (Floyd)
Wm. Harry Howard, Hammond (Lake)

8. Reports of Officers:

Maurice E. Glock, Fort Wayne (Allen), chairman
Russell J. Spivey, Indianapolis (Marion)
Wendell C. Stover, Boonville (Warrick)
D. D. Stiver, South Bend (St. Joseph)
James W. Denny, Indianapolis (Marion)

9. Credentials:

William E. Amy, Corydon (Harrison-Crawford), chairman
C. G. Kern, Lebanon (Boone)
C. C. Herzer, Evansville (Vanderburgh)
Joseph R. Bloomer, Rockville (Parke-Vermillion)

10. Insurance:

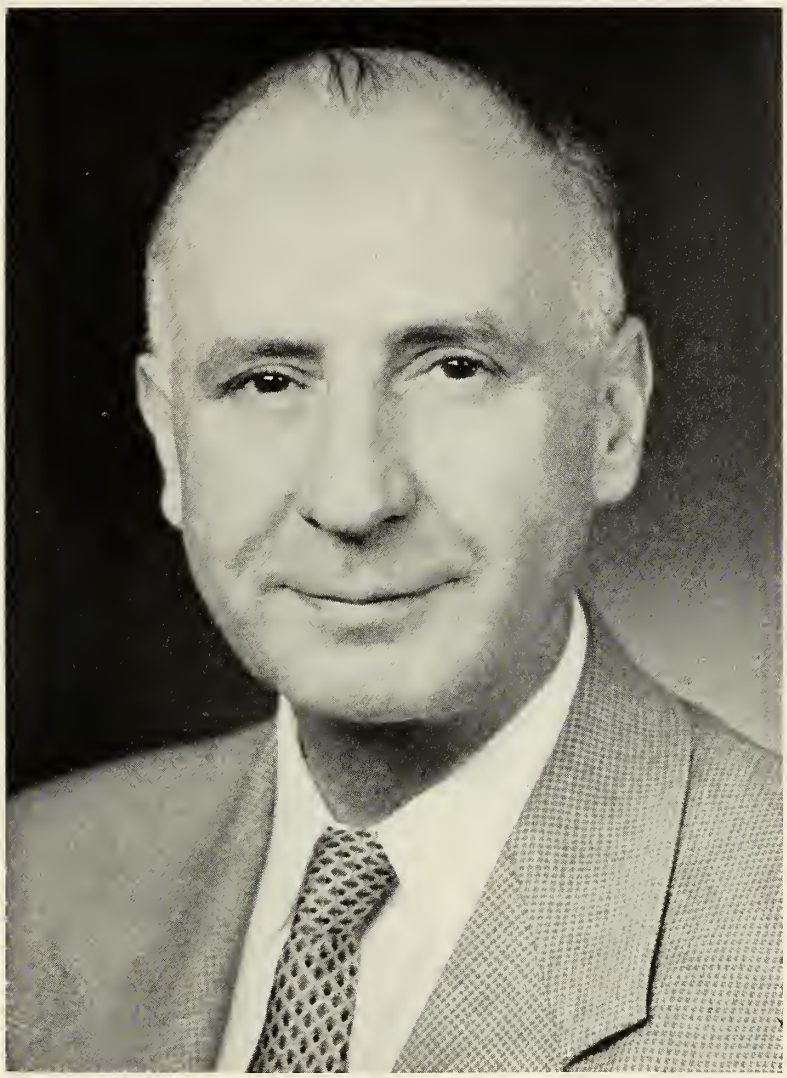
William C. Reed, Bloomington (Owen-Monroe), chairman
C. Philip Fox, Washington (Daviess-Martin)
Wemple Dodds, Crawfordsville (Montgomery)
Hubert T. Goodman, Terre Haute (Vigo)
Daniel G. Bernoske, Michigan City (LaPorte)

11. Miscellaneous Business:

Cleon A. Nafe, Indianapolis (Marion), chairman
William D. Province, Franklin (Johnson)
Harry R. Stimson, Gary (Lake)
Guy A. Owsley, Hartford City (Delaware-Blackford)
Herbert O. Chattin, Vincennes (Knox)

1954 - 1955

Officers of the I. S. M. A.



WALTER L. PORTTEUS, M.D.

Franklin

PRESIDENT
INDIANA STATE MEDICAL ASSOCIATION
1954-1955



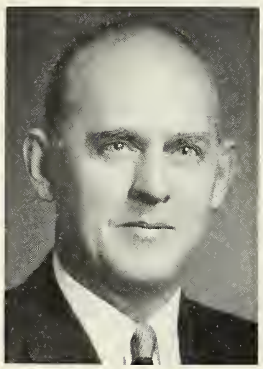
W. U. KENNEDY, M.D.
President-Elect
New Castle



ROY V. MYERS, M.D.
Treasurer
Indianapolis



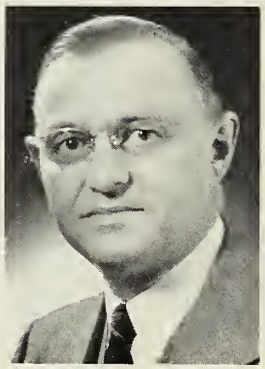
JAMES A. WAGGENER
Executive Secretary
Franklin



KENNETH L. OLSON, M.D.
Chairman of Council
South Bend



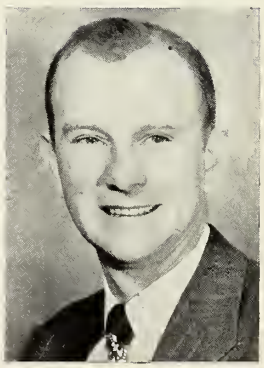
JAMES W. DENNY, M.D.
Chairman, Executive
Committee
Indianapolis



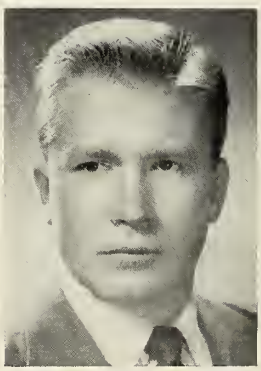
E. H. Clauser, M.D.
Executive Committee
Muncie



MRS. J. W. MATHER
President, Auxiliary
East Gary



ROBERT J. AMICK
Field Secretary
Scottsburg



KENNETH W. BUSH
Field Secretary
Indianapolis



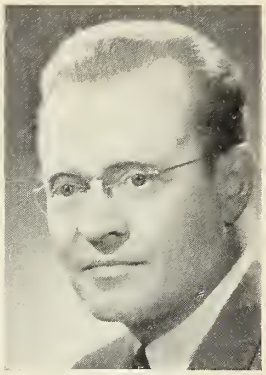
E. M. SHANKLIN
Editor Emeritus
THE JOURNAL
Hammond



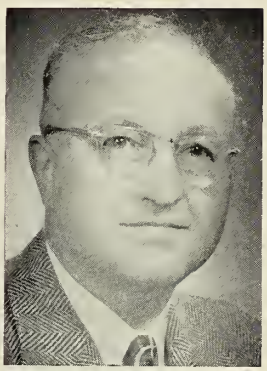
FRANK B. RAMSEY
Editor
THE JOURNAL
Indianapolis



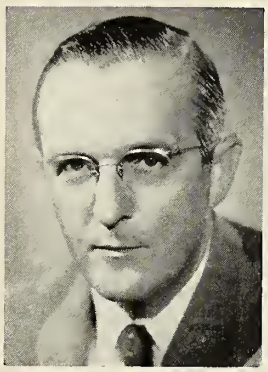
A. W. CAVINS
Associate Editor
Terre Haute



L. G. MONTGOMERY
Associate Editor
Muncie



DAVID A. BICKEL
Associate Editor
South Bend



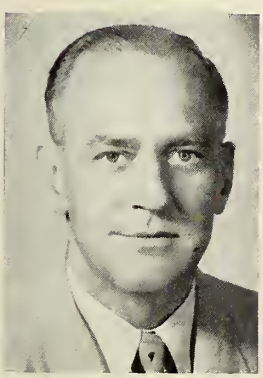
STEPHEN L. JOHNSON
Associate Editor
Evansville



C. S. CULBERTSON
Editorial Board
South Bend



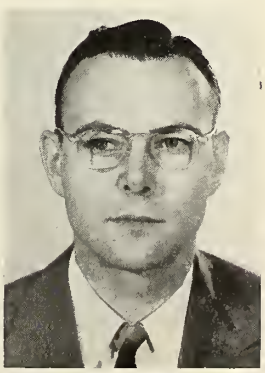
HAROLD D. LYNCH
Editorial Board
Evansville



SAMUEL R. MERCER
Editorial Board
Fort Wayne



GEORGE N. LEWIS
Editorial Board
Gary



GEORGE M. JOHNSON, M.D.
Editorial Board
Richmond



IRVIN W. WILKENS, M.D.
Editorial Board
Indianapolis

Section Officers

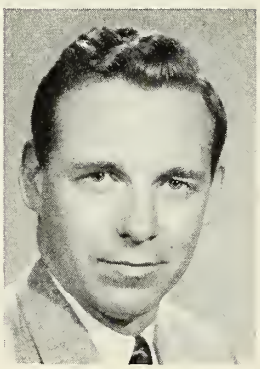
Surgery

CHAIRMEN



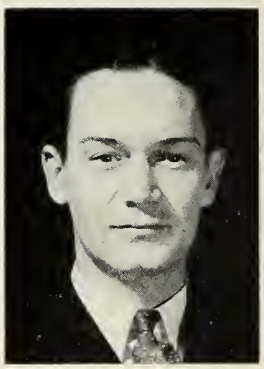
TRUMAN E. CAYLOR
Bluffton

VICE-CHAIRMEN



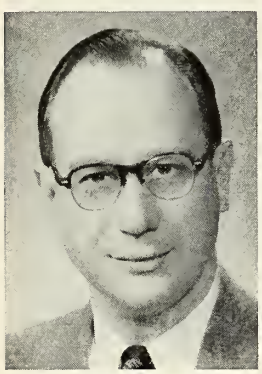
JOSEPH B. DAVIS
Marion

SECRETARIES

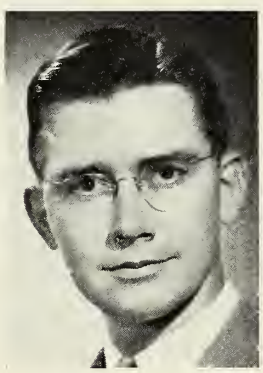


WENDELL E. COVALT
Muncie

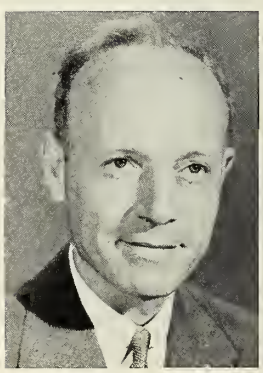
Medicine



JACK L. EISAMAN
Bluffton

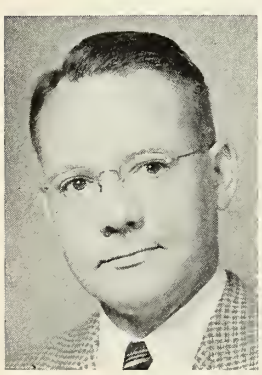


RICHARD S. GRIFFITH
Indianapolis



RICHARD N. KENT
Fort Wayne

Ophthalmology and Otolaryngology



HERSCHEL SMITH
Bloomington



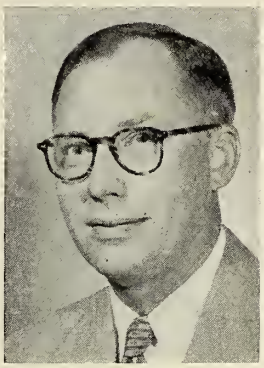
JOSEPH L. LARMORE
Anderson



M. RICHARD HARDING
Indianapolis

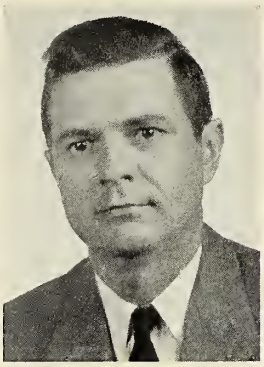
Anesthesiology

CHAIRMEN



EMORY D. HAMILTON
Fort Wayne

VICE-CHAIRMEN



JOHN P. GRAF
South Bend

SECRETARIES

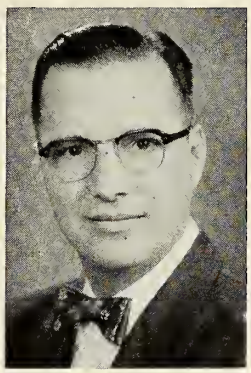


V. K. STOELTING
Indianapolis

General Practice



FRANK H. GREEN, JR.
Rushville



RUSSELL J. SPIVEY
Indianapolis



KEITH HAMMOND
Paoli

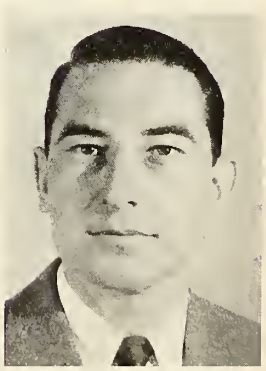
Obstetrics and Gynecology



SPRAGUE H. GARDINER
Indianapolis



GORDON C. COOK
South Bend



FRANCIS G. STOUT
Muncie

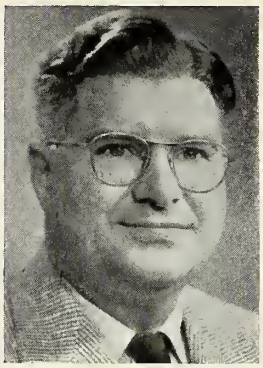
Public Health and Preventive Medicine

CHAIRMAN



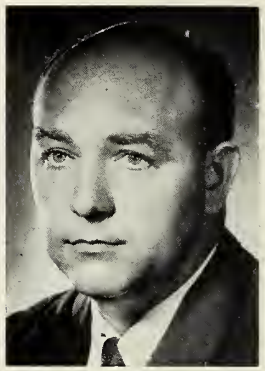
MINOR MILLER
Evansville

VICE-CHAIRMAN



L. L. RENBARGER
Marion

SECRETARY



WILSON L. DALTON
Shelbyville

Convention Notes

Plan now for three or four pleasant, profitable days at the French Lick Sheraton with fellow physicians from throughout Indiana.

Registration—throughout convention—at the northeast corner of the mezzanine.

Sports events scheduled for Monday morning:

Annual golf tournament—Hill course, 18 holes, low gross, low net and blind bogey medal play. Trophies will be on display.

Competition for both trap and skeet shooting at the Trap and Skeet Club.

Instructional courses will be held on each of the three days, October 17, 18 and 19.

Monday night features include the annual Stag dinner, a dinner for all women attending convention, and surprise entertainment for both groups at 8:30.

President's Night Tuesday offers the traditional address by the President of ISMA followed by a professional variety show.

Annual dinner on Wednesday; AMA's President-elect Dwight H. Murray will speak.

PROGRAM

106th Annual Convention—1955

INDIANA STATE MEDICAL ASSOCIATION

French Lick, Indiana

Sunday, October 16

12 noon Executive Committee meeting, Blue Room.

3:00 Council meeting, Hunt Room.

6:30 Meeting of House of Delegates, west dining room. (Dinner meeting)

Invocation, THE REVEREND CHARLES E. SULLIVAN, S.J., French Lick.

Monday Morning October 17

8:00 Registration starts, mezzanine floor.

8:00 Opening of technical exhibit, lobby, main floor, and mezzanine floor.

8:00 Opening of scientific exhibit, foyer, convention hall.

8:00 Annual golf tournament. Eighteen holes, low gross, low net, and blind bogie medal play. French Lick Hill Course.

9:00 Annual trap and skeet shoot, French Lick Springs Trap and Skeet Club.

9:00 Reference Committees meet.

Monday Noon, October 17

12:00 Phi Rho Sigma luncheon, Round Room.

Monday Afternoon

2 to 4 Instructional courses.

2 to 4 Reference Committees meet.

Monday Evening

6:00 Supper, smoker and stag party, main dining room.

8:30 Entertainment for physicians, wives and guests, main dining room.

YOUR SPEAKERS

Forty-four speakers are scheduled to address the 106th Annual Convention of the Indiana State Medical Association. Because of the program arrangement, which features several Round Tables, photographs of each speaker together with brief biographies are carried on the following pages. Under each biography the program page is listed which will give the time any specific speaker will appear on the program.

Consult the program pages for topics in which you are interested; consult the speakers pages for information concerning individuals you are desirous of hearing.



SPRAGUE H. GARDINER, M.D.
Indianapolis

Assistant professor of obstetrics and gynecology, Indiana University School of Medicine. Former instructor in obstetrics and gynecology, Johns Hopkins University School of Medicine. Diplomate, American Board of Obstetrics and Gynecology and American Board of Psychiatry and Neurology. M.D., University of Michigan Medical School, 1934.

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LAWRENCE G. BEINHAUER, M.D.
Pittsburgh, Pennsylvania

Clinical professor of dermatology and syphilology, University of Pittsburgh, School of Medicine. On university staff since 1922. Chief of staff, West Pennsylvania, St. Joseph, Shadyside and Homestead hospitals. Former president, Pittsburgh Dermatological Society; chairman Dermatology Section, Pennsylvania State Medical Society, 1937; member, American Academy of Dermatology, American Dermatological Association (director 1953-1958). M.D., University of Michigan, 1919.

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C. PAUL HODGKINSON, M.D.
Detroit, Michigan

Surgeon-in-charge, Department of Gynecology and Obstetrics, Henry Ford Hospital, Detroit. Secretary, American Academy of Obstetrics and Gynecology since 1953. Native of Pennsylvania; graduate Pharmacy School, University of Pittsburgh, 1928. Risen to present staff position from internship at Henry Ford Hospital in 1936. M.D., Temple University School of Medicine, 1936; degree in gynecology and obstetrics, University of Michigan Medical School, Graduate School, 1939.

pp. 1139, 1145, 1148

L. EDWARD GAUL, M.D.
Evansville

In private practice. Certified, American Board of Dermatology and Syphilology, member American Academy of Dermatology, President, Vanderburgh County Medical Society, 1955. Dermatologic training, New York Skin and Cancer Unit, Columbia University, and New York Hospital, Cornell Medical Center. M.D., University of Michigan Medical School, 1930.

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LONIEL HOWARD ALLEN, M.D.
Bedford

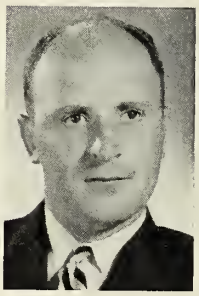
Fellow, Amercan Academy of Obstetrics and Gynecology. In private practice, specializing in obstetrics and gynecology. Served internship and residency at Indiana University Medical Center, 1927 and 1928. M.D., Indiana University School of Medicine, 1926.

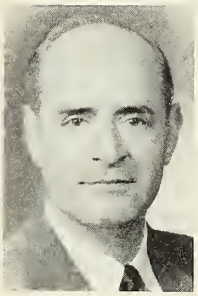
p. 1139

ROBERT E. JENKINS, M.D.
Indianapolis

Instructor, Indiana University School of Medicine; associate, teaching staff, Department of Dermatology, Indianapolis General Hospital. In private practice. Diplomate, American Board of Dermatology; fellow, American Academy of Dermatology and Syphilology. M.D., Indiana University School of Medicine, 1944.

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EDGAR L. ENGEL, M.D.
Evansville

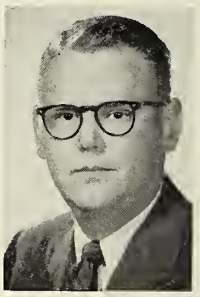
Chief, Department of Obstetrics and Gynecology, St. Mary's Hospital, Evansville. Diplomate, American Board of Obstetrics and Gynecology; Fellow, American College of Surgeons and American Academy of Obstetrics and Gynecology. Served internship and residency, St. Louis City Hospital. M.D., Washington University Medical School, St. Louis, 1936.

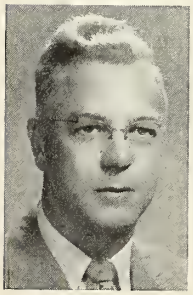
p. 1139

STEPHEN R. PHELPS, M.D.
South Bend

In private practice. Certified by American Board of Dermatology and Syphilology. Native of Topeka, Kansas. Served internship at Swedish Hospital, Seattle, Washington; residency, Brayton Skin and Cancer Foundation, Indianapolis General Hospital. M.D., University of Kansas School of Medicine, 1946.

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CHARLES F. GILLESPIE, M.D.
Indianapolis

Chief of Section on Obstetrics and Gynecology, Indianapolis General Hospital. Diplomate, American Board of Obstetrics and Gynecology. In private practice. Served internship and residency, Indianapolis General Hospital, M.D., Indiana University School of Medicine, 1939.

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W. D. SNIVELY, JR., M.D.
Evansville

Vice president, medical director of Mead Johnson & Company; attending physician Evansville Infant and Child Clinics. Author of numerous papers published in national medical journals; originator of several scientific exhibits, two of which won awards at A.M.A. Annual Sessions in 1952 and 1954. Special training in pediatrics, aviation, medicine, and industrial medicine, M.D., Northwestern University Medical School, 1938.

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WALTER F. KAMMER, M.D.
Muncie

In private practice of internal medicine, specializing in cardiology, since 1946. Diplomate of American Board of Internal Medicine. Instructor in nursing, Ball Memorial Hospital School of Nursing, Muncie. Internship and residency in internal medicine served at State of Wisconsin General Hospital, Madison. M.D., Rush Medical College (University of Chicago) 1938.

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JOHN O. MOORE
New York City

Director of Automotive Crash Injury Research, Cornell University Medical College. Previously design safety analyst for Republic Aircraft Corporation; Chief, Crash Injury Research, USAF; commissioned officer in charge of evaluation and redesign of all U. S. Air Force medical reports on aviation accidents. Postgraduate training in biological chemistry, University of Michigan Medical School, 1938; Bachelor of Science, Wake Forest College, 1936.

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MALCOLM A. HOLLIDAY, M.D.
Indianapolis

Assistant professor of pediatrics, Indiana University School of Medicine since 1951 (terminated two years leave for Army service July 1955). Native of Virginia, served internship and residency, Children's Hospital, Boston, and Vanderbilt University Hospital, Nashville. Two years research fellow in metabolism with Dr. James L. Gamble, Boston, and one year with Dr. D. C. Darrow, New Haven, Connecticut. M.D., University of Virginia, 1946.

p. 1140

ROBERT E. SLEMMER, M.D.
Cincinnati, Ohio

Assistant clinical professor of anatomy, University of Cincinnati College of Medicine. In private practice and neurosurgeon for Good Samaritan Deaconess and St. Mary's Hospitals, Cincinnati. Fellow, American College of Surgeons; member Congress of Neurologic Surgeons, American Academy of Neurological Surgery. M.S. in Surgery, University of Pennsylvania, 1947; M.D., Hahnemann Medical College, Philadelphia, 1933.

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BILL L. MARTZ, M.D.
Indianapolis

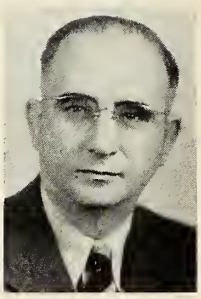
Assistant professor of medicine, Indiana University School of Medicine; member of medical staff of Lilly Laboratory for Clinical Research at Indianapolis General Hospital, engaged in clinical investigation in fields of heart and kidney disease. Diplomate, American Board of Internal Medicine. M.D., Indiana University School of Medicine, 1945.

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CLAIRE L. STRAITH, M.D.
Detroit, Michigan

In private practice of plastic, reconstructive and hand surgery since 1919. Operates clinic and hospital where all facilities are devoted to care of patients needing such surgery. Member of American Society of Plastic and Reconstructive Surgeons and American Association of Plastic Surgeons. Holds dental degree from Chicago College of Dental Surgery, and M.D. from Rush Medical College, 1917.

pp. 1141, 1144





J. VINCENT SHERWOOD, M.D.
Fort Wayne

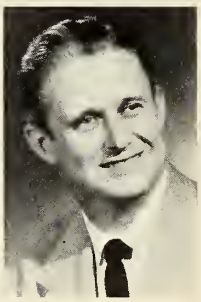
Resident surgeon, Irene Byron Sanitorium, Fort Wayne. Fellow, American College of Chest Physicians. M.D., University of Minnesota Medical School, Minneapolis, 1929.

p. 1140

RICHARD W. ZOLLINGER, M.D.
Columbus, Ohio

Assistant clinical professor of surgery, Ohio State University College of Medicine. In private practice specializing in general surgery. Director of Medical Education, Mt. Carmel Hospital, Columbus. President Columbus Surgical Society. Board certified, diplomate American College of Surgeons, M.D., Harvard Medical School, 1936.

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SERGEANT ELMER C. PAUL
Indianapolis

Auto Crash Injury Research, Indiana State Police. Originator of the specialized traffic accident investigation study known as Auto Crash Injury Research. Has had exhibits and lectured in many parts of U. S. and Canada; only police officer to address American College of Surgeons. Has gained international reputation for his crash injury studies and belief in safety belts. Graduate Northwestern University Traffic Institute.

p. 1141

GEORGE J. GARCEAU, M.D.
Indianapolis

Professor of orthopedic surgery and chairman of the orthopedic department, Indiana University School of Medicine. In private practice of orthopedic surgery; certified by American Board of Orthopedic Surgery. Member of Clinical Orthopedic Society and American Academy of Orthopedic Surgeons. Native of Minnesota. M.D., Northwestern University Medical School, 1925.

p. 1141





HAROLD M. TRUSLER, M.D.
Indianapolis

Professor of surgery and director of Section on Plastic Surgery, Indiana University Medical Center. Diplomate, American Board of Surgery and American Board of Plastic Surgery; in private practice. Member, American Surgical Society, Western Surgical Association, Central Surgical Association. Consultant in plastic surgery, U. S. Veterans and General Hospitals, Indianapolis. M.D., Indiana University School of Medicine, 1924.

p. 1143

RICHARD C. SWAN, M.D.
Anderson

Medical director of Delco-Remy Division of General Motors Corporation, Anderson, since 1948. Previously in private practice in Indianapolis, and plant physician for Allison Division of General Motors, Indianapolis. Fellow, Industrial Medical Association and member Central State Industrial Medical Association. Internship and residency, Indianapolis General Hospital. M.D., Indiana University School of Medicine, 1937.

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ALLAN K. HARCOURT, M.D.
Indianapolis

In private practice as associate in Indianapolis Industrial Clinic since 1924. Fellow, Industrial Medical Association and International College of Surgeons. Chairman, Committee on Industrial Health, Indiana State Medical Association. Internship, St. Vincent's Hospital; residency, Deaconess Hospital, Indianapolis. M.D., Indiana University School of Medicine, 1922.

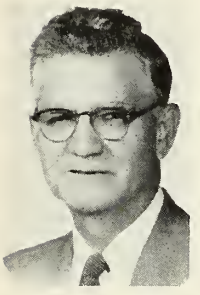
p. 1144

JOHN G. RUKAVINA, M.D.
Ann Arbor, Michigan

Senior instructor, Department of Dermatology, University of Michigan. Diplomate, American Board of Internal Medicine. Entire education received at University of Minnesota; M. A. (psychology) in 1939; M.S. (internal medicine) 1951. Residency served at Veterans Administration Hospital, Minneapolis. M.D., University of Minnesota, 1945.

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E. S. JONES, M.D.
Hammond

In private practice, specializing in industrial medicine and surgery. Fellow, American College of Surgeons, International College of Surgeons. President-elect of Industrial Medical Association; president of Central States Society of Industrial Medicine and Surgery; chairman of all state committees on industrial health in the A.M.A. Industrial Medicine Division. Postgraduate courses at U. S. and European clinics. M.D., Indiana University School of Medicine, 1916.

p. 1144

A. D. DENNISON, JR., M.D.
Indianapolis

In private practice, specializing in cardiology and internal medicine. Associate, Department of Medicine, Indiana University School of Medicine. Diplomate, American Board of Internal Medicine. Formerly with Lilly Laboratory for Clinical Research and in private practice in New Jersey. M.D., Cornell University Medical College, 1939.

pp. 1145, 1147





LOUIS W. SPOLYAR, M.D.
Indianapolis

Director, Division of Industrial Hygiene, Indiana State Board of Health since 1937. Assistant professor of public health, Indiana University School of Medicine. Diplomate, American Board of Preventive Medicine; member Industrial Medical Association. Internship, Indiana University Hospitals; M.D., Indiana University School of Medicine, 1936.

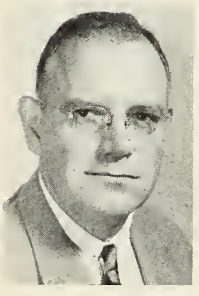
p. 1144

DAVID ROSENBAUM, M.D.
Indianapolis

Assistant professor of pathology, Indiana University School of Medicine. Pathologist, Veterans Administration Hospital. Diplomate, American Board of Pathology. Member, American Society of Clinical Pathologists. Residencies, Harlem and Montfiore Hospitals, New York. M.D., New York University College of Medicine, 1934.

p. 1145





JAMES D. PEIRCE, M.D.
Indianapolis

Assistant director of personnel relations division, company physician, and head of the industrial medicine and safety programs of Eli Lilly and Company. Instructor, Indiana University School of Medicine. Member, American College of Physicians, American Federation for Clinical Research, Industrial Medical Association. Internship and residency, Indianapolis General Hospital. M.D., Indiana University School of Medicine, 1940.

p. 1144

JOHN A. CAMPBELL, M.D.
Indianapolis

Director of radiology, Indiana University Medical Center. Professor of radiology, Indiana University School of Medicine. Diplomate, American Board of Radiology; member, American Roentgen Ray Society, Radiological Society of North America, American College of Radiology, Association of University Radiologists, Indiana Roentgen Ray Society. M.D., University of Cincinnati College of Medicine, 1937.

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DAVID C. GASTINEAU, M.D.
Indianapolis

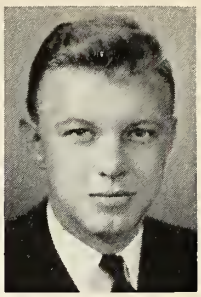
Assistant professor of radiology, Indiana University School of Medicine. Diplomate, American Board of Radiology. Internship and residency, Indiana University Medical Center. M.D., Indiana University School of Medicine, 1947.

p. 1145

THOMAS C. MOORE, M.D.
Muncie

On teaching staff, Department of Surgery, Indiana University School of Medicine, and in private practice. Certfied by American Board of Surgery. Internship, Peter Bent Brigham Hospital, Boston; residencies, Children's Hospital, Boston, and Indiana University Medical Center. M.D., Harvard Medical School, 1945.

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STEPHEN L. JOHNSON, M.D.
Evansville

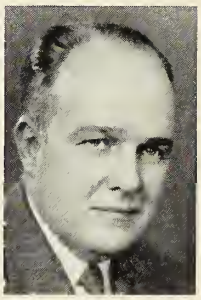
In private practice, specializing in internal medicine. Chief of medical service, St. Mary's Hospital. Diplomate, American Board of Internal Medicine; fellow, American College of Physicians. Internship, University of Pennsylvania Hospital. M.D., Indiana University School of Medicine, 1933.

p. 1145

WESTON A. HEINRICH, M.D.
Evansville

In private practice, limited to surgery. Certified by American Board of Surgery; fellow, American College of Surgeons. Internship, Guthrie Clinic, Sayre, Pennsylvania; residencies at Mayo Clinic, 1942-43 and 1946-48. M.D., Northwestern University Medical School, 1941.

p. 1146





JAMES G. LORMAN, M.D.
Fort Wayne

In private practice of radiology; associate radiologist, Parkview Memorial Hospital. Diplomate, American Board of Radiology; member, American College of Radiology, Radiological Society of North America. Internship, Grace Hospital, Detroit; residency, Indiana University Medical Center. M.D., Indiana University School of Medicine, 1944.

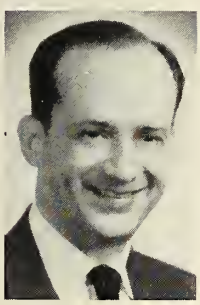
p. 1145

SAM J. DAVIS, M.D.
Indianapolis

In private practice of orthopedic surgery. Certified by American Board of Orthopedic Surgery. Internship, Indianapolis General Hospital. Residencies at General and Indiana University Medical Center following five years service with Army Air Force. M.D., Indiana University School of Medicine, 1940.

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RALPH U. LESER, M.D.
Indianapolis

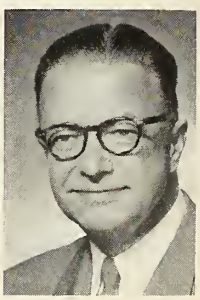
Assistant professor of internal medicine, Indiana University School of Medicine. In private practice. Diplomate, American Board of Internal Medicine. Interned, Philadelphia General Hospital; postgraduate work in internal medicine for three years. M.D., Indiana University School of Medicine, 1930.

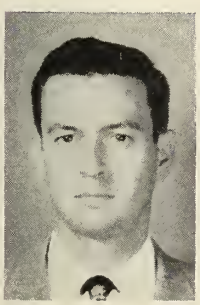
p. 1146

RICHARD B. STOUT, M.D.
Elkhart

In private practice of general surgery since 1931. Fellow, American College of Surgeons. Internship, Columbia Hospital, Milwaukee; residencies, Methodist Hospital, Madison, Wisconsin. M.D., Boston University School of Medicine, 1927.

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GRIFFITH MARR, M.D.
Columbus

In private practice, specializing in anesthesiology, since 1947. Internship at Great Lakes Naval Hospital; five years naval duty. M.D., Indiana University, 1942.

p. 1146

JOHN F. PHILLIPS, M.D.
Bluffton

Member, department of internal medicine, Caylor-Nickel Clinic. Formerly in private practice, Fort Wayne. Internship, Lancaster General Hospital, Lancaster, Pennsylvania; residency, Iowa Methodist Hospital, Des Moines. M.D., Indiana University School of Medicine, 1944.

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ROBERT L. MILISEN, Ph.D.
Bloomington

Director of the Indiana University Speech and Hearing Clinic since 1936. Also directs traveling clinic during summer and operates an outpatient department at the University for consultations. Author of many articles on speech disorders, published in national scientific journals. Degrees from Simpson University and the University of Iowa.

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BRANDT BURDELL SANKEY, M.D.
Cleveland, Ohio

Director of Department of Anesthesiology, St. Luke's Hospital, Cleveland. Diplomate, American Board of Anesthesiology, fellow, International College, and American College of Anesthesiologists. President, The American Society of Anesthesiologists. Internship and residency, Huron Road Hospital. M.D., Hahnemann Medical College, Philadelphia, 1933.

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CLYDE G. CULBERTSON, M.D.
Indianapolis

Director of biological research at the Lilly Research Laboratories. Professor of clinical pathology, Indiana University School of Medicine. Certified by American Board of Pathology; fellow, College of American Pathologists and American Society of Clinical Pathologists. M.D., Indiana University School of Medicine, 1931.

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ABSTRACTS

Abstracts of many of the papers to be presented during the annual convention are included in the official program which follows. Some cover entire panel discussions, other summarize individual papers.

They are published to assist members in making program selections, will be of interest to those physicians who are unable to attend in person, and may help to suggest material for county society meetings later in the year.

"The Doctor has gone to the State Convention" . . .

That's a familiar phrase each October as office assistants inform patients their physician is attending the annual meeting of the annual meeting of the Indiana State Medical Association.

This is YOUR convention—planned by a Committee on Scientific Work to bring you the latest developments in the field of medicine. Your patients will profit from your brief absence.

Tuesday Morning October 18

8:00 Registration continues, mezzanine floor.

8:00 Technical exhibit, lobby, main floor, and mezzanine floor.

8:00 Scientific exhibit, foyer, convention hall.

8:30 to 10:30 Instructional courses.

ROUND TABLES:

10:30 to 12 m.

(1) OBSTETRICS AND GYNECOLOGY—Main Convention Hall.

Moderator: SPRAGUE H. GARDINER, M.D., Indianapolis.

Topic: *"When Is Surgery Indicated in the Management of Common Gynecological Conditions—*

1) Uterine Retroversion and Prolapse
2) Fibroids
3) Ovarian Cysts
4) Dysfunctional Uterine Bleeding."

Panel:

C. PAUL HODGKINSON, M.D., Detroit, Michigan.

Head of Department of Gynecology and Obstetrics, Henry Ford Hospital.

LONIEL H. ALLEN, M.D., Bedford.

EDGAR L. ENGEL, M.D., Evansville.

CHARLES F. GILLESPIE, M.D., Indianapolis.

Abstract: The activities of the Hospital Accreditation Committee and the Tissue Committees of the local hospitals have focused attention on the indications for surgery in the management of the above common gynecological conditions.

By the question and answer method the panel members will emphasize the indications for surgery concerning which there is general agreement. Each will be asked to express his opinion concerning the controversial issues such as: indications for uterine suspension; management of asymptomatic uterine fibroids and ovarian cysts of borderline size; and indications for hysterectomy in dysfunctional uterine bleeding. Questions from the audience will be encouraged.

(2) DAILY DERMATOLOGICAL DILEMMAS—Hunt Room, Mezzanine Floor.

Moderator: LAWRENCE G. BEINHAUER, M.D., Clinical Professor of Dermatology and Syphilology, University of Pittsburgh School of Medicine, Pittsburgh. (Brayton Foundation speaker.)

"The Eczemas." (15 minutes.)

Abstract: Eczema has long been a very vexing dermatological problem as a review of the literature will attest. Over the period of years, many attempts have been made to select the various types of dermatitis that should be classified under eczema. A brief review of the classications will be discussed from the clinical, etiologic and morphological concepts. The most commonly encountered entities now included in this category; namely, contact (allergic) dermatitis: infantile eczema, atopic (neuro) dermatitis: nummular eczema and drug eruption will be discussed with brief notes on the principles of therapy. A lantern slide demonstration of each group will be presented.

L. EDWARD GAUL, M.D., Evansville.

"The Contact Dermatitides." (15 minutes.)

Abstract: The subject of contact dermatitis will be reviewed from the standpoint of the urgency for obtaining an etiologic diagnosis. The program of management will be outlined, and the routine employed to find the suspected contactant. Emphasis will be given to the important role of general practitioners in the detection of the etiology of contact dermatitis.

ROBERT E. JENKINS, M.D., Indianapolis.

"The Fungus Diseases." (15 minutes.)

Abstract: A survey of the superficial fungus infections with particular emphasis on methods of easy diagnosis, and common sense management with mention of some newer concepts regarding treatment principles. Brevity will be emphasized with time for questions and answers.

STEPHEN R. PHELPS, M.D., South Bend.

"The Acnes." (15 minutes.)

Abstract: The types of acne are discussed briefly as to etiology and differential diagnosis. The treatment of acne is emphasized with particular attention to acne vulgaris. The detailed care of acne vulgaris and cystic acne, along with suggested prescription and a routine of care is described.

(3) FLUID AND ELECTROLYTE BALANCE—North Foyer, Convention Hall.

Moderator: W. D. SNIVELY, JR., M.D., Evansville.

"The Body Homeostatic Mechanisms and Their Relation to Fluid Therapy."

Abstract: The homeostatic controls include the renocardiovascular, adrenal, pituitary, and parathyroid mechanisms. They provide automatic normalization of the fluid volume, electrolyte concentration, and electrolyte composition of the body fluids. When these mechanisms are functional, it is possible to employ solutions that are so designed that when used to meet the patient's water needs, they supply electrolytes in amounts balanced between the minimum needs and maximum tolerances of the patient. Such therapy permits the body homeostatic mechanisms to retain or reject administered electrolytes in accordance with the body needs. When the patient's body homeostasis is impaired, such simplified therapy can no longer be employed. The physician must then painstakingly "tailor" solutions to meet what he estimates as the patient's requirements.

W. F. KAMMER, M.D., Muncie.

"Electrolytes—Their Influence on the Electrocardiogram."

Abstract: The electrocardiogram is at times influenced by alterations in the body's electrolyte content. When these influences are not fully understood, the deviations of the electrocardiogram are wrongly attributed to primary cardiac disease. Perhaps, the most frequent alterations are those seen in potassium imbalance.

Lantern slides will be used to demonstrate electrocardiographic changes produced by the more common electrolytic disturbances.

MALCOLM A. HOLLIDAY, M.D., Indianapolis.

"Some Concepts Guiding Parenteral Fluid Therapy in Infants with Especial Reference to Normal Requirements."

Abstract: Parenteral fluid therapy may be classified into three categories in determining the basis for need, i.e., maintenance of normal intake requirements, the repair of deficits and the replacement of continuing abnormal losses.

Maintenance of normal requirements is of especial importance in infants where failure to provide it can more rapidly lead to serious deficits. Factors determining maintenance requirements of water, calories and electrolytes will be discussed briefly.

Examples of deficits and abnormal losses will be cited to illustrate the concepts guiding replacement therapy.

BILL L. MARTZ, M.D., Indianapolis.

"Electrolyte Imbalances in Diabetic Acidosis."

Abstract: In the therapy of diabetic acidosis, the early administration of adequate amounts of insulin must be accompanied by well planned administration of fluid and electrolytes. The latter therapy has three therapeutic goals: 1) restoration of adequate circulatory volume with a solution resembling extracellular fluid; 2) provision of adequate extracellular base (sodium) and fluid to correct acidosis; and 3) the correction of intracellular deficits of water and potassium.

(4) THE MANAGEMENT OF HYPERTENSION—South Foyer, Convention Hall.

Film from Wyeth Laboratories, Philadelphia.

Tuesday Noon October 18

12:00 Luncheon meeting of Indiana Association of Pathologists, Demon's Den.

12:00 Luncheon, State Trauma Committee, Indiana Chapter, American College of Surgeons, Radio Room, Mezzanine Floor.

12:00 Luncheon meeting of Editorial Board, Room 143, Main Floor.

12:00 Luncheon meeting of members of State and County Tuberculosis Committees, Blue Room. Indiana Chapter of American College of Chest Physicians participating.

Business meeting.

Speaker: J. VINCENT SHERWOOD, M.D., Fort Wayne.

Subject: *"A Large Series of Pulmonary Function Studies at Irene Byron Sanitorium."*

Abstract: Some observations on simple pulmonary function tests. Tests as recommended by F. C. Warring Jr., Shelton, Conn. Some one hundred tests, over a two year period have proved of value. We feel we are better able to estimate the operability of patients, by adding these tests to our presurgical examinations.

X-ray Symposium. Members are invited to bring interesting films for discussion.

GENERAL MEETING

(Main Convention Hall)

2:00 Call to order by Walter L. Portteus, M.D., Franklin, president, Indiana State Medical Association.

2:00 TRAFFIC ACCIDENTS

"How They Are Killed and Injured."

SERGEANT ELMER PAUL, Indiana State Police, Indianapolis.

Abstract: A narration with slides depicting the objective of Auto Crash Injury Research, i.e., a study of vehicular occupant injury and its related cause. Slides show the interior of the vehicle after impact, namely the collapse of structure and other conditions that cause occupant injury.

JOHN O. MOORE, Director, Indiana-Cornell Automotive Crash Injury Research, Cornell University Medical College, New York.

Abstract: America is a civilization of motion. The common denominator of all of our people is the passenger automobile. It is also the very heart of our economy.

This civilization has, like civilizations of the past, brought with it certain medical problems which are the by-products of our high development of economic and social benefits. The by-product to be discussed in this paper is the trauma produced by accidents in passenger automobiles.

Crash Injury Research is an approach to identifying the correlations between the damage sustained by the structure of a vehicle in an accident and the production of injury. The accomplishments of this aim can be obtained only through the team approach that has been characteristic of the medical profession's attack on great epidemic diseases of past civilizations.

Documented evidence indicates that biological tissue is capable of withstanding severely high force loads for short periods of time if the force can be distributed and the rate of onset of that force is within very definitely established limits. Analyses of accidental falls and suicide jumps, as well as mass data gathering systems of the military services' aviation arms, has substantiated the hypothesis that engineers can create energy absorbing designs.

The medical contribution to this program of controlling and reducing both the frequencies of injury as well as the severity of the million and a half annual victims, is presented in this paper.

Results of the program have identified the parts of the passenger car which are most frequently producing injury and has substantiated the areas of the body which are most frequently injured. A method employing the sampling of statistical technique has been employed in eight states to obtain results which the major car manufacturers are now beginning to use in the redesigning of the passenger compartments of American automobiles.

3:00 Time allowed to view exhibits.

3:30 to 5:00 TRAFFIC ACCIDENTS—THEIR TREATMENT

"Neurological Aspects" — ROBERT E. SLEMMER, M.D., Cincinnati.

Abstract: Brain, spinal cord and peripheral nerve injuries are frequent findings in traffic accidents.

The types of injury to the nervous system will be discussed from the standpoint of diagnosis and management.

Emphasis will be placed upon general principles, as well as the indications for operative treatment.

"Maxofacial Injuries" — CLAIRE L. STRAITH, M.D., Detroit.

Abstract: Maxofacial injuries still represent one of the most frequent complications of our rapidly increasing accident toll. Unfortunately, too, it is the phase of the accident surgery that leaves the most conspicuous deformities, and therefore, economically has great importance because the conspicuous facial scars and deformities left following automobile injuries, may change the entire aspect of the victim's future social and business prospects.

The application then, of the principles of plastic surgery in the care of accidental wounds by the first surgeon who sees this patient, is of great importance. The use of heavy needles, heavy sutures, and the neglect of the correction of depressed facial bones, all lead to increased deformities and therefore, are of ever increasing importance in creating ill will and a bad reputation for the hospitals where such injuries are cared for. Every accidental wound should be treated as a major procedure and given the most meticulous care.

"General Surgery"—RICHARD W. ZOLLINGER, M.D., Columbus, Ohio.

Abstract: Traffic accidents are one of the most frequent causes of death. A survey was made of 9,059 emergency room visits to Mt. Carmel Hospital, Columbus, Ohio. Traffic injuries accounted for eight percent of the total emergency room visits. The emergency room visits were analyzed as to their time of occurrence, severity and treatment. The importance of the preliminary examination and the principles of resuscitation will be emphasized.

"Orthopedic Injuries"—GEORGE J. GARCEAU, M.D., Indianapolis.

Tuesday Evening
October 18

7:00 President's Night, main dining room.

8:15 Address, WALTER L. PORTTEUS, M.D., Franklin, President.

8:30 Entertainment.



Roger (The Laugh) Ray



Fred Lowery and Catharine Toomay



Al Verdi and Delores



The Viceroys



Clarence Slyter

PRESIDENT'S NIGHT ENTERTAINMENT

☆ ROGER (The Laugh) RAY—Mr. Mirth Himself—direct from the Palladium. He'll be master of ceremonies for the evening.

☆ AL VERDI and DELORES—One of the nation's outstanding comedy teams. A ton of laughs. When the MC introduces 300 pound (a short ton) "Little Alvie" there'll be 15 minutes of fun and surprises.

☆ FRED LOWERY — World's Foremost Whistling Virtuoso. Mr. Lowery needs no introduction. He has appeared in pictures, on radio and TV, has been with leading name bands and now has his own New York recording studio. Billed with him is THE LOVELY CATHARINE TOOMAY—Song Stylist Unusual, in the Hildegarde manner.

☆ CLARENCE SLYTER — English Comedy Novelty Pantomine Act, with a Noel Coward touch. "The Millionaire Playboy's Night Out"—perfected artistry clothed in subtle humor.

☆ THE VICEROYS — Three Personable Young Singers. Each a soloist in his own right, they present an interval of solo and ensemble singing ranging from opera and musical comedy favorites to this week's hits.

In the Main Dining Room

French Lick Sheraton

Wednesday Morning October 19

7:30 Final meeting of House of Delegates, west dining room. (Breakfast meeting.)

Council meeting immediately following adjournment of House of Delegates, Blue Room.

7:30 Breakfast meeting of Committee on Industrial Health, Blue Room.

8:00 Registration continues, mezzanine floor.

8:00 Technical exhibit, lobby, main floor, and mezzanine floor.

8:00 Scientific exhibit, foyer, convention hall.

8:30 to 10:30 Instructional courses.

ROUND TABLES:

10:30 to 12:00

(1) MODERN DAY BURNS—THEIR TREATMENT—Main Convention Hall.

Moderator: HAROLD M. TRUSLER, M.D., Indianapolis.

Abstract: The problem of severe burns has always been a subject of major importance to physicians. In this modern day there is an ever increasing hazard due to wide spread use of corrosive chemicals and explosive fuels. Furthermore, there is the menacing possibility of atomic warfare with the awful problem of mass casualty.

It is our purpose to review these problems in practical terms as to what is the best treatment for the burned patient. As a guide to therapy we refer to the following important causes of death:

1. Asphyxia
2. Burn shock.
3. Burn intoxication (bacterial toxemia)
4. Pneumonitis.
5. Renal failure.
6. Sepsis.
7. Malnutrition.
8. Miscellaneous complications.

Obviously these factors will vary with the size, depth and location of the burn. In any severe burn there is the first consideration—saving life and healing the wound by skin grafting when indicated. When the burn is healed there remains the important question of rehabilitation and repair of the deformity.

The burn problem is simple in principle; but the cure may require the utmost in medical and surgical skill.

CLAIRE L. STRAITH, M.D., Detroit.

Abstract: In spite of all the excellent immediate treatment of burns that may be done, there are often conspicuous scar deformities left to humiliate and incapacitate the victims.

Everything one can do then, to relieve these conspicuous scars and deformities, seems to be well worthwhile.

Ectropions about the eyelids for instance, can be corrected with small skin grafts from the upper lid or behind the ears. Wide facial scars can often be eliminated by multiple excisions, leaving only a much less conspicuous line of scar. Eyesockets can be restored by skin grafts; eyebrows replaced by hair bearing grafts. Constricting bands about the axilla, arms and elbows and hands, can often be relieved by Z-plastics or free skin grafts.

By persistent and repeated operations the lives of these victims can be made much more comfortable and their social and business possibilities greatly enhanced.

ALLAN K. HARCOURT, M.D., Indianapolis.

Abstract: A discussion of the subject, "Treat burns as you would any other surgical lesion; clean them and protect them from contamination."

(2) MEDICAL TREATMENT — INDUSTRIAL CASES—North Foyer, Convention Hall.

Moderator: E. S. JONES, M.D., Hammond.

Abstract: The medical treatment of industrial cases, of course, covers a multitude of industrial sins—everything from boils to the most severe types of fractures and burns. Medical treatment of industrial cases is carried out by the general practitioner as well as the full-time doctor in industry; in fact, most of the work in industrial medicine is done by the general practitioner. Truly speaking, there is no doctor who does not do some industrial work, even though it is just sewing up fingers cut at home or treating a fracture, from a fall on the ice; the treatment is the same whether the accident happens at home or in the plant.

LOUIS W. SPOLYAR, M.D., Indianapolis.

"Aluminum Therapy of Silicosis"

Abstract: Narrative summary of the experimental work being done by the McIntyre Research Foundation in the area of using aluminum powder for the prophylaxis and treatment of silicosis. By inhaling aluminum dust, silica dust particles are coated by an impervious layer of a complex alumina compound, thereby preventing the silica from going into solution and thus preventing the formation of silicic acid. If silicic acid is formed it acts as a chemical irritant and calls forth an encapsulating fibrous reaction seen radiologically as a silicotic nodule.

JAMES D. PEIRCE, M.D., Indianapolis.

"Emotional Problems in Industry"

Abstract: An approach to the handling of one industry's emotional problems by the industrial medicine department and a co-operative management is presented. The experience, a method of tabulation, and only a few phases of this multifaceted problem are discussed.

Emphasis is placed on the contribution that the nonpsychiatrically trained industrial physician can make with an effective organization possessing a proper awareness of the problem. Personal emotional problems of employees, their possible categorization for personnel understanding, and disposition are discussed.

It would appear that there is great hope for the employee with an emotionally induced illness, providing there is proper understanding, a sensitive in-plant medical program, and realistic medical insurance coverage which embraces the needs of those with emotional illness.

RICHARD C. SWAN, M.D., Anderson.

"Recent Trends in Treatment of Common Painful Conditions of the Hand and Wrist"

Abstract: My subject concerns the present day treatment of two common painful conditions of the wrist and forearm, i. e., ganglion and radial humeral bursitis or epicondylitis, seen every day in the practice of industrial medicine. Treatment in the past consisted of heat in all forms, limitation of motion, work restrictions, deep x-ray therapy, splints and occasionally surgery. Problems annoying to the employer have been the amount of time spent away from the job in treatment, the necessity of providing limited work over long periods of time and finally the fact that several of these cases end in a claim for permanent partial impairment. In the past two years, several authors have indicated that both conditions might be treated by the injection of small doses of hydrocortisone. Recently we have begun the use of this hormone as advocated in these articles. We have found almost immediate relief from the severe pain associated with these conditions following the first injection and the slight residual soreness, which is usually present after injection, subsides within a few days. As a result of this treatment, only one or two visits to the dispensary is required, the necessity for limited work has been practically eliminated and we have yet to find a case that has residual impairment.

Mention is also made of the use of ultrasonic vibrations in the treatment of radio-humeral bursitis. Doses of 1 to 1½ watts per sq/cm using a moving applicator have been applied for 6 to 10 minutes daily. Immediate relief of the acute symptoms has been obtained but our experience in a few cases tried has been that pain recurs in a few hours but usually disappears completely following several treatments.

(3) COLLAGEN DISEASES—Hunt Room, Mezzanine Floor.

Moderator: JOHN G. RUKAVINA, M.D., University of Michigan Medical School, Ann Arbor.

Abstract: The collagen diseases by virtue of their involvement of the little known and ubiquitous connective tissue ground substance continue to occupy the preeminent position of little understood processes. The clinico-pathological facets have been adequately defined; however, much remains to be done in areas of etiology, pathophysiology and therapeutic applications. It is to be hoped the panelists will reemphasive the justification of morphological grouping of these diseases, that they will touch upon the recent advances in the biochemical study of this problem, and that they will briefly outline recent advances in treatment modalities.

"Lupus Erythematosus and Scleroderma."—LAWRENCE G. BEINHAUER, M.D., Pittsburgh. (Brayton Foundation speaker.)

Abstract: A brief discussion of the term collagen disease will be presented in reference to the group presented in this panel.

The various types of scleroderma; namely, the diffuse (generalized), localized (morphea), acrosclerosis and morphea guttata (white spot disease) will be discussed.

Lupus erythematosus will be similarly presented with discussion of each type; chronic localized (discoid), chronic disseminate or generalized discoid, subacute acute disseminate and acute (systemic) lupus erythematosus. The histological features of these diseases will be discussed. A lantern slide demonstration of the various types will be included.

"Rheumatic Fever."—A. D. DENNISON, JR., M.D., Indianapolis.

Abstract: Problems in the diagnosis of rheumatic fever will be discussed, outlining major and minor manifestations. Interpretations of relatively new laboratory procedures such as the C reactive protein and the antistreptolysin titer, will be presented. Finally, the controversial aspects of steroid versus salicylate therapy will be touched upon.

"Periarteritis Nodosa and Dermatomyositis."—DAVID ROSENBAUM, M.D., VA Hospital, Indianapolis.

Abstract: Description will be given of the clinical and pathologic pictures in these diseases. Reference will be made to modification of these pictures by modern therapy. There will be some discussion of the interrelationship of the collagen diseases as this pertains to periarteritis nodosa and dermatamyositis.

(4) RADIO ISOTOPES—THEIR USE—Radio Room, Mezzanine Floor.

Moderator: JOHN A. CAMPBELL, M.D., Indianapolis.

The Round Table will present an informal discussion by the panelists of their experiences with the clinical usefulness and limitations of Radioisotopes in the following fields:

1.) Radioactive Iodine (I-131) in Diagnosis and Treatment of Hyperthyroidism.

2.) Radioactive Iodine (I-131) Therapy of Thyroid Neoplasms.

3.) Radioactive Phosphorous (P-32) in Hemotological Disorders.

4.) Radioactive Iodine (I-131) and Radioactive Phosphorous (P-32) in Brain Tumor Localization.

5.) Intracavitary Gold (AU-198) Therapy of Malignant Effusions.

6.) Interstitial Gold (AU-198) Therapy of Neoplastic Disease.

7.) Cobalt-60 Therapy of Malignant Neoplasms.

8.) Isotope Laboratory Methods.

9.) Management of Radiation Hazards.

10.) Future of Radioisotopes in Medicine.

Time will be allowed for a question and answer period between panelists and audience.

Panel:

DAVID C. GASTINEAU, M.D., Indianapolis.

C. PAUL HODGKINSON, M.D., Detroit.

STEPHEN L. JOHNSON, M.D., Evansville.

J. G. LORMAN, M.D., Fort Wayne.

Wednesday Noon October 19

12:00 Luncheon meeting of Class of 1935, Indiana University School of Medicine, Demon's Den.

12:00 Phi Beta Pi luncheon, Monon Room

12:00 Luncheon meeting of examiners for Civil Aeronautics Association and members of Aero Medical Association, Blue Room.

12:00 Indiana Society of Anesthesiology luncheon meeting, west dining room.

12:15 Phi Chi luncheon, Round Room

1:00 Luncheon meeting of Section on Obstetrics and Gynecology, Hunt Room, Mezzanine Floor.

Wednesday Afternoon October 19

SECTION MEETINGS

SURGERY

(North Foyer, Convention Hall)

Chairman, Truman E. Caylor, M.D., Bluffton

GERIATRIC SURGERY

2:00 *"Pre-operative Medical Evaluation of the Older Surgical Patient."*

RALPH U. LESER, M.D., Indianapolis.

Abstract: Evaluation of the older patient as a surgical risk depends largely upon the results of thorough history and physical examination. Fundamentals are to be stressed rather than complicated tests, although roentgenography and laboratory testing have their roles. Exercise tests are of paramount importance in appraising the state of the heart, providing a means of testing function and furnishing a preview of the heart's ability to cope with the increased demands which are to be placed upon it.

2:15 *"Anesthesia for the Aged."*

GRIFFITH MARR, M.D., Columbus.

Abstract: Increasing importance of the problem. The more common and more important differences between the average patient and the geriatic patient from the anesthetist's point of view. History and physical, with emphasis on history. Premedication. Choice of method. Preparation of patient. Digitalis. Blood volume. Technical considerations. Complications. Some advantages of old age from the anesthetic standpoint.

2:30 *"Peripherovascular Surgical Problems After Fifty."*

THOMAS C. MOORE, M.D., Muncie

2:45 Fifteen-minute discussion.

3 to 3:30 Intermission to view scientific and technical exhibits.

3:30 *"The Aged, and Gastrointestinal Neoplasms."*

WESTON A. HEINRICH, M.D., Evansville.

Abstract: A discussion of all gastrointestinal neoplasma, and will emphasize the need for radical surgery in the aged as well as in the young age group. In the paper consideration will also be given to palliative operations and the benefits that the patient derives from such surgery.

3:45 *"Fractures in Geriatrics."*

SAM J. DAVIS, M.D., Indianapolis.

Abstract:

1. More elderly people with fractures have been seen in the last few years due to the general rise in life span.
2. Some fractures are more prone to occur in this group than in younger patients.
3. Fractures which occur at all ages demand deviation from the usual treatment when they occur in the aged.
4. Certain complications are found in these patients which do not appear in others. Necessity for teamwork.
5. Functional versus anatomical results; palliative measures; poor risk cases; home care versus hospital care from viewpoint of increasing costs.

4:00 *"Severe Trauma in the Aged."*

RICHARD B. STOUT, M.D., Elkhart.

Abstract: Preoperative evaluation and correction of system deficiencies has increased the safety and broadened the field of radical elective surgery at all ages.

The increased incidence of system deficiencies in the aged patient makes their prompt evaluation and correction of equal importance to the surgical repair of severe trauma.

Effective treatment of shock will stabilize the severely injured patient, converting an emergency into an elective procedure.

4:15 Discussion.

4:30 Election of Section Officers and Business Meeting.

MEDICINE

(South Foyer, Convention Hall)

Chairman, Jack L. Eisaman, M.D., Bluffton

2:00 *"Myasthenia Gravis."*

JOHN F. PHILLIPS, M.D., Bluffton.

Abstract:

A. Brief historical comment.

B. Physiology of myo-neural junction as related to myasthenia.

C. Clinical manifestations, brief, general.

D. The simpler diagnostic tests.

E. Treatment.

F. Closing remarks.

2:20 *"Familial Primary Systemic Amyloidosis: A Clinical, Genetic, and Biochemical Study."*

JOHN G. RUKAVINA, M.D., Ann Arbor.

2:40 *"The Pitfalls in Congestive Failure Management."*

A. D. DENNISON, JR., M.D., Indianapolis.

Abstract: Salutary accepted treatments in the management of congestive heart failure may be two-edged swords. If applied injudiciously or erroneously, unhappy results may occur. The evils of digitalis, bedrest, morphine, oxygen, aminophyllin, ammonium chloride, low sodium diets, mercurial diuretics, resins and other accepted therapeutic agents will be brought out in this talk.

3:00 Election of Section Officers for 1956.

3:05 to 3:30 Intermission to view scientific and technical exhibits.

3:30 to 5:00 Round Table discussion in conjunction with Section on General Practice and Section on Public Health and Preventive Medicine, Main Convention Hall.

OPHTHALMOLOGY AND OTOLARYNGOLOGY

(Radio Room, Mezzanine Floor)

Chairman, Herschel S. Smith, M.D., Bloomington

2:00 SPEECH CLINIC TECHNIQUES

ROBERT L. MILISEN, Ph.D., Director, Remedial Speech and Hearing Clinic, Indiana University, Bloomington, Indiana.

Abstract: As the speech handicapped patient and his parents become better informed, they can speed recovery. A revolution in speech techniques was necessary to achieve these results and it had to begin with a change in attitude of the Speech Pathologist.

It caused him to divide the techniques into those which can be handled; (1) entirely by the therapist, (2) jointly by the therapist and the parent-patient, (3) entirely by the parent-patient with supervision. Success of therapy depends upon efficient parent-patient cooperation. Once achieved, however, results of therapy will be facilitated and made more permanent.

3 to 3:30 Intermission to view scientific and technical exhibits.

Films on Ophthalmology.

4:30 Election of Section Officers for 1956.

ANESTHESIOLOGY

(Demon's Den)

Chairman, Emory D. Hamilton, M.D., Fort Wayne

2:00 BRANT B. SANKEY, M.D., Cleveland, Ohio.

"ANESTHETIC MANAGEMENT OF PATIENT IN SHOCK"

Abstract: Shock has been defined by Harkins as "a progressive oligemic vasoconstrictive anoxia."

He lists the changes occurring in shock as follows: oligemia, diminished blood flow, decreased cardiac output, a fall in arterial pressure, acapnia, decreased muscle tonus, decreased venous pressure, hemo concentration, vasoconstriction, decrease of metabolism, capillary congestion and hyper-potassemia.

Moon defines shock as a disparity between the circulating blood volume and the capacity of the vascular bed. Delay in effectual treatment of circulatory depression will most certainly contribute directly to profound physiologic shock.

It cannot be emphasized too strongly that keeping accurate, careful anesthesia records of pulse, blood pressure and respirations is the only sure way that one can keep informed of the effect of anesthesia on the circulation.

Broadly speaking, shock during surgery and anesthesia is caused either by the surgeon or the anesthesiologist or a combination of factors contributed by both.

Treatment of depression, embraces the following considerations:—oxygenation, lighter plane of anesthesia (inhalation), get assistance, supportive therapy, cardiotonic drugs, vasopressor drugs and Cortisone.

The anesthetic management of a patient in shock must include an evaluation of probable causes. Treatment should be promptly instituted to restore the circulating blood volume along with measures to improve the ability of the heart to function under the stress imposed by a greatly increased vascular tree.

3 to 3:30 Intermission to view scientific and technical exhibits.

4:30 Election of Section Officers for 1956.

GENERAL PRACTICE

(Main Convention Hall)

Chairman, Frank H. Green, Jr., M.D., Rushville

2:00 Election of Section Officers for 1956 and business meeting.

2:15 Robert E. Slemmer, M.D., Cincinnati

"The Neurologic Examination in General Practice"

Abstract: The importance of a careful history, plus examination in arriving at a neurologic diagnosis will be emphasized. Special procedures, and their indications will be outlined.

3 to 3:30 Intermission to view scientific and technical exhibits.

3:30 to 5 Round Table discussion in conjunction with Section on Medicine and Section on Public Health and Preventive Medicine, Main Convention Hall.

OBSTETRICS AND GYNECOLOGY

(Hunt Room, Mezzanine Floor)

Chairman, Sprague H. Gardiner, M.D., Indianapolis

1:00 Luncheon meeting.

ROUND TABLE DISCUSSIONS:

Moderator: C. PAUL HODGKINSON, M.D., Gynecologist and Obstetrician-in-Chief, Henry Ford Hospital, Detroit, Michigan.

1:30 *"Hypofibrinogenemia and Defects of Coagulation"*

Abstract: In obstetrics, the pathologic mechanism whereby tissue thromboplastin activates the fibrinogen-fibrin conversion process has been recognized as having dual symptomatology. The initial impact causes "obstetric shock" from massive intravascular fibrin embolism. The secondary effect may be hemorrhage of incoagulable blood caused by severe fibrinogen depletion.

Pathologic defibrination results in massive precipitation of insoluble fibrin. The importance of mossive embolization from intravascular coagulation as an important pathologic mechanism is gaining recognition. Obstetric shock and nonhemorrhagic traumatic shock are possibly on this basis. Organ insufficiency from fibrin embolization such as pituitary necrosis, bilateral renal cortical necrosis, and certain forms of cerebral thrombosis have been suggested as being associated with defibrination.

2:30 *"Urinary Stress Incontinence."*

Abstract: Urinary stress incontinence in women is an importunate problem. The etiology and management are poorly understood. The importance of alterations in the urethrovesical relationships as a factor both in etiology and cure is generally recognized. Critical appraisal of variation in urethrovesical relationships in relation to the various operative procedures recommended for relief of this condition will be emphasized in discussion.

3:30 *"Cardiac Surgery in Obstetrics."*

Abstract: Obstetrical rehabilitation by successful cardiac and cardiovascular operations has reopened for consideration the risk to the pregnant patient. Insufficient time and experience have elapsed to predict the cardiac tolerance to the hemodynamic burden of pregnancy in cardiac diseased patients. Discussion will be based upon experience with 22 patients with both congenital and acquired cardiac diseases who became pregnant.

4:30 Election of Section Officers for 1956.

PUBLIC HEALTH AND PREVENTIVE MEDICINE

(Monon Room)

Chairman, Minor Miller, M.D., Evansville

1:30 Meeting of Public Health Officers with Section on Public Health and Preventive Medicine.

2:30 Election of Section Officers for 1956.

3 to 3:30 Intermission to view scientific and technical exhibits.

3:30 to 5 Round Table discussion in conjunction with Section on Medicine and Section on General Practice, Main Convention Hall.

SECTION ROUND TABLE

(Main Convention Hall)

Section on Public Health and Preventive Medicine.

Section on Medicine.

Section on General Practice.

"*Evaluation of Salk Vaccine Trials.*"

CLYDE G. CULBERTSON, M.D., Indianapolis.

NOTE: Dr. Culbertson's discussion and evaluation will be on a current basis at the time of the annual convention. He will base his conclusions on the latest information available immediately prior to the convention.

4:30 Reception for members of Fifty-Year Club, Blue Room.

Chairman: Henry G. Weiss, M.D., Evansville.

Wednesday Evening October 19

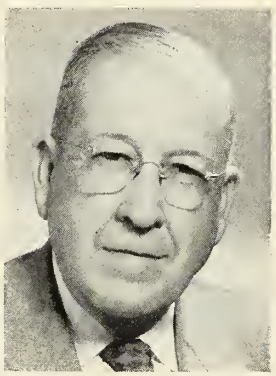
7:00 Annual dinner, main dining room.

Presiding officer, WALTER L. PORTTEUS, M.D., President, Indiana State Medical Association.

Invocation, THE REVEREND E. P. WHITE, Methodist Church, French Lick.

Recognition of Fifty-Year Club members. Award to Physician of the Year.

Speaker: DWIGHT H. MURRAY, M.D., Napa, California, President-elect of the American Medical Association.



Hoosier born and educated Dwight Harrison Murray, M.D. has long been an ardent advocate of private medicine; has systematically fought all trends toward socialization. California Medicine says: "The very attributes that gave him easy rapport with patients were of great value in dealing with legislators. Warm, friendly, gentle, understanding and tireless, Dr. Murray came to be looked upon in legislative circles as the epitome of all the qualities they most admired in physicianship."

Dr. Murray, born in Springville, Indiana, graduated from I. U. School of Medicine in 1917, then entered the Navy. Discharged at Mare Island in 1922 he entered practice in California and climbed to the pinnacle of organized medicine from his first office, president of his county medical society. He has been a member of A.M.A.'s Board of Trustees since 1945.

Presentation of plaque to WALTER L. PORTTEUS, M.D., President 1955, by Walter U. Kennedy, M.D., President, 1956.

WOMEN'S ENTERTAINMENT

Monday, October 17

Monday Morning, October 17

8:00 Registration starts, mezzanine floor.

Monday Evening, October 17

6:30 Dinner, honoring past presidents of the Woman's Auxiliary to the Indiana State Medical Association, west dining room. Mrs. J. Winford Mather, East Gary, President, presiding.

8:30 Entertainment, in conjunction with the Indiana State Medical Association, main dining room.

Tuesday, October 18

Tuesday Morning, October 18

8:00 Registration continues, mezzanine floor.

8:00 Organization breakfast, Woman's Auxiliary to the Indiana State Medical Association, Round Room.

8:00 Golf tournament, Flat Course.

9:30 Board meeting, Woman's Auxiliary to the Indiana State Medical Association, Monon Room.

Tuesday Afternoon, October 18

12:30 Luncheon, Woman's Auxiliary to the Indiana State Medical Association, west dining room.



Speaker: JOHN D. VAN NUYS, M.D., Dean, Indiana University School of Medicine.

7:00 President's night dinner and entertainment, in conjunction with the Indiana State Medical Association, main dining room.

Wednesday, October 19

Wednesday Morning, October 19

8:00 Registration continues, mezzanine floor.

10:30 Panel discussion—Woman's Auxiliary to the Indiana State Medical Association, south foyer.

Wednesday Afternoon, October 19

12:30 Buffet bridge and canasta, west dining room.

7:00 Annual dinner, in conjunction with the Indiana State Medical Association, main dining room.

Scientific Exhibits

Foyer, Convention Hall

John L. Arbogast, M.D., Indianapolis, Chairman
Jack E. Pilcher, M.D., Indianapolis
James W. Crain, M.D., Williamsport
Harold C. Ochsner, M.D., Indianapolis
Franklin B. Peck, M.D., Indianapolis
Fred E. Mills, M.D., Evansville
Ralph C. Eades, M.D., Gary

Exhibit

1. **Indiana Association of Pathologists**

PATHOLOGIC SPECIMENS OF UNUSUAL INTEREST—MOUNTED

This exhibit will consist of mounted pathologic specimens of unusual interest. It is anticipated that some will be in jars and some in plastic. The important pathologic features will be clearly indicated. The specimens will be obtained from the collections of the various hospitals and laboratories throughout Indiana. A member of the Indiana Association of Pathologists will be in attendance and will be prepared to discuss the various specimens.

2. **Paul V. Evans, M.D. and Alvin S. Crawford, M.D.**

MALIGNANCIES OF THE GASTROINTESTINAL TRACT

This exhibit consists of three illuminated cabinets whose front panels are cut to show color transparencies, X-rays and explanatory legends. The subject material is the more common malignancies of the gastrointestinal tract. This is illustrated by color transparencies showing gross and microscopic pictures of recent surgical or autopsy specimens from the Department of Pathology of the Indianapolis General Hospital and by diagnostic X-ray films when available. Accompanying each subject is a short discussion of significant clinical and pathological features.

3. **The Straith Clinic**

PLASTIC AND RECONSTRUCTIVE SURGERY IN TRAUMATIC, CONGENITAL AND ACQUIRED DEFORMITIES

This exhibit will illustrate the method and repair used in facial injuries acquired in automobile accidents and designed to leave a minimal amount of scarring following the injury. The immediate care of crushing facial bone injuries will be considered, as well as the subsequent building up of depressed facial areas. The treatment of numerous congenital deformities such as harelips, cleft palates, lop ears, purple birthmarks, ear reconstructions, correction of nasal deformities, acne and small pox pitting, scar excisions, etc. will be demonstrated.

4. **W. D. Snively, Jr., M.D.**

SYSTEMATIC APPROACH TO FLUID BALANCE

This exhibit presents in a simplified manner the underlying principles of clinical fluid balance. It provides "knowledge pegs" upon which to hang the multitude of details required for a working knowledge. A descriptive system of diagnosis based on suggestions by Moyer is presented. The basic imbalances include deficits and excesses in volume, concentration, composition, and distribution of the extracellular fluid that reflect intracellular changes. Each deficit and excess is described as to its clinical cause, clinical findings, laboratory findings, and therapy principle. A simple analogy clarifies the use of the milliequivalent. The "teeter totter" method of explaining acid-base imbalances. Gains and losses of body fluids are presented pictorially. Electrolyte composition of the several body fluids is charted and compared. The seven major functions of parenteral solutions and the electrolyte content of parenteral solutions as compared to plasma are presented.

5. **John W. Beeler, M.D.**

SMALL BOWEL EXAMINATION IN INTESTINAL ASCARIASIS

Barium examination of the small intestine is extremely valuable in the diagnosis of Ascariasis. This is a series of 64 patients in whom the roentgen examination was diagnostic. The majority of these patients served with the Armed Forces in Korea and a large percentage were repatriated prisoners of war. This study took place at the U. S. Army Hospital, Camp Atterbury, Indiana, and emphasizes the importance of the small bowel examination in Ascariasis.

6. **Indiana Heart Foundation, Inc.**

PREVENTION OF RHEUMATIC FEVER THROUGH CONTROL OF STREPTOCOCCUS INFECTION

The exhibit—Prevention of Rheumatic Fever Through Control of Streptococcus Infection is made of three display illuminated panels. The total measurements 30 x 48". Panel one lists the manifestations of streptococcus infections. Panel two gives the treatment for streptococcus infection to eradicate the disease. The third panel gives the information on preventing streptococcus infection in rheumatic individuals by first eradicating streptococcus and the instituting of continuous prophylaxis. Dosages of penicillin and sulfa drugs are listed.

7. **C. Basil Fausset, M.D. and Duke E. Hanna, M.D.**

COMMON NEUROLOGICAL DISORDERS AND SURGICAL TREATMENT

The Neurosurgical Exhibit will present seven subjects of neurologic interest. On one side of a folder will be a narrative description of the lesion, including symptoms and signs. Opposite this will appear illustrative photographs or artist's sketches of the surgical approach.

Brain tumor, epilepsy, lumbar disc, cervical disc, intracerebral aneurysm, tic doloreux and schizophrenia will be described.

The adjunct diagnostic aids of x-rays, ventriculography, pneumoencaphalography, carotid angiography, electroencephalography and myelography will be shown in relation to pertinent tumors or other lesions.

A limited number of reprints of the above material will be available on the shelves.

8. **Dan B. Kahle, M.D.—Indiana University Medical Center**

THE MANAGEMENT OF SEVERE PRE-ECLAMPSIA AND ECLAMPSIA

The management of severe pre-eclampsia and eclampsia at the Indiana University Medical Center is outlined. Protoveratrine, a purified combination of alkaloid from Veratrum alba, is employed as a vasodilator. The relative merits and role of vasodilator therapy is illustrated. The pathophysiological features of this complication of pregnancy serve as a basis for therapy. Diuresis, fluid and electrolyte balance, ability to control the convulsions, minimal sedation, and adequate supportive care play important roles in the overall management. Careful selection of methods for induction and/or delivery is of equal importance. Graphic illustrations of selected cases complete the exhibit.

9. **The JOURNAL of the Indiana State Medical Association**

The exhibit of The JOURNAL will be a melange of activities and displays. We'll show some technical behind-the-scenes operations. There will be an obvious appeal for material many of our readers want. Editor, associate editors, editorial board members and the office staff will be on hand to receive your suggestions. Stop by The JOURNAL booth—the Welcome mat is out.

10. **Indiana Pharmaceutical Association H. George DeKay, Ph.D.**

HYPERTENSION

The exhibit will be built around the drug Reserpine and will portray the development from the crude drug to the finished product.

11. **H. W. Schmidt, M.D., Mayo Clinic**

ESOPHAGITIS: A COMMON CONDITION FREQUENTLY OVERLOOKED

Esophagitis is a relatively common disorder that is frequently overlooked. It usually occurs in association with conditions that produce or permit regurgitation of gastric contents. Thus, the causes of vomiting may be etiological factors in the production of esophagitis. Incompetence of the sphincteric mechanism at the cardia is also a very important factor. Such cardial incompetence occurs frequently with esophageal hiatus hernia and as a complication of surgical procedures that destroy the cardial mechanism. This exhibit presents (1) typical case reports illustrating various conditions producing esophagitis; (2) pathological specimens, photomicrographs, and esophagoscopic photographs of esophagitis in man; (3) methods for the experimental production of esophagitis and surgical techniques designed to prevent esophagitis; and (4) various methods of treating esophagitis and its complications.

12. **Committee on Civil Defense—I.S.M.A.**

CIVIL DEFENSE FIRST AID STATION UNIT

Complete First Aid Station Kit will be displayed. Available Civil Defense publications will be distributed.

13. **Committee on Medical Education and Hospitals —I.S.M.A.**

MEDICAL EDUCATION AND HOSPITALS

This exhibit presents the activities of the Committee on Medical Education and Hospitals. Composed of: Maurice E. Glock, Fort Wayne, Chairman; James W. Denny, Indianapolis; Wendell E.

Covalt, Muncie; Harry E. Klepinger, Lafayette; William T. Paynter, Pekin; Gordon S. Fessler, Rising Sun. This committee presents the status of the American Medical Education Foundation in regard to Indiana. The exhibit is composed of charts and posters.

14. Bernard L. Brofman, M.D.

MEDICAL EVALUATION OF THE BECK OPERATION FOR CORONARY DISEASE

This exhibit is based upon seventy consecutive patients operated for coronary artery disease at Mount Sinai Hospital of Cleveland, since July, 1952. The Beck I operation (abrasion of epicardium and parietal pericardium, application of asbestos to these surfaces, partial coronary sinus ligation) is the procedure of choice and is now used exclusively. It is demonstrated that this operation can be applied safely and effectively to properly selected patients. In view of the relative ineffectiveness of medical treatment, operation is indicated in a considerable number of patients with coronary disease. It is emphasized that operation is **not** a salvage procedure. Operation can: 1) relieve areas of ischemia responsible for pain; 2) prevent trigger areas which destroy the coordinated mechanism of the heart; 3) maintain myocardial viability. It cannot stop the occlusive process in the coronary arteries nor can it restore dead muscle. Careful selection of patients is necessary. Best results and lowest mortality are achieved by operating early in the course of the disease. The overall mortality is approximately five per cent. All operative deaths occurred in salvage cases. Follow-up statistics demonstrate a significant increase in life expectancy. Approximately eight out of ten have marked relief from heart pain; a similar percentage are able to work full or part time with less limitation.

15. Claude S. Beck, M.D. and David S. Leininger, M.D.

OPERATIONS FOR CORONARY ARTERY DISEASE

The operation consists of abrasion of epicardium and parietal pericardium, application of an inflammatory agent to the surface of the heart, partial ligation of the coronary sinus, and the grafting of fat and pericardium to the surface of the heart. The physiological mechanisms by which this operation is effective are (1) by the establishment of intercoronary arterial channels and (2) by the addition of blood from outside sources. Physiological measurements will be presented as made on dogs. The following subjects will also be presented—(1) Selection of patients, (2) Operative Technique, and (3) Clinical Results (about 200 patients) including risk of operation.

16. Committee on Industrial Health—I.S.M.A.

THE MODERN INDUSTRIAL HEALTH PROGRAM

An exhibit to illustrate the scope of the modern industrial health program.

The primary aids are emphasized, and modern improvements suggested, to delineate what the doctor may see, feel and hear upon his examination.

The exhibit will be maintained with the assistance of the Industrial Nurses Association.

17. Maternal and Child Health-Crippled Children's Committee—I.S.M.A.

MATERNAL AND CHILD HEALTH IS HERE TO STAY

The exhibit will consist of two separate portions. The first will be a five-panel opaque screen which is constructed of shades of white, gray, black, and red. The first panel gives the title "Maternal and Child Health Is Here to Stay" and a quotation pointing out the progress which has taken place in the health of mothers and children. The second, third and fourth panels have raised, colored pictographs illustrating the future upsurge of interest in maternal and child health which must come due to increased birth rates, younger marriages, and similar facts; increasing social problems including more mothers working, the rising divorce rate, and others; and special unsolved health problems of mothers and children including the serious problems of premature birth, numbers of children who still have severe illnesses and similar conditions. The fifth panel will point out how far we still have to go in this field. The second portion of the exhibit will consist of individual charts and pictographs which will relate these same advances and challenges to Indiana. Accompanying the exhibit will be a list of members of the Maternal and Child Health-Crippled Children's Committee.

18. American Association of Blood Banks—Jene R. Bennett, M.D., South Bend

BLOOD COVERAGE IN INDIANA

The development of the Community Blood Bank of Marion County, of the South Bend Medical Foundation Blood Bank, and the national system of clearing houses is explained. Information of handling blood prepayment, exchanges, shipments, and cancellations is available. There is information of community group and labor union plans as they now exist in our Indiana hospitals.

19. Community Blood Bank of Marion County, Inc. —J. L. Arbogast, M.D.

BLOOD COVERAGE IN INDIANA

This exhibit will cover similar subjects to those outlined in Exhibit 18 with particular attention paid to the local problems and facilities.

20. Indiana Association of Medical Technologists.

21. Woman's Auxiliary, I.S.M.A.—Mrs. Otis R. Bowen, chairman, Today's Health Committee.

TODAY'S HEALTH

The exhibit will consist of charts, posters and copies of Today's Health magazine, A.M.A. lay publication.

Reports of Officers

THE EXECUTIVE SECRETARY

The year 1955 has seen no lessening of the activities of your headquarters staff. In fact, conditions have made it such that many activities have been added, and the tempo has been increased greatly in order to keep step with the fast moving conditions of the times.

The operation of your headquarters office has outgrown its rooms and it is hoped additional space will be available in the building after the first of the year. The Executive Committee and the Council have authorized additional space and we are on the waiting list for the first available opening which will suit our needs.

It is interesting to note that just 20 years ago your Association totaled only 2,737 members and only 25 committees were in operation. Today your membership stands at the highest level in its history. The year 1954 closed with 3,905 members. Membership July 16, 1955 surpassed the total 1954 membership. If the present rate of growth is maintained, it appears evident the Association membership will pass the 4,000 mark before many more years. An indication of the usefulness of the organization is that 41 committees are actively functioning, handling Association affairs.

It is interesting to note that 20 years ago the Association was concerned with the matter of the Gross Income Tax. That interest continues to an extent, however today's members are concerned more actively with the Federal Income Tax, Social Security taxes, and a host of others which have been added in the intervening 20 years. You were concerned then with the corporate practice of medicine, an issue which is again coming to the forefront in various sections of our country. And, of course, 20 years ago you were discussing the threat of Socialized Medicine, which today is still a matter of grave concern as we watch attempt after attempt to accomplish total socialization through various and devious means.

Twenty years ago you appointed a special committee to concern itself with the new Social Security program and the spending of Social Security funds. Today we have the same problem as we see constant efforts being made to write socialism into the American Way of Life via the Social Security route.

You were also concerned then with the care of the indigent sick and the welfare program. A special committee was appointed and this House of Delegates recommended, at that time the county societies take the following action: 1) Appoint special Medical Service committees; 2) Hold special meetings and ask speakers from the state agency to appear and explain the welfare program; 3) Use all influence to discredit any physician who renders a dishonest statement under the welfare program; and 4) To make sure that the free choice of physician is maintained.

Today we are still advocating special committees at the county society level for the purpose of advising and reviewing claims filed under the program. We have maintained free choice of physician, but after 20 years we are still faced with some of the problems which your predecessors foresaw. Progress definitely is being made and all signs point to a satisfactory solution to many of our present day problems before another 20 years passes.

The report of the proceedings of the House 20 years ago shows that THE JOURNAL for the year totaled 474 pages of reading material and 318 pages of advertising. During 1954 your JOURNAL carried 1,025 pages of reading and 695 pages of advertising.

I review 20 years ago in the belief you may be interested in some comparisons of the activities of your Association at that time with those of the present.

I shall not go into detail concerning the work of the various committees. They have all prepared reports of their activities for your information. Many of the committees have been very modest in reporting the time and effort expended in handling the work assigned them.

I would like, however, to express my appreciation to the members of all committees, their chairmen, officers and members of the Association for their interest and extreme helpfulness in expediting the affairs of the Association. They have been most diligent and given freely of their time in developing and maintaining many worthwhile programs and activities.

At this time, I also would like to express my appreciation to my fellow employees for their loyalty and efforts in carrying on the responsibilities of the headquarters office. We all join in expressing to the members of the Association our thanks for their trust, and hope that we have carried out satisfactorily the wishes of all who have had occasion to call upon us.

JAMES A. WAGGENER, *Executive Secretary.*

TREASURER'S REPORT

No changes have been made in the investments of the Association during the past year, the total remaining the same as that reported by the auditors in their annual report of December 31, 1954, i.e.:

General Fund	$166,000.00
Medical Defense Fund	19,000.00
	$185,000.00

The bank balances in the General Fund, the Medical Defense Fund, The Journal and the Petty Cash Funds, as of July 15, 1955, are listed in the report of the Auditing Committee.

Following is a detailed report prepared by Geo. S. Olive & Company of Indianapolis, showing the financial status of the association as of December 31, 1954.

ROY V. MYERS, M.D., *Treasurer.*

January 11, 1955.

The Council,
Indiana State Medical Association,
Indianapolis, Indiana.

Gentlemen:

We have examined the accounts and financial records of the Indiana State Medical Association as of December 31, 1954, and the statements of income and expense and fund balances for the year then ended, on a cash receipts and disbursements basis. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statement of assets, all funds and related statements of income and expense, on a cash receipts and disbursements basis, present fairly the position of the Indiana State Medical Association at December 31, 1954, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours very truly,

GEO. S. OLIVE & CO.,
Certified Public Accountants.

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Increase in Assets, All Funds, Year Ended December 31, 1954

TOTAL ASSETS, DECEMBER 31, 1954—exhibit B		**$238,049.02**
TOTAL ASSETS, JANUARY 1, 1954		**216,625.20**
NET INCREASE		**$ 21,423.82**
Arising from the following sources:		
Excess of operating cash receipts over operating cash disbursements, year ended December 31, 1954:		
General fund—Exhibit C:		
Receipts	$156,692.00	
Disbursements	139,883.62	
	16,808.38	
Add: Increase in petty cash	500.00	
		$17,308.38
The Journal of the Indiana State Medical Association — Exhibit D:		
Receipts	53,671.95	
Disbursements	51,354.94	
		2,317.01
Medical Defense fund—exhibit E:		
Receipts	4,917.60	
Disbursements	3,119.17	
		1,798.43
NET INCOME		**$ 21,423.82**

Exhibit B

INDIANA STATE MEDICAL ASSOCIATION
Statement of Assets, All Funds, at December 31, 1954

GENERAL FUND:			
Cash on deposit—Exhibit C		$37,410.74	
Petty cash fund		1,500.00	
Investments:			
U. S. Treasury bonds	$ 65,000.00		
U. S. Savings bonds	101,000.00		
		166,000.00	
Total general fund			$204,910.74
THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION:			
Cash on deposit—exhibit D			6,078.97
MEDICAL DEFENSE FUND:			
Cash on deposit—Exhibit E		8,059.31	
Investments:			
U. S. Treasury bonds	5,000.00		
U. S. Savings bonds	14,000.00		
		19,000.00	
Total Medical Defense fund			27,059.31
TOTAL ASSETS, ALL FUNDS—exhibit A			**$238,049.02**

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION

Comparative Statement of Cash Receipts and Disbursements, Years Ended December 31, 1954, and December 31, 1953

GENERAL FUND

	Year Ended Dec. 31, 1954	Year Ended Dec. 31, 1953	Increase (Decrease)
CASH BALANCE AT BEGINNING OF YEAR	$ 20,602.36	$ 69,449.55	$(48,847.19)
RECEIPTS:			
Membership dues	100,883.00	115,287.00	(14,404.00)
Income from exhibits	20,705.00	10,700.00	10,005.00
Interest income	5,104.00	2,975.05	2,128.95
Instructional courses	513.00	384.00	129.00
Redemption of securities	30,000.00		30,000.00
Total receipts—Exhibit A	157,205.00	129,346.05	27,858.95
BEGINNING BALANCE PLUS CASH RECEIPTS	177,807.36	198,795.60	(20,988.24)
DISBURSEMENTS:			
Transfer of applicable portion of dues to The Journal of the Indiana State Medical Association—Exhibit D	11,370.00	11,199.00	171.00
Medical Defense Fund—Exhibit E	4,450.00	4,387.50	62.50
Purchase of securities	30,000.00	90,000.00	(60,000.00)
Premium on purchase of securities		196.76	(196.76)
Headquarters office expense	46,165.76	35,722.53	10,443.23
Publicity Committee	693.58	779.35	(85.77)
Public policy	802.97	4,145.39	(3,342.42)
Council	1,717.47	1,544.18	173.29
Officers	4,196.55	2,961.02	1,235.53
Annual session	16,834.23	10,426.49	6,407.74
Standing committees	21,991.85	5,380.54	16,611.31
Special committees	909.51	3,190.00	(2,280.49)
Federal insurance contributions tax	380.86	273.39	107.47
Indiana employment compensation and excise tax	64.17	64.01	.16
Fifty-year Club	330.07	422.55	(92.48)
Women's Auxiliary to I.S.M.A.	10.10		10.10
Six-state conference	(22.00)		(22.00)
General practitioner award	1.50	1,218.00	(1,216.50)
Anti-National Health Insurance Committee		5,985.53	(5,985.53)
Increase in petty cash fund	500.00		500.00
Interim session		297.00	(297.00)
Total disbursements—Exhibit A	140,396.62	178,193.24	(37,796.62)
CASH BALANCE AT END OF YEAR	$37,410.74	$20,602.36	$16,808.38

Exhibit D

INDIANA STATE MEDICAL ASSOCIATION

Statement of Cash Receipts and Disbursements, Year Ended December 31, 1954

THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

BALANCE, JANUARY 1, 1954		$ 3,761.96
RECEIPTS:		
Subscriptions—members—Exhibit C	$11,370.00	
Subscriptions—non-members	349.00	
Advertising	35,995.71	
Collections on accounts receivable	441.53	
Single copy sales	242.75	
Electrotypes	60.54	
Sale of reprints	5,212.42	
Total receipts—Exhibit A		53,671.95
		$57,433.91
DISBURSEMENTS:		
Salaries	$ 9,345.00	
Printing	32,444.22	
Office expense	610.37	
Electrotypes	2,009.62	
Press clippings	272.74	
Rent and electricity	634.71	
Postage	1,033.06	
Telephone and telegraph	263.72	
Federal insurance contributions	186.57	
Indiana employment compensation tax	7.59	
Art work	1,266.18	
Reprints	3,242.76	
Miscellaneous	38.40	
Total disbursements—Exhibit A		51,354.94
BALANCE, DECEMBER 31, 1954—Exhibit B		$ 6,078.97

Exhibit E

INDIANA STATE MEDICAL ASSOCIATION

Statement of Cash Receipts and Disbursements, Year Ended December 31, 1954

MEDICAL DEFENSE FUND

BALANCE, JANUARY 1, 1954		$6,260.88
RECEIPTS:		
Transfer of applicable portion of dues from the General Fund—Exhibit C	$4,450.00	
Interest income	467.60	
Total receipts—Exhibit A		4,917.60
		$11,178.48
DISBURSEMENTS:		
Attorney's fees	$3,090.00	
Travel	29.17	
Total disbursements—Exhibit A		3,119.17
BALANCE, DECEMBER 31, 1954—Exhibit B		$ 8,059.31

1950	1952	1954	1955
Cortone®	Hydrocortone®	'Alflorone'	Deltra®

the delta$_1$ analogue of hydrocortisone

'Hydeltra' tablets

(Prednisolone, Merck)

2.5 mg.-5 mg.

(scored)

'Hydeltra' Indications:

- RHEUMATOID ARTHRITIS
- BRONCHIAL ASTHMA
- INFLAMMATORY SKIN CONDITIONS

'Hydeltra' offers increased clinical effectiveness . . . lowers the incidence of untoward hormonal effects.

'Hydeltra' is supplied as 2.5 mg. and 5 mg. scored tablets in bottles of 30 and 100.

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CHAIRMAN OF THE COUNCIL

The year 1955 has seen no lessening of the work which comes before the Council. Minutes of the Council meetings have been published in full in THE JOURNAL of the Association so that members might at all times have an opportunity to inform themselves of matters which the Council has reviewed and the decisions thereon.

The Council received the report of the George S. Olive Company, certified public accountants, of their audit of the funds of the Association and accepted their report which showed all funds in proper order.

Reports were made to the Council by the Delegates to the AMA and the Chairman of the Public Relations Committee on the AMA Public Relations meeting.

Dr. Maurice E. Glock, chairman of the Committee on Medical Education and Hospitals, reported on the national meeting of Medical Education Foundation state committee chairmen. The Council was informed that physicians of Indiana contributed a total of $49,868.62 during the year 1954 but contributions for the year 1955 were falling well behind those of 1954. The Council approved the establishment of a goal of $50,000 for the year 1955. Doctor Glock pointed out there was much discussion at the national meeting regarding establishment of assessment plans, citing Utah and Illinois as two states which had established this practice. The Council was informed that approximately one-third of the membership of the Association in Indiana was contributing and this seemed to be about the average over the nation except in those states which had adopted an assessment program. Some states felt this was the answer in order that the load could be evenly spread over the entire medical profession. Doctor Glock presented on behalf of his committee a resolution calling for an assessment plan at the AMA level. This, he explained, was the thinking of his committee that if an assessment policy is to be pursued it should encompass the entire profession of the nation and not members of some of the states. The resolution has been referred to the House of Delegates for its consideration.

The Rural Health Committee referred to the Council the question of reverting to their previous style of program by encouraging each county medical society, with the assistance of its auxiliary, to conduct "Health Workshops" on an individual county basis. This was approved.

The Chairman of the Liaison Committee with the Department of Public Welfare came before the Council and stated the Association was in no position to intelligently discuss welfare matters with the State Department as the committee did not have the answers to questions which were sure to arise, and further the committee had no information at hand regarding the situation as it existed in the various counties. The committee requested authority to make a survey of the component societies. This was approved and each Councilor obligated himself to assist in contracting each county society within his district to encourage promptness in completing the questionnaire.

Inasmuch as the President of the Association and the various committees begin their term of office at the close of the annual convention the Council voted that in the future the Council would, at its meeting following the final session of the House of Delegates, elect its chairman for the coming year, and would elect the two members of the Executive Committee. This would place the terms of office of all on the same basis as others in the Association.

The Council had called to its attention that nowhere in the Constitution and By-Laws are the qualifications for membership in the Association spelled out. This was referred to the standing committee on Constitution and By-Laws with the request that a proper definition be prepared and presented to the House of Delegates.

A resolution from the Howard County Medical Society was presented on the welfare situation and following discussion a substitute resolution was adopted as follows:

RESOLVED, That the Indiana State Medical Association hereby goes on record as endorsing the proposal for the publication of amounts paid out by the Welfare Department for all services, so that the public may have full knowledge as to how their tax monies are being spent in carrying out the welfare program.

The Council expressed its thanks to members of the Committee on Public Policy and Legislation for their diligent efforts during the session of the State Legislature. It was noted that of the 49 bills introduced in the House having a bearing upon the practice of medicine only 20 were passed and of the 32 introduced in the Senate only 13 were passed.

The Council endorsed the establishment of an Indiana Chapter of Epilepsy League and urged consolidation of some of the efforts of overlapping voluntary associations. It also approved participation in the Indiana Health Fair and the second annual Junior-Senior Medical Student Day as conducted by the Committee on Rural Health.

Also approved was the sending of the President and co-chairmen of the Committee on Public Policy and Legislation to Washington, D. C., to meet with the Indiana Congressional delegation and discuss legislative proposals coming before the Congress. Following the report of this meeting the Council went on record as favoring an annual meeting to be held in Washington with the Indiana members of Congress for a discussion of legislative issues and further recommends that personal physicians of Indiana Congressmen, as well as others, participate in such a meeting.

The growth of the activities of the Association were called to the attention of the Council on many occasions as various committee chairmen appeared

before the Council for a discussion of their programs. It is noted with interest the great growth in the use of the tape recorded library, the physician placement program and many other activities of our Association.

The Council has also noted the loyalty and length of service given by the personnel of the headquarters office. It has also noted that no provision has been made in the past for a retirement plan for these people who serve us day in and day out through the years. Therefore, we have instituted a committee for the purpose of studying retirement plans with the thought in mind that some acceptable plan should be adopted by the Association for their employees.

The Council has referred to the House of Delegates a resolution which was presented to it requesting that a Section on Aero Medicine be established in the Association.

As Chairman of the Council I wish to thank all members of the Council and of the Association for their diligent efforts and interest in the activities of the Association. The Officers and Councilors have been most active and most helpful in conducting the business of the Council.

KENNETH L. OLSON, M.D., *Chairman*

Reports From District Councilors

FIRST COUNCILOR DISTRICT

Medical affairs in the First District have progressed smoothly during the year. There will be a district meeting at Princeton, Indiana, September 15, 1955, at the Princeton Country Club. The formal program will be in the hands of the state officers and an opportunity given for them to acquaint us with problems and contemplated plans for future action at the state level. Postgraduate Assemblies are held each year under the auspices of the Vanderburgh County Medical Society, which are well attended by physicians throughout the First District. I think we can say that medical affairs have been well handled by the District officers during the year.

MINOR MILLER, M.D., *Councilor.*

SECOND COUNCILOR DISTRICT

The Second District has been very fortunate to have several new physicians start practicing in this area.

There has been much activity on the part of the hospitals to review their standards of operations and activity, and on the part of the staffs of these hospitals to set up definite qualifications for membership.

The Second District had their spring meeting at the Vincennes Country Club on May 26, 1955. There was golfing in the morning and a fine scientific meeting in the afternoon. Dr. A. D. Dennison, Indianapolis, spoke on "Treatment of Intractable Heart Failure", Dr. Charles F. Gillespie, Indianapolis, spoke on "Fibroid Tumors", and Dr. Bart Corsentino, Vincennes, spoke on "Flat Plate Films of the Abdomen". All three speakers presented their subjects well and the program was greatly enjoyed.

At 6:30 p.m. there was a dinner meeting at which Dr. Walter L. Portteus, President of the State Association, was the speaker. He explained in an excellent manner many problems concerning the State Medical Association.

JAMES HARVEY CROWDER, M.D.
Councilor

THIRD COUNCILOR DISTRICT

Our Annual District Meeting was held at New Albany, Indiana, on May 25, 1955. We had a good turnout of doctors, in fact, the largest in the history of the District Society.

The President of Indiana State Medical Association, Dr. Walter L. Portteus, gave a stimulating address.

The third district elected a new councilor,—Dr. Keith Hammond of Paoli (he was the unanimous choice), and Dr. John Paris was elected alternate councilor.

The annual meeting will be held at French Lick next year.

WM. H. GARNER, M.D., *Councilor*

FOURTH COUNCILOR DISTRICT

The fifty-first annual meeting of the Fourth District Medical Society was held May 4, 1955, at Batesville.

Many members participated in the golf tournament in the morning at the Hillcrest Country Club. At noon a buffet luncheon was served at the country club, after which the doctors went to the Margaret Mary Hospital for their meetings.

Dr. William C. McConnell, president of the District, was in charge of the meeting. Dr. George S. Row acted as secretary. Dr. Row was re-elected alternate councilor; Dr. J. K. Jackson, Aurora, president of the district for 1956; Dr. W. C. Callaghan, Greensburg, vice-president, and Dr. George Vail, Lawrenceburg, secretary-treasurer. Following the elections, Dr. Leslie M. Baker, Aurora, suggested that Aurora, as host for the 1956 meeting, would like to arrange a boat trip for part of this meeting. This was approved by the delegates.

Following the delegates' meeting, the regular business meeting took place. There was awarding

of golf prizes. Scientific papers were given by Dr. Keith Hammond, Paoli, Dr. Glenn Irwin, Indianapolis, and Dr. W. C. Duffy, Cincinnati. Dr. W. U. Kennedy, president-elect, and Robert Amick, field secretary of the Indiana State Medical Association, spoke briefly. L. E. Converse, Blue-Shield representative, also made a short talk.

The annual business meeting of the Woman's Auxiliary, at which Mrs. William R. Tindall of Shelbyville, president-elect of the State Auxiliary, was a guest, was held at 1:30 in the Hillcrest Country Club. Trips through several Batesville industries, both morning and afternoon, and cards provided the entertainment.

J. E. Dudding, M.D., *Councilor*

FIFTH DISTRICT COUNCILOR REPORT

The Fifth District Medical Society met at the Terre Haute Country Club on Wednesday, June 8, 1955. Dr. Paul Casebeer presided. Parke and Vermillion County members were hosts for the District Society and their wives were hostesses for the District Auxiliary which met concurrently. An interesting and informative scientific session was held in the afternoon with speakers from the medical school. At the business session Dr. Cleon M. Schauwecker, Greencastle, was elected president, Dr. Jack R. Glosson, Clay City, vice president, and Dr. Gilbert D. Rhea, Greencastle, secretary. Dr. Hubert Goodman, Terre Haute, was nominated for recommendation to the Council to succeed himself on the board of directors of Blue Shield.

Dr. Walter U. Kennedy, president-elect, was the guest of honor at the dinner meeting and spoke on the problems of the general practitioner. Mr. Amick, field representative, also spoke briefly. Mr. James R. Benham, editor of the Terre Haute Star, gave an eyewitness report on the A-bomb tests at Yucca Flats.

Putnam County was selected as the meeting place for 1956.

There have been few professional problems that have arisen during the year in any of the counties in this jurisdiction. Some initial opposition to the Salk vaccine program, as originally outlined, was met with but quickly resolved to everyone's satisfaction. Later developments in the administration of the program have justified the caution exhibited.

One disciplinary problem involving charges against a physician was referred to the Board of Censors of the county society involved. Their recommendation and any action yet to be taken by the society will be reported to the Council later.

In general, the condition of the profession in each county of the district is healthy.

M. C. Topping, M.D., *Councilor*

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SIXTH COUNCILOR DISTRICT

Peace, harmony and quiet prevails in the societies of this district. The annual meeting held at Brookville April 21, 1955 was well attended by many representatives of each component county society. In view of the fact that our councilor for the past several years, Dr. Walter U. Kennedy, of New Castle, had been honored by the House of Delegates in October 1954 by his elevation to the position of President-elect 1954-55, the society elected the undersigned, of Wayne-Union County Medical Society, to be councilor and to serve until December 31, 1958. Dr. William R. Tindall, of the Shelby County Medical Society, was elected to serve out the unexpired term of alternate councilor, that is until December 31, 1957. In addition to our district being honored with a member as President of the Indiana State Medical Association for the year 1955-56 we note with pride that Dr. Frank Green, a member of the Rush County Medical Society, will be serving as President of the Indiana Academy of General Practice for 1955-56 and that Dr. William R. Tindall of Shelby County is a Past President of the Indiana Academy of General Practice. The officers elected for the district society for 1955-56 are Dr. William R. Tindall, president; Dr. Charles E. Sheets of Manilla, vice-president, and Dr. Herbert N. Smith, of the Fayette-Franklin County Medical Society, whose residence is Brookville, secretary-treasurer.

Each county society in the district is active in the furtherance of postgraduate medical education, improving physician-patient relationships, improving hospital standards and hospital care of patients of any walk of life, in having regular and well-attended monthly meetings with excellent programs and each individual member continues to practice medicine with due regard for the Oath of Hippocrates and in the tradition of American Medicine with free choice of physician and with a reaffirmation at the district meeting this year by proper resolution of total antipathy for compulsory methods or resolutions or assessments for medical practitioners in whatever form such compulsions may be presented.

Most respectfully and humbly submitted for the approval of the House of Delegates in convention assembled at French Lick, Indiana, October 1955.

HARRY PLUMMER ROSS, M.D., *Councilor*

SEVENTH COUNCILOR DISTRICT

The fall meeting, held in Indianapolis, September 25, 1954, and sponsored by J. B. Roerig Company of Chicago, had an attendance of more than 500 physicians and their wives, the largest meeting in the history of the district society.

The spring meeting was held on May 17, 1955 at the White Cross Guild, Indianapolis. Dr. Allen Whipple of Princeton University was the guest speaker. Officers were elected as follows: Dr. Maurice G. Murphy, Morgantown, president; Dr. Joseph F. Ferrara, Franklin, president-elect, and Dr. T. V. Petranoff, Indianapolis, secretary. Dr. Charles A. Jones, Franklin, was elected alternate councilor.

Presidents of all county societies in the district were contacted and urged to send telegrams to their congressmen regarding opposition to the Doctor-Draft Law.

Cornerstone of the new Community Hospital in Indianapolis was laid July 24, 1955.

The Indianapolis Medical Society participated in the Health Fair at the Indiana State Fairgrounds in Indianapolis, April 28, 29, 30, and May 1. The attendance was 10,000.

Your councilor has attended all meetings, and the alternate councilor has attended two meetings.

The next district meeting will be held October 5, 1955 at Indianapolis. In the afternoon, we will be guests of Eli Lilly and Company and tour their plant. There will be a business meeting at 5:00 p.m. at the Indianapolis Athletic Club. Following the business meeting there will be a cocktail hour and dinner dance, as guests of Eli Lilly and Company. All members of the district and their wives, all councilors and their wives, and all state officers and their wives are cordially invited.

LESTER D. BIBLER, M.D. *Councilor*

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EIGHTH COUNCILOR DISTRICT

During the year each medical society was visited by the Councilor, and the report of the previous Council meeting was made in each instance. Problems of the particular society were discussed, and subject matter to be brought before the Council was requested in some instances.

The individual county groups in the district are in excellent condition, and are working in harmony with the State Association. The district meeting held in Portland, on May 25, was well attended, and the report from the State Association was given by President-elect Kennedy, of New Castle. Dr. E. H. Clauser, Muncie, was re-elected to the board of directors of Blue Shield.

GUY A. OWSLEY, M.D., *Councilor*

NINTH COUNCILOR DISTRICT

Activity of the component county societies during the past year is attested by the frequent reports of their activities in The JOURNAL. At the annual meeting of delegates, two counties were not represented. I earnestly hope during the coming year to be informed of meeting dates, so that some opportunity may be afforded to visit with the various societies.

The annual meeting was held at the Harrison Hills Country Club at Attica on June 1. During the morning a golf tournament was held and a buffet luncheon was served at the Harrison Hills Country Club. During the afternoon, the Auxiliary members played bridge and visited antique shops.

During the afternoon, an excellent scientific program was held. Dr. J. A. Campbell, Professor of Radiology of Indiana University School of Medicine, spoke on "The Clinical Use of Radio-active Isotopes in General Practice." Dr. B. L. Martz, of the Lilly Laboratories for Clinical Research, discussed "The Role of Water and Electrolyte Balance in Commonly Encountered Clinical Problems." Dr. Harlan English of Danville, Illinois gave an excellent discussion entitled, "Some Office Urology".

The meeting of the delegates followed with Dr. J. W. Crain presiding. We were honored by the

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presence of Dr. Walter U. Kennedy, President-elect of the Indiana State Medical Association, who spoke briefly on the Blue Shield program. Mr. Robert Amick, field secretary of the Indiana State Medical Association, also was present.

The invitation of Dr. C. D. Holmes of Frankfort to hold the 1956 meeting in Clinton County was accepted. Dr. R. R. Calvert, Lafayette, was renominated to serve as a director of Blue Shield.

The councilor was re-elected for a period of three years.

The annual banquet was held at Mudlavia Springs Hotel. The speakers were Dr. Frank Green, Jr. of Rushville, president of the Indiana Academy of General Practice, and Dr. J. D. VanNuys, Dean of the Indiana University School of Medicine, who spoke on some of the problems of current medical education.

WEMPLE DODDS, M.D., *Councilor*

TENTH COUNCILOR DISTRICT

The Tenth District held two meetings during the past year. The first was at Whiting, October 14, 1954.

Doctor Ralph Eades of Valparaiso, president, opened the meeting at 4 p.m. with a welcome to the many hospital, fire department, and other lay guests. He introduced the various Indiana Academy of General Practice officers who were presenting a "Road Show" program at this affair. He also introduced representatives of the Wyeth Corporation, Cancer Society, and Heart Association who were the financial sponsors of the program. He then presented Dr. George Thomas, Professor of Anesthesiology, University of Pittsburgh School of Medicine, who presented a practical demonstration of "Fire and Explosion Hazards in Hospitals". Dr. Thomas' presentation, which was punctuated by many explosions, proved to be one of unusually high interest. Mr. Howard Newell of Hammond, owner of the American Oxygen and Ambulance Service, who had provided the various gases used in the demonstration, served as an assistant for Doctor Thomas.

Dr. Don Bowers of Indianapolis, and representative of the Indiana State Cancer Society, showed an excellent color film on "Lymphoma and Leukemia". These were kinescope recordings of earlier Columbia Broadcasting System closed circuit telecasts.

Approximately 60 people attended the afternoon session which adjourned for dinner at 6 p.m. Following the dinner Doctor Eades conducted an election of Tenth District officers, resulting in the election of Dr. Wayne Pippenger of Brook, as president, and Dr. Hugh Williams, Morocco, as secretary.

Doctor Eades then presented for the second time the two speakers of the afternoon, who repeated

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their program, except that the subject of Doctor Bower's film was, "Hormonal and Chemical Treatment of Cancer".

One hundred and ten people attended the evening dinner, including 40 wives who held a separate Auxiliary meeting during the evening program.

The second meeting was held May 18, 1955 at the Hazelton Country Club in Brook. This meeting was the annual Tenth District spring meeting and began at 1:00 p.m. with a golf tournament. Dr. Ernest Beaver, Rensselaer, with a gross score of 70 won the tournament, and Dr. D. Bruce Brown, Gary, won the net prize. A delicious dinner was served to the 60 members present at which the president, Dr. Wayne Pippenger, presided. An election of an alternate delegate to the Indiana State Medical Association was held to fill the vacancy created when Dr. J. Robert Doty left Indiana. Dr. Ralph Eades of Gary was elected to the office.

Following the dinner a film on fishing in South America, in trout streams and deep sea, was shown and the golf prizes were awarded.

J. P. VYE, M.D., *Councilor*

ELEVENTH COUNCILOR DISTRICT

The various county societies of the Eleventh Councilor District have held regular meetings and kept active organizations during the past year. Two district meetings were held, one at the beautiful Mississinewa Country Club at Peru on September 15, 1954, the other at the American Legion Home and the Y.W.C.A. at Kokomo on May 18, 1955.

At the Peru meeting, Dr. C. O. McCormick of Indianapolis spoke on "Obstetrical Problems", and Dr. Richard W. Halfast of Kokomo on "Fractures of the Forearm and Elbow". Walter Bixler, Peru attorney, spoke at the evening meeting on "Change". Officers elected were: President, Dr. Fred Malott of Converse; secretary-treasurer, Dr. Owen Johnson of Peru, and councilor, Dr. Elton R. Clarke of Kokomo, re-elected.

At the Kokomo meeting, Dr. I. W. Wilkens of Indianapolis talked on "Modern Management of the Diabetic Patient", and a panel discussion was held on "Therapeutics and the Newer Drugs". Participants in this panel were Drs. Roy Behnke, Hunter Soper and William Bond from the Department of Medicine of Indiana University School of Medicine. The evening program featured a talk on Riley by Dr. George E. Davis of Purdue University.

The district has an active advisory council to Blue Shield, holding several meetings,—the last one being at the Mississinewa Country Club in Peru the evening of June 22, 1955.

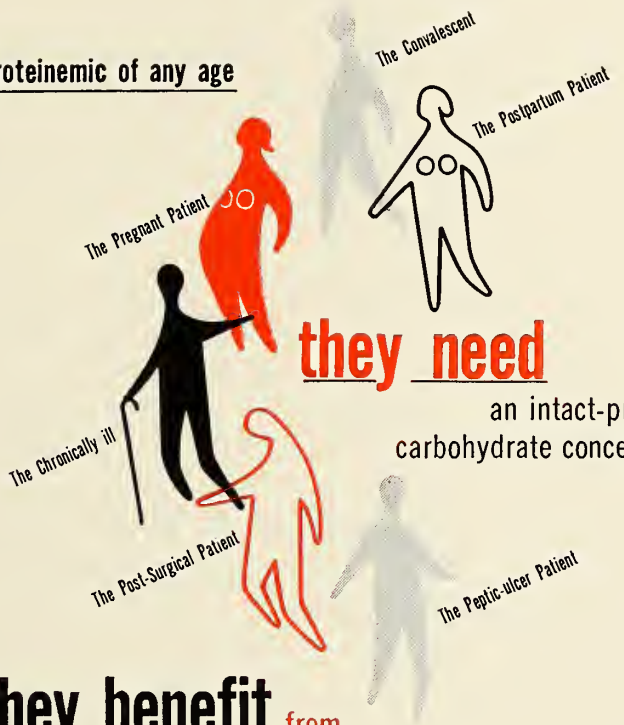
Reports of individual county societies follow:

CARROLL COUNTY—10 members.

Dr. Tom Brown, formerly of Delphi, was recently awarded the Violet H. Keller Award at Hermann General Hospital at Houston, Texas for outstanding



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service as a resident. Dr. Brown is specializing in radiology.

Dr. T. Neal Petry has entered general practice in Delphi, replacing Dr. John Wagoner, who is taking postgraduate work in genito-urinary diseases in Houston, Texas.

CASS COUNTY—37 members, including honorary.

Dr. John T. Ferguson has left the staff of the Logansport State Hospital to complete a residency in psychiatry at Traverse City State Hospital, Michigan.

Dr. Richard L. Glendenning has returned from two years service in the U. S. Army in Japan and Korea and taken over the office of Dr. J. Carl Jones of Logansport, who has entered military service.

Dr. Max Pfuetze, formerly on the staff at the State Hospital, then in military service, is now in general practice in Logansport.

Applications are now being processed for Dr. G. B. Stansell in pathology, and for Dr. R. A. Eckert, formerly of Marion, in radiology, both at Memorial Hospital.

GRANT COUNTY—50 members.

Dr. Ladislas Wojcik has entered practice in Marion.

Dr. Richard E. Lahr, a native of Mishawaka, has entered general practice in Marion.

Dr. Douglas A. Bailey was to enter general practice in the office of Dr. Robert McIlwaine. Dr. Robert McIlwaine and Dr. Eleanor McIlwaine announced their retirement from practice, July 1, 1954.

Three additions were noted to the staff of the Davis Clinic: Dr. Russell A. Eckert, board certified in radiology; Dr. D. Hugh MacNamee, pediatrician, replacing Dr. Robert Schimmelpfennig, and Dr. John D. Pattison from Pittsburgh, in internal medicine, replacing Dr. Bates.

Dr. Robert W. Currie, formerly in private practice in Marion, has established an office in Indianapolis, where he will specialize in diagnostic and therapeutic radiology. He is board certified.

HOWARD COUNTY—45 members.

New members: Dr. Lee M. Cattell, orthopedic surgeon associated in practice with Dr. Richard W. Halfast, Kokomo; Dr. Orville Fosgate, general practice in Russiaville, in the office formerly occupied by Dr. R. M. Evans; and Dr. Jack L. Frazier, associated in general practice with Dr. Philip E. Prather and Dr. Stanley M. Mendelson in Kokomo.

Dr. Marvin N. Golper was re-elected a director of the Indiana Cancer Society.

Dr. D. W. Paris was elected to the board of directors of the Indiana Heart Foundation.

Dr. John H. Alward was one of 15 Indiana surgeons elected to fellowship in the American Col-

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lege of Surgeons at the Clinical Congress held at Atlantic City last fall.

Dr. Tom Wachob, Jr. of Kokomo was elected a diplomate of the American Board of Obstetrics and Gynecology at Chicago in May, 1955.

A new agreement with the County Welfare Board has been negotiated.

A professional survey of hospital needs in the city of Kokomo and surrounding territory has been requested, and plans are underway to accomplish this.

Retired from practice,—Drs. Charles J. Adams, F. N. Murray, L. M. Knepple and J. A. Meiner, all of Kokomo.

HUNTINGTON COUNTY—20 members.

Dr. T. W. Omstead began a three year term as County Health Officer, taking the place of Dr. Thomas James, Jr., resigned.

MIAMI COUNTY—20 members.

Dr. Theodore C. Person moved to Veedersburg from Peru.

Dr. Robert C. Keyes, formerly of Peru, opened an office in Fort Wayne for the practice of pediatrics.

Dr. Parker W. Snyder came to Peru as a resident in the Wabash Valley R.R. Hospital, later left for armed service.

Dr. Lloyd L. Hill, in general practice at Denver.

Retired—Dr. S. S. Frybarger.

WABASH COUNTY—23 members.

Dr. Joe Ebbinghouse, formerly of North Manchester, has enlisted in the Air Force, and is to intern at North Carolina Medical Center at Chapel Hill, N. C.

Dr. Louis R. Salmon has begun general practice in the Wabash Clinic and is to assist Dr. William Dannacher in surgery.

Deaths during the past year:

Robert M. Evans, M.D., Russiaville; James M. Hicks, M.D., Huntington; E. L. Waite, M.D., Peru; Laurence E. Jewett, M.D., Wabash; John A. Little, M.D., Logansport; Walter MacBeth, M.D., Royal Center; and Daniel J. McCarthy, M. D., Marion.

ELTON R. CLARKE, M.D., *Councilor*

TWELFTH COUNCILOR DISTRICT

The Twelfth District Medical Society held its annual meeting at the Elks Club in Kendallville May 18, 1955, with the Noble County Medical Society acting as host. A short business meeting was held at which time the following officers were elected:

President: Jack L. Eisaman, Bluffton
Vice-president: Jules Heritier, Columbia City
Secretary-treasurer: A. N. Ferguson, Fort Wayne
Councilor: Maurice E. Glock, Fort Wayne
Alternate councilor: Otto F. Lehmberg, Columbia City

Mahlon F. Miller was elected as nominee from this district for election to the Board of Directors, Blue Shield, when the term of office of the present incumbent, Maurice E. Glock, expires.

The business meeting was attended by President Walter L. Portteus and James L. Waggener, executive secretary, of the Indiana State Medical Association, and Mr. L. E. Converse of Indiana Blue Shield. Mr. Converse spoke briefly concerning the background, objectives and present policies, and projected policies of Blue Shield, and demands which may be placed in the future for prepaid medical insurance by certain groups. A lively discussion followed concerning the problems faced by the individual physicians in relation to their patients with Blue Shield Coverage.

The third Wednesday in May, 1956 was chosen as the date for the next annual meeting and the site of the meeting was selected as Fort Wayne, with the Allen County Medical Society requested to act as hosts.

Following the business meeting a cocktail hour and delicious dinner were enjoyed by the members, their wives and guests. Dr. Portteus gave an excellent and timely talk on unity in the medical profession, which was well received. Dr. Nicholas P. Dallis, a psychiatrist and creator of the cartoon strip "Rex Morgan, M.D." related the story of his creation of the strip, his attempt to consistently portray his leading character as a good, conscientious, doctor of medicine. He read interesting excerpts from his fan mail which gave an insight concerning the feeling of the public toward the medical profession.

In conjunction with the district meeting, a meeting of the 12th District Blue Shield Advisory Council was held at the Kendallville Country Club May 18, 1955. This was attended by the following



members: Frank Thompson, Whitley County; Harold Zwick, Adams County; Floyd Kantzer, DeKalb County; Jack Eisaman, Wells County; Wallace Bash, Robert Kimbrough, James Lorman, George Manning, Lawrence Mueller, Mahlon Miller, and Milton Popp, Allen County. Also present were Mr. L. E. Converse, Director of Physician Relations of Blue Shield; his guests: Mr. Clem Warn, manager of the Fort Wayne Blue Cross-Blue Shield office, and Mr. Harry Lehman, executive secretary of the Fort Wayne Medical Society; and the Councilor of the District. Mr. Converse gave a resume of the background for the creation of the Advisory Council and welcomed the new members into the group. He discussed the present situation of Blue Shield as to enrollment, financial status, various plans available and projected. Attention was directed to the enrollment campaign to take place in the fall. Special claims were then presented for adjudication by the group.

The following officers were elected to serve the group in the ensuing year: President, Mahlon Miller; Vice-president, Floyd Kantzer; Secretary, Harold Zwick. The next meeting of the Council will be held in six months and the individual counties were requested to be sure that their members actively participate in this important function and attend the meetings, or if unable to attend, that an alternate be designated.

MAURICE E. GLOCK, M.D., *Councilor.*

THIRTEENTH COUNCILOR DISTRICT

The county medical societies of the Thirteenth Medical District have been holding regular business and scientific meetings during the year. Generally the county medical societies have been functioning well and there has been no unusual incident in the district during the year.

The annual meeting of the Thirteenth District Medical Society was held on Wednesday, November 17, 1954, at the Dr. Norman Beatty Memorial Hospital, Westville. The morning program consisted of demonstrations of electric shock and insulin shock treatment by W. R. Van Den Bosch, M.D., the staff physician. There were also specially conducted tours of the maximum security division.

The luncheon meeting was held at the hospital and, since the Woman's Auxiliary of the district held its meeting at the same time as the district meeting, the women were invited to the luncheon. Walter L. Portteus, M.D., President of the Indiana State Medical Association, addressed the doctors and their wives about the affairs of the State Medical Association.

Following the luncheon the doctors held a business meeting and the Auxiliary held its meeting.

A list of the elected officers for the year 1955 is as follows: Hugh A. Miller, M.D., President; John C. Richter, M.D., vice-president; O. E. Wilson, M.D., secretary-treasurer.

G. O. Larson, M.D. was recommended to represent the district on the Blue Shield board. The councilor and alternate councilor were not up for election at this meeting. The councilor term of Kenneth L. Olson, M.D., South Bend, expires December 31, 1956. The alternate councilor term of G. O. Larson, M.D., La Porte, expires December 31, 1955.

Following the business meeting the scientific program consisted of discussion of treatment of psychiatric disorders in mental hospitals. The program consisted of the presentation of cases for background to stimulate discussion. The moderator of the program was Philip B. Reed, M.D., Director of Norways Foundation Hospital, Indianapolis, Indiana.

After the scientific program there were conducted tours of the hospital.

A dinner meeting for doctors and members of the Auxiliary was held. The speaker of the evening was Frederick W. Dershimer, M.D., Director of Psychiatry of the E. I. DuPont Company. His topic was "Emotional Health Problems in Industry".

The next annual meeting of the society will be held in South Bend, November 16, 1955.

KENNETH L. OLSON, M.D., *Councilor*



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G. H. Marquardt, M.D. *Medical Director*

Barclay J. MacGregor *Registrar*

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Report of Committees

EXECUTIVE COMMITTEE

The past year has seen no letdown in activities of the Association. In fact the Association is perhaps more active today than at any time in its past history. While many problems of former years have disappeared, new ones have arisen to take their place. These have been discussed by your committee and an opinion rendered, unless time permitted the matters to be laid over for Council action.

During the year many items have been referred to the Council or to the appropriate committees of the Association for their opinion. Most of these items will be covered either in reports of the committees of the Association or through the Council report.

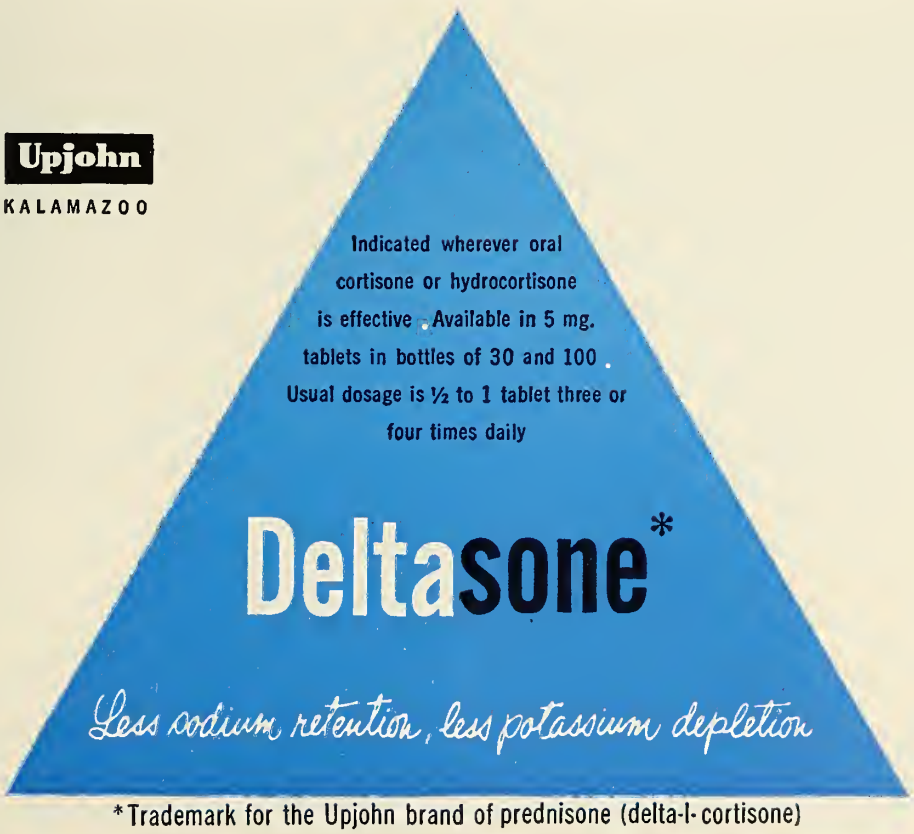
Detailed minutes of the Executive Committee will be made available to the reference committee for its information; consequently this report will not be detailed. There are, however, a few items which we feel should be emphasized through this report.

FIELD SERVICE

The field service of the Association is growing in importance and in usefulness. During the past year the two field secretaries traveled more than 25,000 miles. Calls were made on 97 county society meetings; all district meetings were attended and they participated in 13 meetings for medical assistants. In addition, many physicians were called upon individually, and the field service has represented the Association in planning health conferences throughout the state, has called upon all members of the state legislature before and after the 1955 session and has compiled detailed information of many types which has proven of great benefit to your committee and other committees of the Association. It is hoped this service can be developed even more during the coming year, as comments received from the societies which have had experience with our field representatives indicate this service is very worthwhile in keeping them and their members posted on important matters.

WELFARE LIAISON

The reports last year dealing with physicians and welfare led to perhaps one of the most important matters to come before the committee. A conference was arranged between the committee and the Welfare Director and a full discussion was had of the welfare problem. This conference resulted in a better understanding, we are sure, and one definite



result has been noticed—the physicians have not been attacked since by the Department for their activities in caring for welfare patients.

Results are further evidenced by the fact that our Welfare Liaison Committee has been most active; the executive committee approved a survey of physicians on welfare and results are perhaps the most successful, percentage-wise, of any survey ever made. This material has been most helpful in our liaison work with the Department and has led to many activities on the part of Welfare to correct some of their faults, and we hope the physicians and their societies will put forth every effort to correct some of the faults which exist in the providing of medical service to Welfare recipients. Also, a medical director has been appointed by the Department and a statewide advisory council has been formed, composed of representatives of all agencies who render service under the welfare program. We believe continued good results will be forthcoming as a result of the efforts of the Department and the Association to work together toward increasing the efficiency of the program.

PARTICIPATION IN CONGRESSIONAL ACTIVITY

It is recognized fact that medicine today must concern itself with national legislation and actions of Congress as they relate to the health of our people. The Association was invited by the State Chamber of Commerce to participate in a meeting with the Indiana delegation in Washington last May. The co-chairmen of the legislative committee and the President attended the meeting, which proved most worthwhile. It was found this activity offered an opportunity to meet the Indiana Congressmen on the scene, so to speak, and offered an excellent opportunity to discuss legislative issues of interest to the profession. It was found that our Congressmen also took advantage of the opportunity to ask your representatives many questions concerning proposed legislation, and to learn the attitude of the constituent medical people on these questions.

The executive committee feels this is a most worthwhile endeavor and is of the opinion this Association should seriously consider establishing a program now being carried on by many other state medical societies in which they annually hold a dinner in Washington for members of Congress from their respective states and attempt to have many physicians, especially the family physician of each Congressman, attend. Here the state medical association is able to have a good discussion of legislation concerning the profession and an opportunity to answer all questions which might be in the legislator's mind concerning such legislation. We would recommend that Indiana



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L. A. BUTTERFIELD, Hospital Administrator

T. N. KENDE, M.D., Neuropsychiatric, Medical Director

T. J. SMITH, M.D., Associate

begin such a program, through its standing Committee on Legislation.

LEGISLATION

It has long been the apparent custom of the Association in its legislative policy usually to appear on the defensive side of legislation in our state legislature. We have discussed this with the appropriate committee and with the Council and have urged that the committees and the Association work together to develop sound, constructive legislation, which we could support and which would have a good effect upon the health of our citizens.

HEALTH PROGRAMS

During the past few years lay health organizations and others, perhaps through insistence of certain people in various communities, have at times apparently not concerned themselves too well with the ethics of their programs. It has been urged that component societies take an active interest in these programs and that physicians individually participate in discussions of proposed programs at the local level. The committee adopted the following resolution as the result of a proposal which came to its attention:

> "The Indiana State Medical Association is opposed to any program of diagnosis by lay-sponsored organizations and further is opposed to the use of larger than 70 mm x-ray film for survey purposes."

Your committee asks the House to concur in this action and that each society be advised of this action with the request that they support this position locally in any proposed program in their community.

Further action was taken as follows: "Inasmuch as the law of Indiana requires that school teachers undergo physical examination at least once every three years, and inasmuch as this examination requires x-rays and laboratory work, it is the belief of the Indiana State Medical Association that the use of 70 mm film is not adequate for diagnostic purposes and its use would not comply with the intent of the law."

HONORARY DEGREE FOR DWIGHT H. MURRAY, M.D.

The executive committee would ask the House to concur in making a formal request to Indiana University to confer an honorary degree upon Dwight H. Murray, M.D., President-elect of the American Medical Association. Doctor Murray is a native of Indiana and a graduate of Indiana University School of Medicine, and the first graduate of our school to be awarded this honor. It is befitting therefore that Indiana University recognize this attainment by conferring an honorary degree during its 1956 commencement exercises.

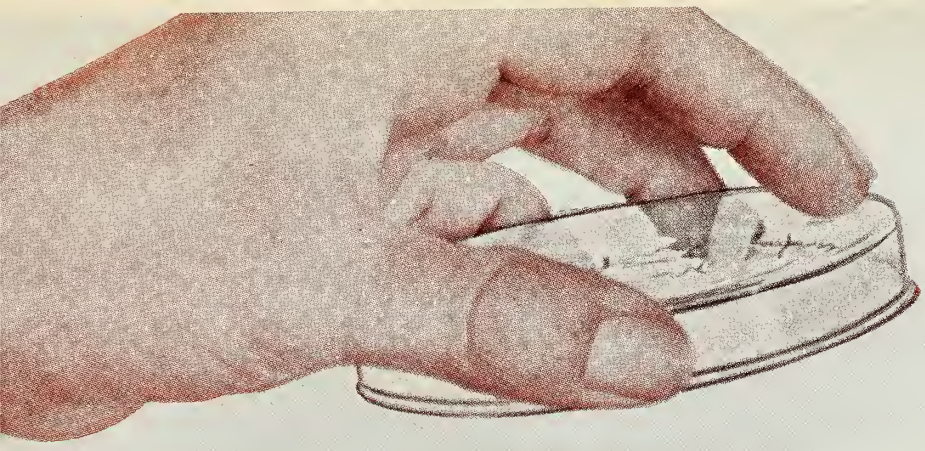
HEADQUARTERS OFFICE

It is hard for many who are not actively affiliated with the operation of our headquarters office to visualize the tremendous growth which has taken place during the past few years. Our headquarters operation is today a bustling activity in carrying out the work of the many committees and looking after the interests of the profession. The recording library is growing in content and its use by our members has more than doubled during the past year. Space is no longer adequate to house the staff and files which are necessary for handling the many activities and member referrals for information. Therefore, your committee has authorized enlargement of floor space, which is supposed to become available shortly after the first of the year. With this additional space the functions of the headquarters office will be made more efficient, and ample space, for the time being at least, will be had for the handling of the tremendous amount of reference material which is used by our membership.

MEMBERSHIP REPORT

Listed here is a detailed report of membership of the Association. It is called to your attention that the Association has shown a healthy growth in membership and that more members are also joining the American Medical Association. The first







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This blood agar plate shows a strain of *beta* hemolytic enterococcus. Note extreme sensitivity of this organism to ERYTHROCIN—yet it easily resists the other antibiotics. Additional data: A study[1] involving 202 enterococcic strains showed sensitivity to erythromycin in 99.4% of *alpha* hemolytic strains and 94.3% of *beta* hemolytic strains.

specific against coccic infections

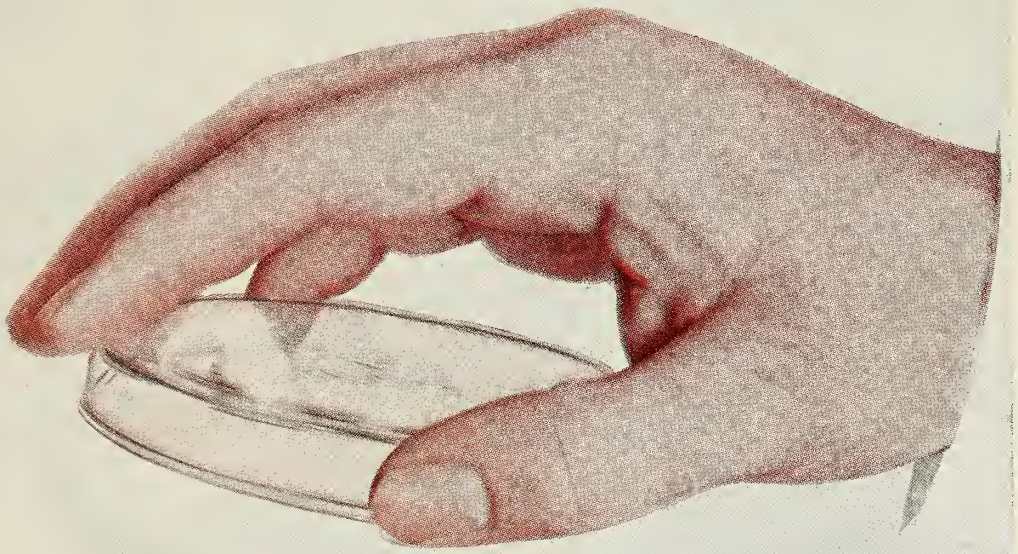
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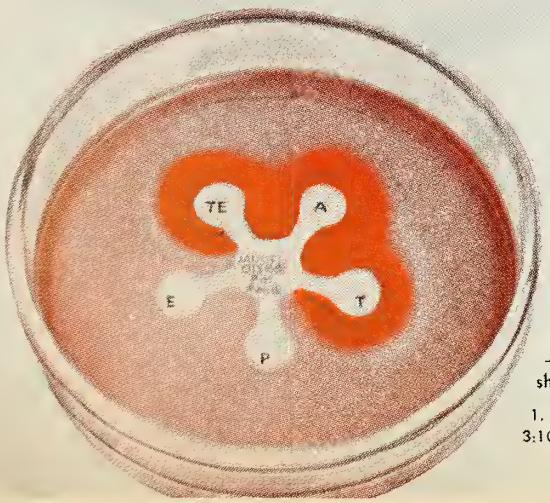
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1. Eisenberg, et al., Antib. & Chemo., 3:1026-1028, Oct., 1953.

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column of the report indicates total membership of each component county society as of December 31, 1954. The second column gives the membership as of September 1, 1954 and the third column indicates the membership as of September 1, 1955. The fourth column indicates the number of physicians in each county who are delinquent with their 1955 dues. It should be understood this latter figure not only includes those who have not paid their dues, but also includes those physicians who are members of the respective societies and who are eligible for senior membership, those excused from paying dues because of being in military service and for whom the state office has not received receipts from the county society so stating.

County	Dec. 31, 1954	Sept. 1, 1954	Sept. 1, 1955	Delinquent 1955
Adams	13	13	15	
Allen	227	218	232	
Bartholomew-Brown	34	33	34	
Benton	11	11	8	3
Boone	20	20	21	
Carroll	9	9	9	
Cass	36	36	36	
Clark	32	32	30	
Clay	13	13	12	
Clinton	22	22	23	1
Daviess-Martin	27	27	26	
Dearborn-Ohio	15	15	14	
Decatur	13	13	12	
DeKalb	20	20	20	
Delaware-Blackford	101	97	96	5
Dubois	20	20	20	
Elkhart	94	94	94	
Fayette-Franklin	21	21	24	
Floyd	33	33	35	1
Fountain-Warren	16	16	16	
Fulton	12	12	13	
Gibson	22	22	18	1
Grant	51	51	55	
Greene	21	21	19	
Hamilton	20	20	18	1
Hancock	18	18	17	
Harrison-Crawford	12	12	13	
Hendricks	17	16	17	
Henry	37	37	38	
Howard	42	42	45	
Huntington	21	21	20	
Jackson	20	20	20	
Jasper-Newton	19	19	19	
Jay	16	16	18	
Jefferson-Switzerland	24	24	23	3
Jennings	10	10	9	
Johnson	22	22	21	
Knox	43	43	39	1
Kosciusko	11	9	14	
LaGrange	9	9	9	
Lake	343	328	335	10
La Porte	89	88	91	2
Lawrence	22	22	25	
Madison	98	96	101	2
Marion	937	929	952	
Marshall	21	21	20	1
Miami	21	21	22	
Montgomery	29	29	30	
Morgan	18	18	17	
Noble	26	26	23	2
Orange	8	8	9	
Owen-Monroe	52	52	52	
Parke-Vermillion	23	22	17	4
Perry	11	11	10	
Pike	7	7	6	1
Porter	29	29	31	1
Posey	11	11	12	1
Pulaski	6	6	5	
Putnam	17	17	16	
Randolph	21	21	22	
Ripley	13	13	14	
Rush	18	18	16	
St. Joseph	214	214	215	
Scott	4	4	3	1
Shelby	21	21	18	
Spencer	7	6	9	
Starke	7	7	8	
Steuben	14	14	13	
Sullivan	15	15	14	
Tippecanoe	92	91	92	
Tipton	11	11	12	
Vanderburgh	191	188	194	
Vigo	119	113	122	1
Wabash	23	23	23	
Warrick	11	11	12	2
Washington	8	8	8	
Wayne-Union	73	74	76	2
Wells	28	28	29	1
White	10	10	10	
Whitley	11	11	11	
Total	3,906	3,848	3,917	46

MEDICAL DEFENSE ACTIVITIES

1. **Malpractice cases.** A year ago, at the time of this report, August 1, 1954, the following 12 cases were pending before the committee, 8 of which were closed during the year, leaving 4 cases still pending:

Case No. 200—Filed February 12, 1932. Pending.

Case No. 251—Filed September 25, 1942. Pending.

Case No. 268—(Closed). Filed September 7, 1948. Case settled through insurance company. Expense, $100.00, paid May 9, 1955.

Case No. 269—(Closed). Filed September 28, 1949. Case dismissed by plaintiff. Expense, $150.00, paid May 9, 1955.

Case No. 270—(Closed). Filed September 28, 1949. Case dismissed by plaintiff. Expense, included in payment for Case No. 269.

Case No. 274—(Closed). Filed May 25, 1951. Case dismissed by plaintiff instead of

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submitting to conditional examination, constituting final settlement of case. Expense, $350.00, paid July 6, 1955.

Case No. 279—(Closed). Suit filed May 19, 1952. Settled through insurance company and dismissed by plaintiff. Expense, $200.00, paid July 6, 1955.

Case No. 282—(Closed). Filed August, 1952. Settled following change of venue. Expense, $165.00, paid July 6, 1955.

Case No. 283—Suit filed August 28, 1952. Pending.

Case No. 285—Suit filed October, 1952. Pending.

Case No. 286—(Closed). Filed August 6, 1953. Judgment for defendant in U. S. District Court affirmed on appeal by U. S. Circuit Court. Expense, $627.99, paid May 9, 1955.

Case No. 287—(Closed). Filed August, 1954. Settled May, 1955. Expense, $380.00, paid July 6, 1955.

Since August 1, 1954, and up to August 1, 1955, the following new case has come before the committee, making a total of 5 cases pending at the present time as against 12 unclosed cases at the same time last year:

Case No. 288—Filed November 12, 1954. Pending.

During the year attorneys' fees in defense of cases closed prior to August 1, 1954, were paid as follows:

Case No. 255—(Closed). Filed September, 1945. Terminated by death of plaintiff's principal witness and by death of the defendant. Expense, $272.54, paid May 9, 1955.

Case No. 271—(Closed). Filed September 16, 1949. Settled through insurance company. Expense, $300.00, paid May 9, 1955.

Case No. 273—(Closed). Filed June 27, 1950. Settled and dismissed February 4, 1954. Expense, $381.50, paid May 9, 1955.

Case No. 276—(Closed). Filed April 11, 1951. Judgment, for defendant, December 24, 1954. Expense, $475.00, paid May 9, 1955.

2. Medical Defense Fund Statement, from August 1, 1954, to August 1, 1955:

Balance, August 1, 1954		$ 9,051.77
Receipts:		
Dues,		
1—1953 member	$ 1.25	
97—1954 members	121.25	
3,575—1955 members	4,468.75	4,591.25
Interest on bonds		367.60
		$14,010.62
Disbursements:		
Malpractice fees	3,402.03	
Treasurer's bond	37.50	
Salaries, Association attorneys	3,090.00	6,529.53
Balance, August 1, 1955		$ 7,481.09

THE JOURNAL

Advertising

Survey of advertising for the first six months of 1955 shows only a slight increase over the same period in 1954, however, this "leveling-off" was anticipated. Figures on advertising income for the first six months period of the last three years and for the current year follow:

State Journal	1952	1953	1954	1955
Advertising Bureau	$ 8,134.65	$ 7,935.62	$12,435.63	$13,486.94
Sold Direct by JOURNAL	$ 5,027.65	$ 4,766.60	$ 5,302.22	$ 4,707.07
Total	$13,162.30	$12,707.22	$17,737.85	$18,194.01

Printing Cost

Cost of printing of THE JOURNAL was increased a blanket 4% on the basic contract beginning with the October, 1954 issue. Costs are in relation to the number of pages printed.

Year	Cost	No. of Pages (Inserts excluded)
1950	$24,644.07	1,324
1951	23,735.75	1,304
1952	26,563.85	1,424
1953	29,531.61	1,520
1954	32,414.02	1,625
1955 (6 months)	14,315.66	700

The following table shows the number of JOURNAL pages for the past six years and indicates percentages of reading and advertising material in relation to the totals.

Year	Reading	% Reading	Adv. Pages	% Adv. Pages	Total Pages	Ave. Pgs. per issue
1949	740	53	652	47	1564	113.0
1950	690	51	664	49	1354	112.8
1951	674	51	660	49	1334	111.1
1952	845	58	605	42	1450	120.8
1953	960	60	586	40	1546	128.8
1954	1025	60	695	40	1720	143.3

JAMES W. DENNY, M.D., *Chairman*
E. H. CLAUSER, M.D.
WALTER L. PORTTEUS, M.D.
W. U. KENNEDY, M.D.
ROY V. MYERS, M.D.
KENNETH L. OLSON, M.D.

BOARD OF APPEALS ON PATIENT-PHYSICIAN RELATIONS

During the past year your committee has diligently considered complaints received concerning (1) specific physicians' methods of practice; (2) concerning fees that were charged by some individual physicians; (3) concerning fees that were charged by some groups of physicians; (4) concerning the difficulty some parties claimed they have had in obtaining a physician to respond to calls for accidents and other emergencies; (5) concerning the practice of some societies in delegating authority to local or state law enforcement officers to determine the fitness of injured patients to be im-

mediately transferred to a neighboring hospital without a physician making a personal examination of the patient; (6) concerning the practice of some physicians charging members of physicians' immediate families for services rendered, and (7) concerning the practice of some physicians rendering statements for services rendered to certain executors of estates.

In most instances we are happy to report that this committee found physicians cooperative and extremely helpful in arriving at a decision regarding the justness and/or fairness of the complaints reviewed. In most instances the committee could authorize the proper official of the Indiana State Medical Association to write a letter to the complainant and give detailed explanation of its reasons for feeling that the physician had been fair, honest and had carried out his obligation as a physician to society in general and to his patient in this instance in particular according to the highest traditions and ethics of the profession. In a very few isolated instances the committee could not assume jurisdiction because of a standing and published rule which stipulates a time limit for the aggrieved party to register a complaint with the committee.

The utmost care has been exercised by the committee members to keep themselves as free as humanly possible from bias, prejudice and hasty, ill-advised conclusions and/or decisions. We solicit your continued support and helpful consideration in our future endeavors as we try to carry on this important phase of medical activities for the benefit of the public, the patient and you as physicians.

Harry Plummer Ross, M.D., *Chairman*
Claude S. Black, M.D.
William C. Reed, M.D.
R. R. Calvert, M.D.
R. W. Wilkins, M.D.
Paul W. Sparks, M.D.
J. William Wright, Sr., M.D.
Augustus P. Hauss, M.D.
Clifford M. Jones, M.D.
Philip B. Reed, M.D.

COMMITTEE ON COUNTY MEDICAL SOCIETY OFFICERS CONFERENCE

The Annual Conference was held at Claypool Hotel on Sunday, January 23, 1955. The program was as follows:

9:30 a.m.—Registration

10:00 a.m.—Opening Remarks
Joseph F. Ferrara, M.D., Chairman
WELCOME
W. L. Portteus, M.D., President

10:15 a.m.—"Personal Responsibilities"
Earl W. Mericle, M.D., Chairman
Public Relations Committee

10:20 a.m.—"Problems Facing Your Medical School"
John D. VanNuys, M.D., Dean, I. U. School of Medicine

10:40 a.m.—"What's Going On in the State Legislature"
J. William Wright, M.D.
Don E. Wood, M.D.
Co-Chairmen, Legislative Committee

11:00 a.m.—"A Challenge"
Joseph F. Ferrara, M.D., Chairman

11:15 a.m.—Questions-Answers

11:30 a.m.—Reception, Ben Franklin Room

12:15 p.m.—Lunch, Riley Room

1:15 p.m.—"My Experiences as an American Physician Practicing Under The British Plan"
James S. Fox, M.D., Minneapolis, Minnesota

2:00 p.m.—"The Whys of Accreditation"
J. R. Anderson, M.D., Chicago
Joint Commission on Accreditation of Hospitals
John Hinman, M.D., Chicago
AMA Council Medical Education and Hospitals
Edwin Hulman, Chicago
AMA Law Department
Charles E. Martin, M.D., St. Louis
American Academy of General Practice

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Albert J. Crevello, M.D., Medical Director

Robert S. Myers, M.D., Chicago
American College of Surgeons

3:00 p.m.—Questions-Answers

3:30 p.m.—Adjournment

The excellent panel on "The Whys of Accreditation" was very well received. This was followed by a question-answer period during which the panel rejected no questions except where duplicated.

The conference was said to have been one of the best held and with one of the best attendances. Attendance was 121.

We believe that the program was very informative to the various county medical societies.

We were impressed with the number of requests for tape recordings of the meeting made at the conclusion of the meeting and requests made later.

It is evident that this meeting is one of the most important in the activities of the I. S. M. A. for giving officers of the component societies an insight into many of the important issues facing medicine today.

We would recommend therefore that the House of Delegates encourage every component society to be represented at this annual conference.

We would also recommend as suggested by our President, Dr. W. L. Portteus, that during legislative years the meeting be held prior to or soon after the date the legislature convenes in order to discuss pending legislation.

Joseph F. Ferrara, M.D., *Chairman*
Louis C. Bixler, M.D.
William B. Adams, M.D.
Davis W. Ellis, M.D.
Wilson L. Dalton, M.D.
Ray Tharp, M.D.
Victor F. Kling, M.D.

COMMITTEE ON CONSTITUTION AND BY-LAWS

The Committee on Constitution and By-Laws has received various suggestions for amendments both to the Constitution and to the By-Laws. They have made a study of all suggestions received and also of some ideas of their own, and of the existing Constitution and By-Laws, and have reached conclusions in favor of certain amendments.

At the request of the committee, Mr. Waggener has had printed the entire present Constitution and By-Laws with all the suggested amendments, except one. The parts which this Committee recommends be deleted are shown by lines drawn through such printed parts, leaving them still legible; and the new parts to be included are shown in the larger type at the places in the Constitution and By-Laws in which they are to be incorporated, except as to one amendment to which your attention will be specially invited.

With this explanatory statement each of you, by referring to your printed copy of the Constitution and By-Laws, can follow the recommendations for amendments made by this Committee.

The Committee recommends that the following amendments to the Constitution be adopted:

1. That Article V be amended as follows:

(a) By striking out from clause (3) the words, "the ex-presidents of the Indiana State Medical Association", and substituting in lieu thereof the following words: "the Speaker and Vice-Speaker of the House of Delegates";

(b) By inserting in the second paragraph after the colon following the word "members" and before the word "President", the words "The Ex-Presidents";

(c) By striking out after the word "Treasurer" the words "of this Association".

2. That Article VI be amended as follows: By striking out of the first sentence the following numbers and words: "(1) the Councilors, and (2) ex officio the President, President-elect, and Treasurer", and substituting in lieu thereof the following: "Councilors elected by the component district societies. The members of the Executive Committee shall be ex-officio members without the power to vote."

3. To the reading of this recommended amendment special attention is invited, since it is not shown in the printed copy of the Constitution and By-Laws you have received. This recommendation pertains to Article IX, Section 1, which contains the list of officers. The recommendation is that Article IX, Section 1, be amended by inserting after the word "be" and before the word "a" in the second line as printed in the copies of the Constitution and By-Laws you have received, the following words to designate additional officers: "a Speaker and a Vice-Speaker of the House of Delegates".

4. That Article IX, Section 2, be amended by adding thereto after the word "annually", the following sentence: "No Councilor shall be eligible to serve longer than two consecutive terms, effective with the beginning of his next election following the adoption of this amendment."

This concludes the list of amendments to the Constitution which your Committee recommends be adopted.

The Committee now proceeds with the report of its recommendations for amendments to the By-Laws, as follows:

1. That Chapter I, Section 1, of the By-Laws be amended by adding after the last word thereof the following words: "of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine."

2. That Chapter II, Section 1, be amended by striking out the following words: "address of the President shall be delivered in a General Meeting, and the".

3. That Chapter IV, Section 6 be amended by striking out the word "President" and substituting in lieu thereof the word "Speaker"; and by inserting after the word "committees" and before

the word "as", the words "as appointed by the President"; and by striking out the word "for" after the word "provided".

4. That Chapter V, Section 4, be amended by inserting after the word "President-elect" and before the word "and", the words "Speaker and Vice-Speaker of The House of Delegates".

5. That Chapter VI be amended by adding thereto two additional sections to be numbered Sections 3 and 4, to read as follows:

"Sec. 3, — The Speaker of the House of Delegates shall preside at all meetings of the House of Delegates. He shall be ex-officio member of all committees of The House. He shall perform such other duties as custom and parliamentary usage may require. His term of office shall be for one year and shall be limited in serving not more than three terms in succession. He shall be elected by the House of Delegates in the same manner as the President-elect and Treasurer.

"Sec. 4, — The Vice-Speaker shall assume the duties of the Speaker in his absence and shall assist the Speaker in the performance of his duties. In the event of vacancy in the office of Speaker, the Vice-Speaker shall automatically become Speaker of the House of Delegates. The term of office and method of election shall be the same as that of the Speaker;"

and that the remaining sections of said chapter be renumbered as Sections 5, 6 and 7 instead of 3, 4 and 5, respectively.

6. That Chapter VII, Section 1, be amended by adding thereto after the word "Delegates", the following:

"It shall organize itself by electing its Chairman, at the meeting following the final session of the House of Delegates, who shall serve for one year. The number of terms of the Chairman shall be limited to not more than three in succession."

7. That Chapter VII, Section 12, be amended in the following particulars:

(a) By inserting after the first word "shall" and before the word "elect", the following words: "at its meeting following the close of the House of Delegates"; and

(b) By adding to the section after the word "Committee", the following: "These two elected members shall not be eligible to serve more than three consecutive terms of one year each."

8. That Chapter VIII, Section 1, be amended in the following particulars:

(a) By striking out the word "Hospitals" and substituting the word "Licensure";

(b) By inserting after the words "Rural Health" the following: "A Committee on Physician-Hospital Relations";

(c) By inserting in the paragraph beginning with the words, "In making such elections", after

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the word "members" and before the word "shall", the following words: "except those of the Committee on Physician-Hospital Relations".

9. That Chapter VIII, Section 9, be amended by striking out in the first sentence the word "Hospitals" and substituting in lieu thereof the word "Licensure"; and by striking out the following words: "to co-operate with the Hospital Council of the Indiana State Board of Health in connection with the making and recommending of rules and regulations for the management of hospitals", and substituting in lieu thereof the words, "to co-operate with the Indiana State Board of Medical Registration and Examination".

10. That Chapter VIII, Section 1, be amended in the following particulars:

(a) By striking out the second word "shall" in the first sentence and substituting in lieu thereof the word "may"; and

(b) By striking out the word "one" and substituting in lieu thereof the word "two".

11. That Chapter VIII be amended by adding an additional section thereto to be known as Section 15 and to read as follows:

"Sec. 15, — The Committee on Physician-Hospital Relations shall be composed of five members. The members shall be appointed for the following terms: one member, five years; one for four years; one for three years; one for two years; one for one year. Thereafter the President will annually appoint one member for a term of five years.

The duties of the Committee are to pursue a continuing study of the relation of the medical profession to the operation of public and voluntary hospitals, and shall when indicated confer with the Hospital Council of the Indiana State Board of Health in connection with the making of rules and regulations for the management of hospitals; the Indiana State Hospital Association; and any related organizations, and make recommendations to the Association;"

and that Section 15 be renumbered as Section 16.

E. H. Clauser, M.D., *Chairman*
C. Powell Van Meter, M.D.
Seth W. Ellis, M.D.
Wm. Harry Howard, M.D.
Vance J. Chattin, M.D.

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Dowling, H. F.: Practitioner *174*:611 (May) 1955.

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COMMITTEE ON INDUSTRIAL HEALTH

The Committee on Industrial Health has met two times.

In March, we considered the program presented to us by our President, implementing that program by delegation of different members to work on each part of the program.

The delegates to a joint committee with delegates from the Oto-Rhino-Laryngological Committee report a meeting to consider the problem of Noise in Industry. They state that much discussion centered around uniform methods of examination of hearing, and qualifications necessary to the examiner. Out of this discussion came a movement to gain the cooperation of the Speech Centers at both Indiana and Purdue Universities to train and give accrediting certificates to nurses and technicians in screening tests for hearing.

It is our committee's concensus that while hearing is important, it is only one phase of examination to determine fitness to work or to determine impairment from injury at work, and as such should not be over-emphasized. The delegates from our committee will continue on the joint committee for the study of Noise in Industry.

The whole committee discussed the problem of improvement of the health of workers in industry. We consider this problem a direct responsibility of the worker's family physician, but wish to encourage the industrial physicians' cooperation in calling the worker's attention to defects, urging him to consult his personal physician, and cooperating with his physician. The recognition and elimination of industrial health hazards is definitely the responsibility of the industrial surgeon. Two of our members were assigned to survey this problem with the state industrial toxicologist.

The evaluation of the program for nurses in industry brought forth quite favorable reports. There is excellent cooperation between the Industrial Nurses Association and our committee. The brochure, "Medical Directives to the Nurse in Industry" brought forth by our committee in 1952 has received wide acceptance, even outside our own state. With consent, it was published verbatim in the American Industrial Nurses Association's periodical in July 1955.

The Sub-committee on Silicosis is continuing its study, and will prepare a completed report on silicosis and tuberculosis in the spring. This committee's definition of silicosis in the report of October 1954 has met with approval.

A request for nomination of a physician to receive the President's Citation for efforts in rehabilitation of the handicapped in industry was considered. Two members of our committee have received this Presidential Citation in 1954 and 1955.

An invitation to all members of the committee to attend the meeting of the American Medical Association Committee on Industrial Health at Detroit in January was presented. Our committee will be well represented.

The committee is preparing to present an exhibit at the State Convention at French Lick.

A. K. Harcourt, M.D., *Chairman*
Leland S. McKeeman, M.D.
Ralph R. Ploughe, M.D.
C. L. Luckett, M.D.
William L. Baughn, M.D.
George Plain, M.D.
Joseph H. Clevenger, M.D.
E. S. Jones, M.D.
Emmett B. Lamb, M.D.

COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

The committee on medical education and hospitals had five meetings during the course of the year. One of the members attended the Fourth Annual Meeting of the State Chairmen, American Medical Educational Foundation, and two members attended the 51st Annual Congress on Medical Education and Licensure. Two of the meetings were attended by the dean of Indiana University School of Medicine and two of the meetings were



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attended by the president of the Woman's Auxiliary of the State Medical Association, and by the Chairman of the National Woman's Auxiliary American Medical Education Foundation Committee.

One of the major functions of the committee is the drive for funds for the American Medical Education Foundation. This state has been a leader in the past four years in obtaining contributions to this fund and much thought has been given to maintaining this position. Other states have resorted to assessments to obtain funds, but traditionally, we have been opposed to such a procedure. However, it must be pointed out that only one-third of the members of our state association have responded to date in the pleas for funds for medical education and it is the belief of our committee that the fault lies in the lack of information concerning the need and the goals of the American Medical Education Foundation and that by necessity we must intensify our efforts to inform our membership. With this in mind, we have an exhibit at our state meeting, are purchasing copies of a film on medical education prepared for the National Medical Education Foundation to show to all county medical societies, plan the preparation of the articles for our state JOURNAL with special reference to the needs of our own school. A goal of $50,000 per year has been set for this state. This would mean an average contribution per member of less than $15.00 per year. To date this year we have only had a total contribution of $10,182.

Two of the states have made assessments on their members, while several of the states have done little about this program. Our committee felt that it is not fair for only a portion of the membership of the A.M.A. to carry this program and accordingly passed a resolution asking our delegates to the A.M.A. to ask for a national assessment of $15.00 per year. This was not done with the idea of insisting on a compulsory assessment but in an attempt to find out what the sentiment is nationally and to stimulate some of our sister societies to greater efforts. In the meantime we place our efforts and confidence in a voluntary program. The following Resolution has been approved by the Council for referral to the House of Delegates of this Association.

> WHEREAS, American Medicine has accepted a challenge of providing assistance to our nation's financially embarrassed medical schools, and
>
> WHEREAS, Since the establishment of the Medical Education Foundation, and medicine's acceptance of the responsibility of raising necessary funds from members of the profession, medical men have not met their responsibility, and
>
> WHEREAS, Many states have worked hard and a portion of their members have carried the load with their contributions, and
>
> WHEREAS, Indications are there is a continuing need for this financial assistance, and
>
> WHEREAS, Only a small proportion of individuals and medical associations have contributed to this effort;
>
> BE IT RESOLVED: That the American Medical Association levy an uniform assessment upon each member or raise the dues to accomplish this purpose, in order to meet medicine's responsibility and distribute equally the responsibility among all physicians.

It is our feeling that any assessment plan should be at the national level rather than at state levels.

To further our program we plan a system of county quotas and a page in THE JOURNAL devoted to an honor roll of those counties which meet the quotas, and further, that suitable certificates be presented to those counties which meet their quota. The Woman's Auxiliary has been enlisted to help in an educational campaign to inform both physicians and their wives as to the necessity and value of the Foundation.

Attention must be directed to the drive for funds for medical education which will be projected to the public next spring. Each citizen will be asked for a contribution of 80 dimes, one for each of the medical schools in the United States. It surely is not asking too much of the members of our profession that they double or triple the amounts requested of the general public in gratitude for the training they have received at much less than cost from their respective alma maters.

Several years ago our committee embarked on a program of telephone seminars from our state medical school which met with a limited success but wire and then tape recordings of these programs proved to be so popular that they are now one of our principal endeavors. The A.M.A. was asked to take over this program but were so shortsighted as to turn it down and in the meantime recordings have been made of numerous local and national meetings and we now have an extensive library of 280 recordings which have been sent out on loan 530 times during the first nine months of 1955. Recently a tape recorder has become available which has in conjunction an automatically activated film strip projector which will show slides along with the recording and one of these has been purchased for further experimentation. Thus we hope soon to be able to present programs of an audio-visual nature which will closely approximate a live program.

A pilot study is now underway using the tape recorders in the school programs on health education. This is a valuable public relations gesture as well as an excellent measure to improve health education.

Continuing liaison with the Indiana University School of Medicine is being maintained. There is a

close spirit of cooperation between the school and our state association. A recent survey shows that 57% of the graduates of the past five years are in general practice, 18% are in military service, and the remainder are in residency training or in specialties. The university has been most helpful in maintaining our recording program.

Last fall through the cooperation of our committee and the University School of Medicine a Hospital Day was observed during which time the hospitals throughout the state met with the junior and senior students for the purpose of arranging externships and interships. A similar meeting is being planned this fall and is to be an annual affair.

A postgraduate course in psychiatry is again being sponsored by this committee in conjunction with the Norways Foundation. This has been quite successful in the past two years and advance planning would seem to indicate that the program next spring would surpass the previous two courses. This course will be given next spring and details will be announced soon in the state JOURNAL.

We urge every member to visit our committee's exhibit in the scientific section.

MAURICE E. GLOCK, M.D., *Chairman*
JAMES W. DENNY, M.D.
HARRY E. KLEPINGER, M.D.
WENDELL E. COVALT, M.D.
GORDON S. FESSLER, M.D.
WILLIAM T. PAYNTER, M.D.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

The Legislative Committee began in November, 1954, to prepare for the 89th meeting of the General Assembly in January, 1955, during which we were advised that a bill sponsored by the chiropractors would be introduced.

Your Committee met with the Legislative Committee of the Osteopathic Association and attorneys, and as a result all members agreed that they would strongly oppose any bill which would lower the standards of the practice of medicine or create a separate Board of Examination for Chiropractors.

Three bills were introduced, two in the Senate, and one in the House. S. B. 210 provided for a separate Chiropractic Board, S. B. 178 removed from the Medical Practice Act the injunction clause for chiropractors, and the third, H. B. 154, conformed more to the provisions set forth by the medical and osteopathic groups. H. B. 154 was passed, signed by the Governor, and became a law.

H. B. 154 defines chiropractic, which the 1927 Act failed to do. It also provides for a program of educational requirements to conform with other professional groups.

Students beginning chiropractic training this year must have at least two years of college or university training in an accredited college. They must have four years of 4,000 hours of resident



instruction in chiropractic from a school approved by the Medical Board of Registration and Examination.

Penalties for practicing without a license are set forth in the Act. Chiropractors who have been practicing without a license may apply to the Board for examination, providing they have the proper credentials and have practiced in Indiana for a full year prior to December, 1954, and can supply two additional affidavits from free-holders that they have been residents of the state during this period.

The action of the medical and osteopathic groups created a much improved and complimentary attitude from a majority of the legislators.

Eighty-one bills bearing on health were introduced in the General Assembly, 32 in the Senate and 49 in the House. Thirteen Senate bills and 20 House bills became laws.

Weekly meetings were held to review bills which had been presented and our attorneys were consulted on each bill.

The national picture has not been one with such a satisfactory result. The Administration has not seen eye to eye with the A.M.A. on most of its health legislation, such as the Doctor Draft Law for which there seems to be very little excuse. The Re-insurance Law would probably have received a similar rebuff had it not been for the action of some insurance representatives.

Your Legislative Committee wishes to thank the members of the State Association who responded so promptly to requests for contacts with members of the General Assembly and Congress.

J. William Wright, Sr., M.D.,
Don E. Wood, M.D.,
Co-chairmen
C. V. Rozelle, M.D.
John M. Paris, M.D.
G. O. Larson, M.D.
John C. Carney, M.D.
Walter U. Kennedy, M.D.

COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations has spent the past year in studying ways to improve the total public relations effort of the profession as a whole. The Committee has not undertaken any large campaign during the year as neither the House of Delegates nor the Council instructed that any major type of campaign should be undertaken.

The committee has published each month the "NEWSFLASH" for distribution to members of the Association in which we have attempted to keep all abreast of happenings and programs of the Association and the AMA.

The Committee at its meeting on July 21 decided the approach to developing a positive working public relations program needed to be revised.

To give you an idea of our thinking we propose that a new public relations organizational method be established to function as follows: We suggest that each councilor district appoint a public relations chairman, we believe this should be the duly elected Councilor of the district. We would then suggest that such representative be responsible for the selection of a public relations chairman for each component society within the district. It is important that those selected have an active interest in public relations and medical organization.

The district committee, which of course would include the district chairman and the society chairmen, would meet three times each year to discuss public relations problems which would be referred to them periodically by the Public Relations Committee of the Association, the AMA, or to discuss public relations problems which have developed in the district.

At least once each year a meeting would be held in Indianapolis which all district and county chairmen would attend for the purpose of reviewing the activities of the Public Relations organization, making plans for the coming year, and taking action on public relations matters.

It is felt by the committee that a much better and more comprehensive approach to public relations matters which affect every physician in the state can be maintained through closer contact with the individual physician. This contact we feel

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would be better achieved through such a plan as we propose.

As to problems, it was pointed out, for example, one was that of teaching new physicians what constitutes the practice of ethical medicine. What should be the relationship between physicians when dealing with patients? How best can this relationship be established in the new physician's mind? It is felt the medical schools are neglecting this vital field, and thorough indoctrination in these subjects is vital to any public relations effort.

What about medical-labor relationships, establishment of geriatric clinics, and many others. Solutions must be found for these matters and with as much unity as possible. We feel it is important that each physician by this method can have a part in determining the course of public relations actions on these matters, the solution of which is vital to the survival of American Medicine.

We ask that this program be endorsed and that every County and District society lend its full cooperation to this program.

EARL W. MERICLE, M.D., *Chairman*
GLYNN A. RIVERS, M.D.
FRANCIS B. MOUNTAIN, M.D.
JAMES H. CROWDER, M.D.
HARRY STIMSON, M.D.
MILTON OMSTEAD, M.D.
CLIFFORD H. JINKS, M.D.
FLOYD B. KANTZER, M.D.

COMMITTEE ON PUBLICITY

The Committee on Publicity has met regularly through the past year in the headquarters office for the purpose of handling all newspaper releases and radio and television programs.

"HINTS ON HEALTH"

Selection and approval of material for the "Hints on Health" column, a weekly news release, constitutes a major portion of the committee's activities. The feature is being used currently by some 130 newspapers in the state. Following is a list of columns approved:

Pneumonia
The Mentally Retarded
Have Fun
A Bout with Gout
Chemical Poisons—Beware
Alcoholic Addiction
Problem of the Aged
Water, Water, Everywhere
How's Your Ulcer?
Your Nails Are Important
As I Live and Breed
War Has Compensations
Irritable Colon
Fragile Man
Bug Bombs
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Asthma
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Physical Defects	Hoarseness
What Sort of Person	Hernia
Get Out of That Silo	Boy or Girl
Hardening of the Arteries	The Doctor—Always a Student
Do Babies Worry?	Explore the Spleen
Rheumatoid Arthritis	Sun—Bane or Blessing
Give Him Air	The Body's Defense
The Diabetic in Industry	Heart Sounds
Normal Temperature	Sand Blindness
Extra Passengers	Peptic Ulcer

Since October 18, 1954 more than 50 of these columns have been approved for use in Indiana's newspapers.

RADIO AND TELEVISION

An American Medical Association-produced series of programs entitled "Train Up a Child" were approved by the committee and used on Indianapolis radio station WFBM. Films for distribution to local TV stations by the Public Relations Committee were also reviewed by this committee. Other programs for television and radio were considered by this committee and disapproved for use.

CONVENTION NEWS RELEASES

General news releases on the annual convention were approved by the committee and included the following stories:

General Story on Annual Convention
Fifty Year Club Membership Story
Story of the Medical Auxiliary
Physician of the Year Story
Out-of-State Speakers Story

D. S. Megenhardt, M.D., *Chairman*
Russell J. Spivey, M.D.
J. O. Ritchey, M.D.

COMMITTEE ON RURAL HEALTH

The committee spent a busy year working in the field of Rural Health and trying to improve our public relations with allied organizations and the general public.

Through the headquarters office of the Indiana State Medical Association the brochure has been made available to new physicians wishing to locate in the state of Indiana. The field secretaries are in the process of rating the various communities which wish physicians. This is being done according to the plan set up by the A.M.A. It has one drawback in that it tends to penalize the small community where physicians are needed most. However, the Placement Service seems to be working out satisfactorily as there have been 27 general practitioners located through this service the first six months of this year.

Under the direction of Dr. Louis E. How, the Rural Health Committee, the President and Secretary of the Indiana State Medical Association met with the Indiana State Farm Bureau on two occasions. They were our guests at one meeting, and we were their guests at one. At these meetings many problems were discussed. It was agreed before these meetings that each group would lay the problems on the board "bare", so to speak. In this manner we were able to get to the base of our differences and were able to correct erroneous ideas on each side and work together toward a common goal. We explained our placement service and other activities of the Rural Health Committee and the Indiana State Medical Association to try to place physicians in small areas which could support a physician, also explaining the fact that not every cross roads or small village could or would support a doctor. A point was also made that with the expansion of the Medical School there will be more physicians available in the near future. We agreed that the physicians of the state should not take such a critical attitude of the Farm Bureau Hospitalization Insurance Program now that this has been improved to the point where it has realistic fee schedules and hospital benefits. Better schools for rural areas, and toll roads through farm lands and their effect on the farmer were also discussed by the groups. It was the feeling of our committee that these discussions were of great mutual benefit, that the I.S.M.A. and the State Farm Bureau had a better understanding of each other's problems, and that much better cooperation could be expected in the future between the doctors and the farmers.

The Rural Health Committee, the State President, Secretary and Mr. Aubrey Gates, field secretary, Council on Rural Health of the American Medical Association, met with the Extension Department of Purdue University as our guests. We discussed our past difficulties with Purdue in combining our forces at their Annual Rural Health Conference at their Agricultural Conference. The I.S.M.A., through the Rural Health Committee, participated in this fall conference by invitation from Purdue for three years. This was terminated after 1953 because we did not feel that the I.S.M.A. was given sufficient recognition for the amount of work and financial aid given. Dr. L. E. Hoffman took recognition of this fact and felt that something could be worked out to the satisfaction of both parties. However, we have heard nothing more from them, and having taken the first step we felt we could do nothing more until Purdue contacted us.

The Rural Health Committee holds itself in readiness to meet with any groups of individuals interested in the rural health of the state, to at-

tempt to solve any problem, or work out any conflicts that may arise.

JUNIOR-SENIOR DAY

(Under the direction of Dr. Forrest Babb and Dr. Stuart Brown.)

This year it was decided to have a program for the junior and senior medical students, their wives and sweethearts, with the idea that the program might be aimed at the juniors rather than the seniors. With an attendance of about 285, and a very favorable response from all those attending, the committee feels that this is one of the most worthwhile projects in the field of public relations that we have been able to accomplish. It is our opinion that this combined Junior-Senior program should be made an annual affair, and that the State Association should appropriate $1,000.00 annually to put this program on, so that it will not be necessary to depend on some commercial company to underwrite the expense of this very worthwhile project, which incidentally, had gained national recognition even before the Junior class was included. The program included talks on general practice in small communities, the doctor's wife in a small community, public relations, the large city versus the small town, medical organization from the county, state and national level, the value of the detail man (by Mead Johnson representative), the uses and abuses of the Blue Shield Insurance (by Dr. Walter L. Portteus). Doctor Portteus also acted as master of ceremonies and added greatly to the gaiety of the whole program. Following these talks a social hour was enjoyed by all, sponsored by Mead Johnson Company. Dinner for the group was sponsored by Blue Shield Insurance. After dinner Mrs. Charles Sewell gave an inspiring talk directed to both the wife and the new doctor about to set out on their own in the world.

OTHER ACTIVITIES

Dr. Eli Goodman took part in a panel discussion over WLW on Everybody's Farm program where the subject of a family physician was discussed, and the need for everyone to have a family physician was stressed. This was a very informative program, and has a wide listening audience in rural areas.

The National Rural Health Conference in Milwaukee was covered by Dr. J. E. Dudding. The title of the conference was "Looking Both Ways." It surveyed the 10 years' work done, and things to come in years ahead. Doctor Dudding took part in a panel discussion and read a paper on "Training for General Practice." Health organizations, 4-H Club members, Farm Bureau and Grange, and nutritional experts took part in the program. Many topics were under discussion, among them farm safety, proper diet and nutrition, preventive medicine, sanitation in rural and fringe areas, physician



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placement, the uses and abuses of your doctor, the preceptor plan of Kansas and its means of placing physicians in small towns and rural areas. Dr. F. S. Crockett, chairman of the Council on Rural Health of the A.M.A., and Mrs. Charles Sewell of Otterbein, who was in great measure responsible for the creation of the Council, were also on the program.

The Woman's Auxiliary has been enlisted by the Rural Health Committee to try to get each county society to put on a Health Day or Health Conference. The details of each conference should be worked out locally. We have asked that each include only one item, an active immunization against tetanus, especially for the rural people. We would like to be the first state to get this program underway. Dr. Eli Goodman and Dr. Walter Portteus spoke to the Auxiliary members of the Third District meeting in New Albany and explained the program to them. Dr. Forrest Babb talked with the Auxiliary members at the northwest area meeting at Turkey Run to explain this program to them. It is the hope of the committee that a few of these Health Days can be put on in the very near future.

Indiana Foundation for Community Health—Dr. Eli Goodman.

This organization was founded in 1953 through our leadership, and with the cooperation of the Dental Association, Hospital Association, Nurses Association, Pharmaceutical Association, Veterinarian Association. The organization has had little or no activity due to lack of funds with which to implement work. This fine organization, like many others, will probably die unless funds can be made available to hire someone to head the work of this organization and give it the push to get it active. It, like most of the county health councils of the state, needs activity for it to flourish and be worthwhile.

The statements that appeared in the Indianapolis press this spring by Dr. Paul Hawley when he appeared before the Indianapolis surgical group certainly served to undo a great deal of the work that this committee has strived to do—namely—to build up the good name of the rural general practitioner, and encourage young doctors to go into the rural areas. For Doctor Hawley to berate and belittle every general practitioner as a fee-splitter, a scoundrel and a quack seems ample reason, to this committee, for steps to be taken by the I. S. M. A. and A. M. A. to curb this man and his outbursts against the general practitioner and the hard working rural doctor. It would seem logical that the American College of Surgeons should do this, unless they subscribe to his views. If they will not do anything about it then it seems that the parent organization should be obligated to correct this dissension by whatever steps are necessary.

Joseph E. Dudding, M.D., *Chairman*
Louis E. How, M.D.
Forrest Babb, M.D.
Stewart D. Brown, M.D.
Eli S. Goodman, M.D.
Frank H. Green, M.D.

SUB-COMMITTEE ON PRECEPTORSHIPS

This committee had a preceptorship exhibit at the Indiana State Medical Association convention held in Indianapolis, October, 1954. This exhibit, which attracted much attention, was sponsored by Wyeth Laboratories.

Four meetings of this committee were held during the year. On February 16, 1955, a panel discussion on preceptorships was presented to the Junior Class of the Indiana University School of Medicine at Hurty Hall in Indianapolis. All members of the panel and our president, Dr. Walter L. Portteus, participated in the discussion.

On April 13, 1955, your committee was host to the members of the Executive Council of the Indiana University School of Medicine. This group was addressed by Dr. Robert A. Davison, Assistant Professor and head of the Department of General Practice at the University of Tennessee College of Medicine. The Executive Committee of the Indiana University School of Medicine was also approached relative to the formation of a Department of General Practice as part of the medical curriculum. Another meeting of these committees is planned in the near future.

There is continued interest in the preceptorship program but due to economic factors and the unusual demand for externs in the local hospitals, the number of participants has been small. Over 50 doctors throughout the state have volunteered their services to act as preceptors. The University has agreed to give elective credit to students taking preceptorship training and credit is given in their medical transcript.

It is recommended that this committee be continued so that it can continue liaison with the Indiana University School of Medicine.

Lester D. Bibler, M.D., *Chairman*
John D. Van Nuys, M.D.
Joseph E. Dudding, M.D.
Roy V. Pearce, M.D.
C. Toney Dutchess, M.D.
Robert W. Kuhn, M.D.
Francis L. Land, M.D.



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—Alexander Pope

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AUDITING COMMITTEE

The annual meeting of the Auditing Committee was held on July 21, 1955, at the Indiana National Bank, Indianapolis. The investments of the association were examined in detail and are listed below:

General Fund:

United States Savings Bonds, Series G	$ 46,000.00
United States Savings Bonds, Series K	55,000.00
United States Treasury Bonds	65,000.00
	$166,000.00

Medical Defense Fund:

United States Savings Bonds, Series G	$ 13,000.00
United States Savings Bonds, Series K	1,000.00
United States Treasury Bonds	5,000.00
	$ 19,000.00

Bank statements of cash balances, as of June 30, 1955, in the Indiana National Bank, the American Fletcher National Bank, the Fletcher Trust Company, and the Bankers Trust Company were examined by the committee. These accounts consist of the General Headquarters Office Fund, the Medical Defense Fund, THE JOURNAL Fund, and the Petty Cash Fund, respectively, and showed the following balances:

General Fund	$ 95,014.11
Medical Defense Fund	8,989.83
THE JOURNAL Fund	14,216.70
Petty Cash Fund	941.55
	$119,162.19

ELTON R. CLARKE, M.D., *Chairman*
ROY V. MYERS, M.D.
FORREST L. DENNY, M.D.

COMMITTEE ON CANCER

Your Committee on Cancer has the following statement to make:

Much has been written about the causes of cancer. Apparently in the vast majority of cases, there is very little we can do to prevent cancer—so we are primarily interested in the patient who already has the disease or who may be suspected of having it and what we as physicians can do to reduce the mortality rate.

The great improvements in diagnostic facilities and technics have not been accompanied by a significant rise in the "rate of cure" and therein lies the controversy of the medical profession and the confusion of the public.

It is the application of the new diagnostic and surgical advances that we have done so poorly.

The advancement has been made possible through the contributions of several fields of scientific research.

The surgeon, the anatomist, and the pathologist have provided detailed descriptions of the spread of tumor through the lymphatics and venous channels.

The radiologist has played an equal part in the advancement and cures. With collaboration with the surgeon and the others, he has accomplished equal results and in some instances better results.

The layman should get only the information that we all agree upon and proven to be the best to date. If we are confused or in disagreement, let's wait until we come to some kind of an agreement before releasing information to the public and it should be done only through the public relations committee and not by individuals or groups that believe in one school of thought.

Great harm is done when we jump the gun and claim a panacea for cancer and when we put fear of cancer to the public. It seems that today we are constantly being instilled with fears of almost every thing—polio, communism, heart disease, cancer, old age, poverty, wrong party, socialization, and so forth. The nation nor individual can be strong by being fearful. It is then that we are doomed. It is then that the charlatans take over and promise cures and have a lucrative practice, because a person fearful of cancer will do anything and will pay almost any amount within their means, to get a cure.

When we argue and have different opinions, even though they are on sound and scientific bases, and this information gets to the public, it is then that we drive our patient to the quacks and unscrupulous doctors and make their practices more lucrative with great harm done to the patients.

SAMUEL J. FERRARA, M.D., *Chairman*
OKLA W. SICKS, M.D.
JOHN A. SHIVELY, M.D.
KEITH T. MEYER, M.D.
RICHARD B. STOUT, M.D.

COMMITTEE ON CHRONIC ILLNESS

A meeting of the Committee on Chronic Illness was held on April 13, 1955, at the Indiana University Medical Center. Guests attending this meeting were: Dr. Walter Portteus, our State President; James Waggener, Executive Secretary of the Indiana State Medical Association; Dr. Wendell Anderson, head of the Department of Geriatrics, Indiana State Board of Health; Robert Neff of the Indiana State Board of Health, and Dr. Morton Leeds, manager, Borinstein Home for the Aged.

At this meeting, three important matters were brought up for consideration:

First: Senate Act No. 356, which was passed by the 1955 Indiana State Legislature, was discussed. This Act provides for the establishment of a State Commission on the Aging and the Aged. This Act also provides for the method by which members of the commission should be appointed. It establishes the purpose of the commission and finally it provides for the enactment of by-laws and rules and the election of officers to carry out the provisions of the law. The committee, after due discussion, expressed their approval of this Act.

The second matter for discussion was a pamphlet prepared by the Michigan State Medical Association Committee on Chronic Illness. It is very comprehensive in its scope and represents a great deal of thinking upon the subject of preventive geriatrics. Michigan State Medical Society is to be complimented for pioneering in this field of medical care.

The third consideration deals with essential provisions of the Hospital Survey and Construction Act as amended July 12, 1954. (Public Law 482—83rd Congress.) An appropriation of 60 million dollars in addition to the annual 150 million dollars for the construction of certain types of hospitals and related health facilities is provided for in this legislation. The additional funds are to be allocated to different states for distribution by state boards of health. The committee decided that this bill should be considered by the Hill-Burton Advisory Committee.

A second meeting of this committee was planned for a later date during the year. This meeting has not been held, hence a report cannot be made on any findings.

F. R. Nicholas Carter, M.D., *Chairman*
N. Cort Davidson, M.D.
Robert O. Lancet, M.D.
Elmer C. Singer, M.D.
J. C. Burkle, M.D.
John H. Green, M.D.

COMMITTEE ON CIVIL DEFENSE

Through its members, the committee sent letters to Medical Service Directors of support counties requesting lists of personnel of First Aid Station groups and in counties wherein no such groups existed, urging that a start be made by the formation of a First Aid Station group of the First Aid Station component. Later, the Health Service Division of the Indiana Department of Civil Defense queried Health Service Directors of County Civil Defense organizations regarding the various groups of the First Aid Station. The following groups constitute a complete First Aid Station: (1) First Aid Station Group; (2) Field First Aid Group; (3) Litter Bearer Group; and (4) Ambulance Group. The response indicated that considerable progress had been made in some counties in organizing and training personnel for one or more complete First Aid Stations; some had secured only the basic personnel of one or more of the groups named above and some listed no personnel.

"Medical Aspects of Civil Defense", a 130 page booklet, sponsored by the Council on National Emergency Medical Service, was made available to each local medical association with the suggestion that the 10 articles, all written by physicians, would be invaluable for study groups and reference.

During the year the Civil Defense Committee was represented at Civil Defense Conferences in Chicago, Atlantic City, and Indianapolis.

Two committee members participated in "Operation Alert, 1955", National Civil Defense test exercise, held June 15-16, 1955. These men worked at Headquarters, Fairgrounds, Indianapolis, Indiana.

An up-to-date chart of the state-wide medical civil defense program is being prepared by the committee.

We expect to have an exhibit at the meeting of Indiana State Medical Association

Jean V. Carter, M.D., *Chairman*
Guy A. Owsley, M.D.
Forrest Keeling, M.D.
Andrew C. Offutt, M.D.
James M. Leffel, M.D.
Thomas P. Potter, Jr., M.D.
George Willison, M.D.
R. G. Husted, M.D.
Robert Wiseheart, M.D.

COMMITTEE ON CONSERVATION OF VISION

The Committee on Conservation of Vision had its only called meeting at the State Medical Association convention in the fall of 1954. At that time all members were present, and the committee members made recommendations to be presented to the Interprofessional Committee for Eye Care concerning better and more uniform testing of eyes at the state auto license bureaus and a reduction of the minimum age for required oculist or optometric examinations from 75 years to 65 years. The committee chairman attended the two meetings of the Interprofessional Eye Care Committee and presented the above recommendations. He also attended a special session of the State Legislature to assist in the attempt to have Senate Bill 277 passed. He also made two visits to automobile license branches in Indianapolis to talk to the examiners.

In the early part of this year the committee members received a letter from Dr. Jeanne Rybolt of the State Board of Health concerning recommendations of the Board of Health in the proper use of oxygen to newborn infants to lessen the number of cases of retrolental fibroplasia in the state. The recommendations were to be distributed to all obstetric departments of the hospitals and general physicians and obstetricians.

These recommendations were so well worded and so concise that there could be little error in carrying them out, and therefore this committee added its sponsorship to the recommendations.

W. Burleigh Matthew, M.D., *Chairman*
Carl J. Trout, M.D.
Ralph H. Beams, M.D.
Herman S. Hepner, M.D.
Frank H. Coble, M.D.

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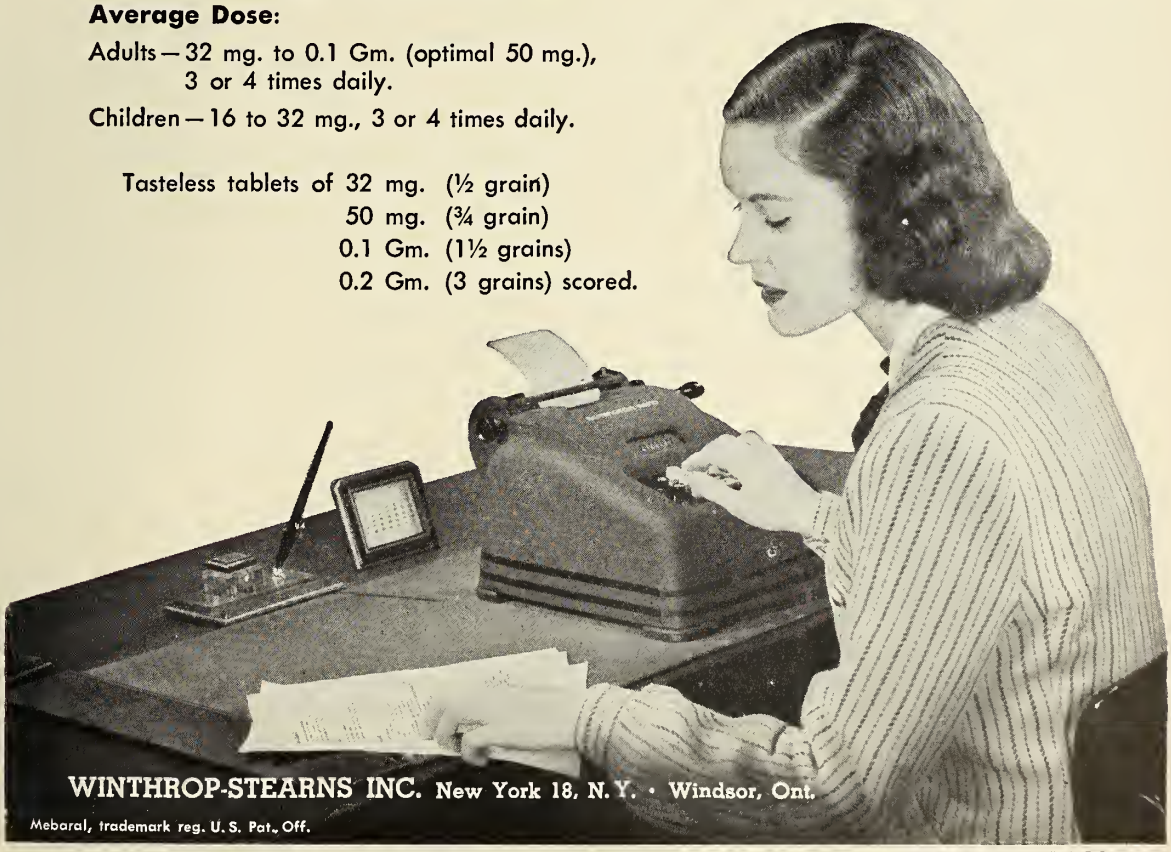
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COMMITTEE ON DIABETES

The Committee on Diabetes of the Indiana State Medical Association wishes to take this opportunity to thank all of the members throughout the state for their splendid cooperation during the Diabetes Detection Drive last October. Each county society worked in close cooperation with the American Diabetes Association at that time. Much advice and assistance as well as publicity was given us by the national organization. Many new cases of diabetes were discovered and referred to their family physician for advice and treatment. The Detection Drive this October will be a better and greatly expanded program.

Marion County physicians had the assistance of the lay group of the Indianapolis Diabetes Association during the drive and many more tests were made than in previous years. A goodly number of unknown diabetics were found and treatment instituted.

The members of the State Medical Association have been greatly interested in the development of the camp for diabetic children which was sponsored by the Indianapolis Diabetes Association. Both the lay and professional groups worked diligently to make this camp a success. Every county society in the state was invited to send their diabetic children to this camp and several responded by sending their patients for the four week period.

The Committee on Diabetes hopes that a symposium on diabetes can be presented at a future annual meeting of the State Medical Association. The committee would also like to see more articles in the State Medical JOURNAL on the subject of Diabetes and its complications.

Lastly, the committee feels that more papers on this subject should also be presented at the county and district meetings, of the Indiana State Medical Association.

John H. Warvel, M.D., *Chairman*
Stanton L. Bryan, M.D.
D. D. Dickson, M.D.
Agatha M. Wilhelm, M.D.
B. A. Spencer, M.D.
Philip E. Yunker, M.D.

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COMMITTEE ON CONSERVATION OF HEARING

The Conservation of Hearing Committee entertained three problems: (1) A continuation of the study of noise in industry; (2) Hearing problems in school children; (3) Criteria for the use of the public in making hearing aid selections.

The committee studied carefully, altered and elaborated slightly and approved as changed the excellent report of its Sub-committee on Noise in Industry. The committee wishes to pay tribute to this sub-committee: David E. Brown, M.D., chairman, Hugh A. Kuhn, M.D., J. H. Clevenger, M.D., C. L. Luckett, M.D., S. C. Snyderman, M.D., F. L. Sonday, M.A., and M. D. Steer, Ph.D., for the painstaking thoroughness with which it has assessed this matter and for its diligence in preparing the following approved report.

I. ANNUAL REPORT OF THE SUB-COMMITTEE ON NOISE IN INDUSTRY

The sub-committee is of the opinion that from year to year certain changes and additions will have to be made in the hearing conservation guides for industry and in the medico-legal aspect in ascertaining hearing losses and in recommending the degree of compensation. This is because of the newness and lack of development in this field and because the various national committees engaged in scientific investigation of these problems do not have final solutions.

To maintain the continuity of such a program, it is felt that the State Sub-Committee should have some degree of permanency for a period of perhaps five to six years.

In addition to the material published by the Sub-Committee of the Committee on Industrial Health last year, we wish to recommend additional steps be taken by industry in developing their programs with advice as to their selecting materials and training personnel. We also wish to establish certain tests, test conditions and personnel suitable to the medico-legal aspects of the problem.

In Connection with Industrial Testing Conditions As an Addition to the Guide to Industry

If pre-employment audiograms are to have any value in court, they must be made under certain recommended conditions with trained personnel and under the supervision of a physician.

(1) The test rooms for audiometry at present as the previous report indicated should have no more than 50 db ambient noise as measured by a standard sound level meter on the flat C scale. The American Standards Association will publish soon the physical requirements for these rooms. We believe that these conditions can be met with the use of certain portable soundproof rooms according to their published specifications if they are properly installed in the least noisy

portion of a factory. These rooms are offered by more than one company. Suitable rooms may be built but require expert supervision and are probably impractical from that standpoint in most instances. The following are the specifications for a portable (not mobile) soundproof room.

The noise level in the audiometric test room shall not exceed the following sound pressure levels (measured on "C" scale of a sound level meter meeting A.S.A. standards).

Frequency Band	Sound Pressure Level
75-150 cps	34 db
150-300 cps	42 db
300-600 cps	38 db
600-1200 cps	40 db
1200-2400 cps	48 db
2400-4800 cps	60 db
20-10000 cps (overall level)	50 db

According to the best information available, [1, 2, 3] these noise levels will permit air conduction thresholds of 0 db to be measured.

1. Cox, J. R., "How Quiet Must it be to Measure Normal Hearing?" Noise Control, 1:1, Jan. 1955, pp. 25-29.

2. Gales, R. S., "Techniques for Noise Measurement and Evaluation of Data." Noise Control, 1:3, May 1955, pp. 22-29.

3. Peterson, A. P. G., Beranek, L. L., "Handbook of Noise Measurement." General Radio Co., Cambridge 39, Mass. 1953.

Dr. Max Steer and Mr. Francis Sonday are in the process of drawing up specifications for a mobile sound-treated test unit which may be used by a group of industries thereby sharing the costs both of the unit and of a trained industrial audiometric technician.

(2) The equipment must be a pure tone audiometer with double head phones equipped with cushions or ear sockets and meet the specification Z 24.12-1951 of the American Standards Association. These machines require recalibration at varying intervals depending upon the use and care taken but should be electro-acoustically calibrated at least once yearly. They should be rapidly scanned at threshold by the operator before testing an employee. This minimizes mistakes when the machine is grossly out of order. The accuracy of the audiometer should be checked at intervals, depending upon how much it is used, by testing young persons (preferably 10) who have no history of previous ear disease or hearing loss. The average of these individuals should be within five db of zero threshold for each fre-

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quency. Failure to obtain this indicates either incorrect audiometer calibration or excessive room noise or both.

(3) The personnel should be an "industrial audiometric technician" or better, who is to do only air conduction pure tone audiometry. The Audiology Clinics at Purdue and Indiana University Medical Center are to set up the requirements for training and or certifying these personnel, after careful investigation and trial. Their findings will be used as criteria for the development of suitable like facilities in strategic portions of the state.

(4) Industrial audiometry should be done under the supervision of an industrial physician and consulting otologist. When audiometry of this kind is taken into court, the first question asked is "was the report signed by a physician?" This would indicate that the work had been supervised by a physician.

(5) Pre-employment audiograms may help placing certain personnel with hearing losses on jobs peculiarly fitted for them. This assumes these people have had an accurate diagnosis by a competent otologist.

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The Examination of the Industrial Deafened from a Medico-Legal Aspect as an Addition to The Guide to the Industrial Physician

In determining compensible cases we are convinced that more than one method must be employed to obtain an accurate diagnosis. These must be used to rule out malingering, psychogenic deafness and mixtures of the two.

In the Veterans Administration Dr. Glorig has stated that there must be close correlation between two pure tone audiograms and two speech tests. If there is any discrepancy further testing is in order.

The speech audiometer specifications have been compiled; i.e., Standards of the American Standards Association, specifications for speech audiometers, Standard Z 24.13-1953.

The Doerfler-Stewart is probably the most useful test in ruling out malingering. The delayed feedback test is also of great importance in some cases. We wish to emphasize that the Stenger and Lombard tests by themselves have only limited usefulness.

RECOMMENDATIONS TO THE INDUSTRIAL BOARD OF INDIANA REGARDING COMPENSATION CASES WITH HEARING LOSSES

In estimating percentage hearing losses it is agreed that some type of speech audiometry to measure the ability to hear speech correctly is the ideal method. To quote the Council on Physical Medicine and Rehabilitation of the A.M.A., April 16, 1955:

"Hearing and recognizing the spoken word is more than receiving independent signals, it is a dynamic process in which time is a factor and in which there are complicated interactions. It seems logical to use speech as the material in a test of the ability to hear speech. The unaided human voice as used in conventional 'spoken voice test' and the 'whisper test' is not sufficiently accurate and is confined to too narrow a range of intensity. Specifications for speech audiometers have been compiled. (Standards of the American Standards Association, Specification for Speech Audiometers, Z 24.13-1953, New York American Standards Association, 1953) The ability to repeat correctly or to respond appropriately to the sentences, questions or commands should be taken as evidence of correct hearing." This test material is now being formulated but will require time to perfect.

In the interim we wish to recommend the following procedure as a temporary stop gap. This method incorporates what we think are the best features of both the New York and Wisconsin plans for calculating the percentage hearing loss for the purposes of determination of compensation claims for occupational deafness. This loss is calculated by (1) averaging in decibels (with respect to normal thresholds) the thresholds of hearing for the frequencies 250, 500, 1000, 2000 and 4000

cycles per second, (or if the audiometer is so calibrated, of the frequencies 256, 512, 1024, 2048, and 4096 cycles per second); (2) utilizing a table furnished below to convert the average reading into the percentage hearing loss. It will be noted that a hearing loss of 15 db or less may be within the normal limits of variability and that losses of 80 db or more are considered total hearing losses.

CONVERSION TABLE FOR OCCUPATIONAL HEARING DISABILITY

Average Decibel Loss	% of Compensable Hearing Loss	Average Decibel Loss	% of Compensable Hearing Loss
15	0	49	52.28
16	1.53	50	53.83
17	3.07	51	55.36
18	4.61	52	56.90
19	6.15	53	58.44
20	7.69	54	59.98
21	9.23	55	61.52
22	10.76	56	63.05
23	12.30	57	64.59
24	13.84	58	66.13
25	15.37	59	67.67
26	16.91	60	69.21
27	18.45	61	70.74
28	19.99	62	72.28
29	21.53	63	73.82
30	23.07	64	75.36
31	24.60	65	76.90
32	26.14	66	78.43
33	27.68	67	79.97
34	29.21	68	81.51
35	30.75	69	83.05
36	32.29	70	84.59
37	33.82	71	86.12
38	35.37	72	87.66
39	36.91	73	89.20
40	38.45	74	90.74
41	39.98	75	92.28
42	41.52	76	93.81
43	43.06	77	95.35
44	44.60	78	96.89
45	46.14	79	98.43
46	47.67	80	100.00
47	49.21		
48	50.75		

The probability that a particular type or degree of hearing loss may or may not be benefited by a hearing aid should not be considered in calculating the disability.

Measurements should be made of the hearing of each ear separately. The recommendation of the Wisconsin Sub-Committee for computing total disability when both ears are used is: the ratio of loss of hearing in one ear to the loss in both ears shall be 1 to 5. We cannot find too much fault with this at this time.

Losses of hearing for tones of high frequency, that do not affect the understanding of speech, should be given consideration in the making of awards only in those rare instances in which the claimant has customarily worked at tasks for which good hearing for tones of these frequencies are prerequisite for employment.

Use and value of pre-employment examination to determine any existing loss of hearing: The committee strongly recommends the routine making of pre-employment examinations. We are now drawing up requirements for technicians and equipment suitable for this function. The frequency of periodic re-check testing, the value of protective equipment, the noise problem and the determination of danger levels have been given in the annual reports of this committee.

What period of time away from noisy environment is necessary before accurate appraisal of permanent hearing loss can be made? This has been set arbitrarily at six months.

Should evaluation be given to the age factor in fixing percentage loss of hearing due to work hazards? A proper allowance for "normal" aging effect on hearing is 0.5% for each year that a person is older than 50 years.

Are allergies and respiratory tract infections conditions precedent to loss of hearing? These conditions often are associated with impaired hearing and may be, by extension to the middle ear, the indirect cause of the impairment. This committee wishes to point out that hearing losses caused by exposure to noise are due to damage to the inner ear whereas the middle ear is the part affected by extensions of the upper respiratory tract infections and allergic salpingitis of the eustachian tube.

In general what examinations can and should be made to determine the nature of the hearing loss, i.e., whether due to noise, trauma or other causes? We believe that this will be the most difficult part of the assignment; a careful history plus physical, otological, special audiometric, and at times, psychiatric examinations will be required to make a differential diagnosis. It is necessary to have sound level measurements of the employees' industrial environment.

We also are including a list of definitions which will be of aid in the discussion of cases before the Industrial Board.

DEFINITIONS

1. Test room for pre-employment and re-check audiograms is an area for testing hearing meeting the requirements as set up by the American Standards Association, having approximately no more than 50 db noise level as read on the C scale of a sound level meter.

2. Audiologist is a person as used in the above context who has advanced certification in the field of hearing by the American Speech and Hearing Association.

3. Industrial audiometric technician is a person trained to meet requirements set up by the audiology clinics at Purdue University and

the Indiana University Medical Center. They are to be certified.

4. Threshold for hearing for pure tones or speech is the level of intensity relative to the average normal threshold at which 50% of the stimuli are correctly identified.

5. Normal threshold of hearing for pure tone audiometry is the modal value of the minimum sound pressure, at the entrance of the external auditory canal, which at that frequency produces a sensation of pitch in a large number of apparently normal hearing ears of persons in the age group from 18 to 30 years inclusive. It is indicated by 0 on audiometer.

6. Normal threshold for speech is the modal or commonest value of the threshold once a sample of every day speech has been chosen for reference. (At the present time there are test words and phrases which may be used in the differential diagnosis of deafness but not for estimating percentage hearing losses for compensation).

7. Spondee words are lists of equally accented two syllable words used to determine the hearing threshold for speech.

8. P.B. word lists are phonetically balanced monosyllabic words used to determine the listener's ability to discriminate among the phonetic elements of speech.

9. Malingerer is a person who of his own volition claims to have an organic deafness he does not have.

10. Psychogenic deafness occurs with or without an organic hearing defect but with an added unconscious elevation of threshold.

11. Temporary threshold shift is a temporary hearing loss usually about one-half an octave above the frequency of the exposure tone produced by sounds about 90 db (re 0.0002 microbar) of intensity and may last for many minutes or hours. By definition it is reversible or temporary.

12. Auditory fatigue is a temporary elevation of threshold for hearing greatest at the same frequency as a moderately intense exposure tone and may last for a few seconds up to a few minutes after exposure.

13. "Industrial hearing loss" or noise hearing loss is the cumulative loss of hearing resulting from exposure to noise over a period of weeks, months or years. This loss almost always begins at about 4000 cycles and gradually spreads to either side of this frequency.

14. Acoustic trauma is the immediate effect such as may be produced by single or multiple explosions or blasts as differentiated from "industrial hearing loss" which designates an injury that is produced slowly by repeated exposures to less intense noise. In acoustic trauma there is as a result of the shock wave or waves an actual mechanical injury to the organ of Corti especially in the second turn of the cochlea with destruction of hair cells. The pathology of "industrial hearing loss" is the gradual degeneration of the hair cells, particularly the external hair cells, in the basal turn of the cochlea.

15. Concussion deafness is the hearing loss resulting from a severe blow or blows to the head. The shock waves set up in the skull cause a similar type of damage and hearing loss as occurs in acoustic trauma.

16. Head-injury deafness or hearing loss may be from brain and Eighth Nerve injury, skull fractures especially of the temporal bone with permanent inner ear damage and irreversible physical damage to the middle ear. We regard the ear drum (tympanic membrane) as part of the middle ear. We believe damage to the external ear with resulting hearing loss is reversible, i.e., is not permanent with proper medical and surgical treatment. The external ear consists of the auricle and the external auditory canal.

17. Presbycusis is the hearing loss that occurs with the normal aging of the inner ear. It is difficult and often impossible to distinguish it accurately from "industrial hearing loss."

18. Noise is an unwanted sound.

19. Sound pressure level is the effective sound pressure at any point measured in decibels relative to 0.0002 dynes per square centimeter.

20. Ear defenders or protectors are devices to be worn to reduce the intensity of sound reaching the ear.

II.

The committee studied carefully, altered slightly and approved as changed the excellent report of its Sub-committee on Hearing Problems in School Children. The committee wishes to pay tribute to this sub-committee: J. William Wright, Jr., M.D., chairman, Walter Aagesen, M.D., Ernest Dietl, M.D., Robert Milisen, Ph.D., Guy Owsley, M.D., George Shaffer, Ph.D., and Joseph Sibbett, M.D., for its persevering effort in studying the many facets of this problem and for its cooperative effort in preparing the following approved report.

HEARING PROBLEMS IN SCHOOL CHILDREN

The hearing testing procedure as it is now done under the Hearing Test Laws as they now stand was considered, and temporarily approved. In brief, the procedure at the present time is to use a screening test at 20 decibels and to do individual retesting on those pupils who fail two or more frequen-



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cies in either ear. It was the concensus of the committee that it should be apprised of any new techniques for group testing as they may be developed. It is hoped that research from University Centers and Speech Clinics throughout the state will develop more accurate and rapid testing procedures. It is felt that this committee could be influential through the Indiana State Medical Association in gaining acceptance for such improved techniques throughout the state.

It is recognized that many audiometers used in the testing programs are antiquated and from a practical standpoint, grossly inadequate for the test situation. It is felt that all audiometers should be calibrated electro-acoustically at least once a year. In addition, all audiometers should have clinical calibration done at least one time weekly during the period of heavy use. It was deemed advisable that any school corporation purchasing an audiometer arrange with the selling agent to have a substitute audiometer available, should mechanical failure occur during the school year. One place where the ground work for this situation could be laid would be at the state institutions where speech and hearing therapists are trained.

Since testing is now done in too many instances by untrained personnel, it is recommended that anyone doing the testing have the equivalent of the basic certificate, advance certificate or research audiologist certificate as defined by the audiology clinics of the state colleges and universities of Indiana. This classification is defined under the Licensing Acts of the State, which designate three classes of audiometric technicians.

Present figures indicate that, even under ideal conditions, only 85% of the pupils failing the audiometric test are referred for medical examination. In the usual situation, the percentage is much less than 85. It is recommended that all pupils failing the test procedure should be referred for medical evaluation.

Only approximately half of the school corporations require a check on whether or not a medical examination has been done, if it were recommended in the first place.

In order to correct some of the deficiencies in the follow-up program, it is recommended that the School Test Law be amended so that school corporations would be required to report the results of follow-up examinations and therapy along with their reports of the testing procedure to the Indiana State Department of Education. It is also recommended that the report be considered unsatisfactory unless testing had been accomplished by a licensed audiometrician.

A review of the rehabilitative measures available to hearing-impaired children revealed the following: 85% or less of the school corporations recognized preferential seating of a hearing-deficient child. 14.6% of the school corporations have any provision for lip reading in the school system. 14.6% of the school corporations have any provision for auditory training. 31.4% have any provision for hearing aid evaluation.* It is concluded that the lip reading, auditory training and hearing aid evaluation facilities were totally inadequate for good follow-up.

Currently, the people responsible for follow-up examinations on pupils failing the test procedure are nurses, classroom teachers, attendance officers, and speech and hearing therapists. It was generally agreed that the greatest percentage of good follow-ups occurred when the speech and hearing therapist was designated this function. Therefore, it is recommended that the speech and hearing therapists do the follow-up work when they are available.

It was agreed that there is an adequate supply of speech and hearing therapists actively at work in the school corporations throughout the state. Since the test procedure and its follow-up, along with adequate provisions for lip reading, auditory training, and speech services, seem to hinge on a more realistic supply of speech and hearing therapists, much discussion took place concerning how these individuals could be obtained.

Only part of the problem appears to be financial. In this connection, it is suggested that a base salary, plus travel expenses, be given to speech and hearing therapists rather than a flat salary, out of which travel expenses must be paid.

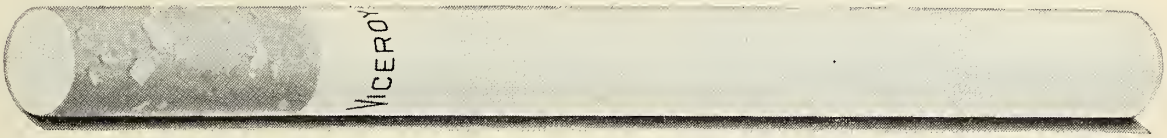
It is felt that an improvement might be made by empowering the county superintendent of schools to deal directly with the State Department of Special Education in obtaining speech and hearing therapists. This would obviate the dependence upon the trustees system within the various counties, and make the speech and hearing therapist feel more secure in accepting a position with the county schools. Some efforts should be made towards cutting down the case load of the speech and hearing therapists, in order that more adequate attention can be given to individual cases.

It is felt that a full-time professionally qualified person in the field of speech and hearing therapy should have a permanent place in the Division of Special Education. This would offer some supervisory coordination for the speech and hearing program throughout the state. Since available figures indicate that between $400,000 and $500,000 are spent yearly, on this function, it would seem to warrant the supervision of a full-time individual.

As an extra incentive to retain speech and hearing therapists in the state, it is suggested that otologists, singly or in groups, attempt to make some arrangements with the speech and hearing therapists and with the school system to utilize these people in their spare time. In order to avoid any conflicts, it is suggested that the speech and hearing therapists be used primarily for the pre-school and post-school cases. According to the local situation, this could be arranged during evening hours in a designated location, to which all physicians could refer their cases. It is recognized that most

* M. D. Steer. The need for hearing conservation programs in school.

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speech and hearing therapists already have extra jobs on Saturdays and during vacation periods, where they are not utilizing their vocational training. Many are working in department stores and at other endeavors. It would seem more economical to have them make a little extra income in their professional field of training. At the same time this would enable the community to do a better and more complete job.

It is believed that present legislation gives sufficient power for one of the state supported schools to begin a program directed toward training teachers of the deaf. The labor market, both state and nation-wide, in this field, is discouragingly meager. It is felt that immediate institution of such a training program is most desirable. It would seem more logical to have this program begin in one of the schools now involved in training speech and hearing therapists, and in a training center which has adequate facilities for research. It is hoped that one of these schools would enlarge their program to include training for teachers of the deaf. The training program should probably begin in one institution but should not be restricted to that institution.

The Indiana State School for the Deaf should be an integral part of the training program of teachers of the deaf. The in-service training of students would be mutually advantageous to the Indiana State School for the Deaf and to the teaching program.

It is thought that the institution of such a program and its desirability should be drawn to the attention of the presidents of various universities and colleges involved, by a personal letter from the president of the Indiana State Medical Association.

A serious need for education of otologists, the general medical profession, and the public in the field of children's hearing problems is recognized. The following suggestions were submitted as partial answers to this problem. A telephone seminar should be organized to disseminate knowledge of this problem to as many county medical societies as can be contacted. Letters to the various county medical societies offering a program along these lines, either by telephone seminar or by guest speakers, should be sent to all county societies. The problem of making the program interesting, either through the telephone seminar, or in-person presentations, should be carefully considered. It is felt that a system of audio-visual aids or clinical demonstrations offer the best method of holding interest. Clinical demonstrations with children with hearing problems can be arranged.

Considerable discussion was had concerning films which would be available for showing by various medical groups. It was also felt that either this type of film or some with a slightly different slant should be available to show to high school groups in an effort to interest the people in the field. The films should be in color. Several sources were named for films. It is not known that any of these films would exactly serve our purposes. Therefore, it was suggested that a film be made, probably through Indiana University, illustrating the salient points of diagnosis and treatment along with rehabilitative measures.

After the medical profession has been thoroughly indoctrinated with the possibilities, it would be a good idea to show this type of film or have this type of demonstration before PTA groups and associated interested parties.

It is suggested that a liaison committee between the Indiana Speech and Hearing Association and the Indiana Academy of Ophthalmology and Otolaryngology be established. It is suggested that two members of the Indiana Speech and Hearing Therapists Association be made honorary associate members of the Indiana Academy of Ophthalmology and Otolaryngology, and that two members of the Indiana Academy of Ophthalmology and Otolaryngology be made honorary associate members of the Indiana Speech and Hearing Association. It is hoped that this liaison committee could lead to better understanding of each other's problems in working toward a common goal.

The problem of recruiting interest in the speech and hearing field was discussed at some length. In order to stimulate interest among young people to go into this area, the following suggestions were made:

1. Encourage seniors in high school to visit classes which are present in their own school in which speech and hearing therapists are working with speech and hearing problems. These classes are in operation in many areas throughout the school year. It would also be appropriate to encourage these seniors to visit the Indiana School for the Deaf, and the existing facilities at the college and university speech and hearing clinics.

2. It would be advisable to have a speech and hearing therapist available to the students in high schools on vocational guidance day. He or she could explain the advantages of this field of work to the prospective graduate.

3. Encourage the cooperation of the otologists in participating in the program of vocational guidance, as outlined above.

4. Explore the possibility of talking to nurses in training concerning the possibility of taking additional speech and hearing therapy work along with some audiology, following graduation. In this connection, it was supposed that approximately one year additional work at a minimum cost would lead to a basic license in speech and hearing therapy.

5. Stimulate interest in the field through demonstrations and talks before PTA groups who in turn would see the advantages of the profession

for their children and be influential in directing them to explore the possibilities.

More attention should be given to the pre-school deaf child and closer cooperation be maintained by the speech and hearing therapists and the Indiana State Medical Association with the Public Health Department and its division of Child and Maternal Health Care.

A pre-school program should be encouraged wherever there are five to six children who need it. This could be done at the present time through utilization of existing personnel in speech and hearing therapy. It would probably be possible to have a weekly Saturday class in many areas at this time.

No attempt has been made to go into the various ramifications and problems suggested by the above recommendations. It suffices to say that they were many in number, and your committee tried diligently to exhaust all possibilities before making recommendations. We feel that the above recommendations represent the minimum rather than the optimum which should be accomplished in order that Indiana may have an economical and rewarding program for hearing-impaired children.

III.

The committee considered the matter of criteria for the use of the public in making hearing-aid selections. Its only conclusion was to recommend that all persons who present themselves for hearing-aid evaluations have a prior otologic examination.

It is our feeling that some degree of permanency should be given this committee and its two subcommittees in order to maintain continuity in the program.

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EDWARD J. PLOETNER, M.D.
RICHARD C. SWAN, M.D.
J. WILLIAM WRIGHT, JR., M.D.

COMMITTEE ON HEART DISEASE

The members of the committee have received a complete report of the activities of the Indiana Heart Foundation during the year 1954-55.

Professional Education

A symposium was held at Indiana University Medical Center on January 20, 1955. The members of the Research Committee of the American Heart Association participated in the program. Two clinical conferences were held in the afternoon and the subject for the evening meeting was "The Heart in Rheumatic Fever." Several hundred physicians from the state of Indiana and students from the Indiana University School of Medicine attended.

The Indiana Heart Foundation has aided the Academy of General Practice in conducting seminars on heart disease at the following Indiana cities: Whiting, Elkhart, Vincennes, Fort Wayne, Evansville, and Terre Haute. In most instances the speakers were men from medical centers outside the state.. Plans for refresher courses have been completed for presentation at Gary, New Albany, Elkhart, Evansville, Fort Wayne, Kokomo, Seymour, and Terre Haute during 1955-56.

The Indiana Heart Foundation mailed to all practicing physicians in Indiana a statement from the Council on Rheumatic Fever of the American Heart Association regarding the prevention of rheumatic fever. Emphasis was placed in this publication on the importance of eradicating streptococcal infection from the throat by full doses of penicillin. The committee heartily endorses this program.

The Indiana Heart Foundation has also co-operated with the Indiana State Medical Association in preparing tape recordings of scientific papers on cardiovascular disease.

With regard to publications and visual aids—The Heart Bulletin, a bi-monthly journal prepared by a private organization, was sent on request. This journal is focused particularly to physicians in general practice. At the present time the Indiana Heart Foundation is paying for the subscription for 1,500 physicians in Indiana who have signified their interest in this publication. Pamphlets on a variety of subjects are available to physicians, and these have been widely distributed. Several films on cardiac surgery are obtainable at the Indiana University Medical Center and the Robert Moore Heart Clinic at the General Hospital.

The Indiana Heart Foundation has purchased a "Cardiac Clinic." This is a new type of visual aid which consists of a long-playing record of a discussion by outstanding cardiologists with accompanying slides.

The Indiana Heart Foundation has also contributed consultants and speakers to meetings for graduate nurses. The state meeting in Indianapolis has been followed by regional meetings in Gary, South Bend, Fort Wayne, and Terre Haute.

Lay Education

The Committee learned that the Indiana Heart Foundation, in cooperation with the State Medical Association and the county medical societies, has conducted classes in weight control, low sodium diet, and work simplification for the cardiac housewife. Classes in weight control have been held in 50 counties. Over 4,000 men and women have participated in the last year. Exhibits have been held at county fairs, health fairs, school conferences, and PTA meetings. It should be noted that all activities of the Indiana Heart Foundation in the field of lay education are conducted with the approval of the county medical society.

The Committee has reviewed the research program that is being supported by the Indiana Heart Foundation. A total of $70,250 has been budgeted for research in Indiana. The Indiana Heart Founda-

tion is also contributing to projects of the American Heart Association (to the extent of over $30,000 during 1954). In turn, the American Heart Association has supported Dr. James D. Eberts at Indiana University, Department of Embryology, for a grant of $10,000 for a three-year study.

The Committee wishes to thank Mr. T. A. Kleckner, Executive Director of the Indiana Heart Foundation for the excellent report submitted. The Committee has approved the program of the Indiana Heart Foundation and is pleased to note that great progress has been made in the field of professional education. The Indiana Heart Foundation has at all times worked in close cooperation with the Indiana State Medical Association.

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Robert E. Lyons, M.D.
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INDIANA INTER-PROFESSIONAL HEALTH COUNCIL

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COMMITTEE ON INSTRUCTIONAL COURSES

Because the former plan of having all Instructional Courses on one day prevented some physicians from attending, the Committee on Instructional Courses this year evolved the plan of presenting the courses on each of the three days of the annual convention.

On Monday afternoon two blocks of five courses each will be given; the first from 2 until 3 o'clock, and the second, from 3 until 4 o'clock.

On Tuesday and Wednesday courses are scheduled for the morning. On each of these days courses, in blocks of five, will be offered from 8:30 to 9:30 a.m., and from 9:30 to 10:30 a.m.

At the spring meeting the committee considered requests and suggestions of members for this year's topics and attempted to follow as many as possible.

The committee has had excellent cooperation from those physicians selected as instructors.

We are interested in receiving reports on the new plan of spreading the Instructional Courses over a three day period and as always seek suggestions for topics to be presented at future meetings.

Edwin A. Lawrence, M.D., *Chairman*
Charles A. Jones, M.D.
William R. Tindall, M.D.
Pierce MacKenzie, M.D.
L. W. Vore, M.D.

COMMITTEE ON MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES

This committee met three times during the year. to discuss matters pertaining to maternal and child health and crippled children's activities. The work of the committee was conducted in cooperation with the Division of Maternal and Child Health of the Indiana State Board of Health and the Crippled Children's Division of the State Department of Public Welfare. The matters which were considered during the past year were as follows:

1. The institution of a one year pilot maternal mortality study was recommended by the committee and approved by the Executive Committee of the Indiana State Medical Association.

 The purpose of the study will be to provide postgraduate obstetric teaching. Maternal deaths in the state of Indiana will be reviewed by a committee composed of 12 members with general practice and other medical specialty representatives. The records of the cases will be kept strictly confidential at the Indiana University Medical Center, and practitioners doing obstetrics will be invited to the meeting of the Indianapolis Ob-Gyn Society to hear the discussion by the review board of the maternal deaths in Indiana.

 The total maternal mortality study for Indiana will be a joint project between the Indiana University Medical Center, the Indiana State Medical Association, and the Indiana State Board of Health.

2. The committee recommended that a follow-up caesarean section study be published annually for the next 5 years in The Journal of the Indiana State Medical Association because it was felt that the study has been of benefit in reducing extremely high caesarean section rates in certain communities in the state.

3. The committee approved recommendations concerning the prevention of retrolental fibroplasia and urged that they be distributed immediately to all hospitals and medical societies in Indiana since oxygen administration has been incriminated as a factor causing retrolental fibroplasia and since this constitutes a preventive medical emergency.

 The recommendations were distributed and were sponsored jointly by the Maternal and Child Health-Crippled Children's Committee and the Vision Conservation Committee from the Indiana State Medical Association, the Indiana Hospital Association, the Indiana Society for the Prevention of Blindness, and the Indiana State Board of Health.

 In addition, the Maternal and Child Health-Crippled Children's Committee agreed that

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the Division of Maternal and Child Health of the Indiana State Board of Health should purchase two oxygen analyzers which would be used for demonstration purposes by staff members of the Divisions of Maternal and Child Health and Hospital and Institutional Services in working with hospital pediatric and obstetric departments. The purchase of oxygen analyzers for each hospital in which premature infants are given care will be urged so that the exact concentration of oxygen can be analyzed in incubators of every type.

4. A Crippled Children's Subcommittee composed of: Carl D. Martz, M.D., chairman, Frank M. Hall, M.D., and Richard W. Halfast, M.D., was appointed to study the provision of rehabilitation services to the handicapped. It was recommended that the various medical advisory committees of public and private agencies for the care of crippled children submit an annual report to the Governor's Commission for Physically Handicapped Children and to the Maternal and Child Health-Crippled Children's Committee of the Indiana State Medical Association.

 The subcommittee chairman reported that:

 The subcommittee on crippled children's care conducted a limited survey by correspondence of the rehabilitation services for Indiana's physically handicapped children. The purpose of this was to ascertain whether medical advisory committees were established and active and also to get some idea of the annual reports of the various agencies. The response was acceptable in that the larger voluntary health organizations and larger schools for the crippled children responded with both commendable annual reports and experience of being helped by their physicians advisory committees to them in the various communities. Smaller schools did not present annual reports. Many of the national organizations and associations who promote rehabilitation efforts did not have advisory committees as such and did not submit annual reports.

 It was the impression of our committee that certain values could and would arise from medical advisory committees to the various organizations and agencies that profess to render rehabilitation services. The discipline of annual financial reporting is much to be desired and encouraged.

 Actions should be urged by the physicians in their local communities and appropriate legislation might be of some value in the effort to validate and coordinate the multiple agencies at work in this field. The committee was also active in helping the preparation of "Maternal and Child Care in the United States," part two of a series by the Council of Medical Service of the American Medical Association. This you will find published in the American Medical Association Journal, March 5, 1955.

 Following the Crippled Children's Subcommittee Report on Rehabilitation Services the motion was made that:

 > "The Maternal and Child Health-Crippled Children's Committee recommends to the legislative committee of the Indiana State Medical Association that it encourage legislation to be enacted which would require all agencies, collecting and dispensing funds for any field of maternal and child health and crippled children's welfare, to make an annual accounting report to the secretary of state or some other proper person."

5. The committee manifested great interest in the new speech and hearing conservation program which has been established in the Division of Maternal and Child Health at the Indiana State Board of Health. Dr. Raymond Summers, Speech and Hearing Administrator, will be invited to attend the first meeting of the new Maternal and Child Health-Crippled Children's Committee to discuss plans for a speech and hearing conservation program for Indiana. Since this new program has been established in the Division of Maternal and Child Health, a request has been made that an otolaryngologist be included on next year's Maternal and Child Health-Crippled Children's Committee since this group serves in an advisory capacity to the Division of Maternal and Child Health of the Indiana State Board of Health.

6. As previous committees have done for several years, the establishment of premature centers in Indiana was recommended by the committee to improve care of the premature infant and to reduce mortality due to prematurity which remains as one of the 10 leading causes of death for all age groups in the state of Indiana.

 The recommendation of the prior committee on Maternal and Child Health concerning the establishment of a premature center in the South Bend area was carried out. A premature center committee has been selected in St. Joseph County which is charged with the responsibility of determining whether or not there is need for a premature center in St. Joseph County and whether or not it would be feasible to establish one in the near future. At a recent meeting of this committee Dr. Donaldson Rawlings, Director of the Division of Maternal and Child Health for the Illinois State Board of Health, made a visit to South Bend to discuss the approximate cost and building plans that would have to be made to

convert one of the South Bend hospitals into a premature center.

7. After conferring with Dr. Lyman Meiks, chairman of the Department of Pediatrics at the Indiana University Medical Center and with Mr. Jack Hahn, Superintendent of the Indianapolis Methodist Hospital, the committee made the recommendation that Methodist Hospital be given complete approval for in-service training of nurses in the care of premature infants; the committee added that Methodist Hospital was to be commended for this activity and it was the committee's understanding that all such activities will meet the standards of the Divisions of Hospitals and Institutional Services and Maternal and Child Health of the Indiana State Board of Health. This recommendation was reported to the council of the Indiana State Medical Association which approved the establishment of a premature training center at Methodist Hospital, Indianapolis. Following this, the hospital sent a nurse-physician team to Cornell University Medical Center in New York City to take a special course in premature infant care with the assistance of the New York and Indiana State Boards of Health. At this time, the nurse-physician team has completed its training and has returned to Methodist Hospital to assist the administration with planning for the new premature center which will be included in the new building program for Methodist. The new premature training center at Methodist Hospital, Indianapolis should be completed within the next year or year and a half and will be used as an in-service training center for nurses from hospitals throughout the state of Indiana.

8. The committee has been informed of a total vision screening survey study of all schools in the state of Indiana which is being conducted jointly by the Division of Maternal and Child Health of the Indiana State Board of Health in cooperation with the Indiana Interprofessional Committee on Eye Care. This information will serve as a base-line study for a vision conservation program. A new full-time vision conservation administrator position has been established in the state merit system and will be placed in the Division of Maternal and Child Health.

9. The Maternal and Child Health-Crippled Children's Committee assisted the Division of Maternal and Child Health in writing a Parents' Class Guide which will be of definite benefit to physicians, hospitals, and nurses in local communities in establishing and developing classes for expectant parents.

The Committee reiterated its recommendation of last year in which it requested that the

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State Board of Health develop parents' classes in local communities only after the local medical society had been contacted and had given approval.

The Maternal and Child Health-Crippled Children's Committee recommended that the parents' class guide be published in THE JOURNAL of the Indiana State Medical Association in its September issue and that a copy of the guide be sent to each hospital administrator in the State of Indiana.

10. The Maternal and Child Health-Crippled Children's Committee made the motion that it shall continue as the official advisory committee to the Maternal and Child Health Division of the Indiana State Board of Health, as appointed by the Indiana State Medical Association, but relinquish honoraria paid by the Indiana State Board of Health with the provision that the State Medical Association continue as they do for other committees appointed by the Indiana State Medical Association.

C. O. McCORMICK, SR., M.D., *Chairman*
CARL D. MARTZ, M.D.
FRANK M. HALL, M.D.
DAVID A. BICKEL, M.D.
G. CURTIS YOUNG, JR., M.D.
RICHARD W. HALFAST, M.D.
JAMES E. SIMMONS, M.D.

The committee wishes to supplement the above report with the following Maternal, Infant, Neonatal, Under One Week, and Stillbirth Mortality Statistics in Indiana for the 25-year period of 1929 through 1953.

TWENTY-FIVE YEAR SUMMARY OF MATERNAL AND INFANT DEATHS IN INDIANA

	Maternal		Infant		Neonatal		Under one week[1]		Stillbirth	
	No.	Rate*	No.	Rate**	No.	Rate**	No.	Rate**	No.	Rate**
1929	414	70.	3,742	63.6	2,105	35.8			1,730	29.4
1930	370	62.	3,423	57.7	1,899	32.0			1,754	29.6
1931	342	61.	3,224	57.6	1,813	32.4			1,628	29.1
1932	302	57.	2,903	54.7	1,671	31.5			1,518	28.6
1933	297	59.	2,675	53.0	1,641	32.5			1,356	26.9
1934	303	58.	2,960	56.5	1,683	32.1			1,400	26.7
1935	278	53.	2,690	50.8	1,637	30.9			1,430	27.0
1936	261	48.	2,742	50.7	1,637	30.3			1,286	23.8
1937	195	35.	2,789	49.7	1,632	29.1			1,346	24.0
1938	224	37.	2,560	42.7	1,594	26.6			1,287	21.5
1939	214	37.	2,306	39.6	1,433	24.6			1,291	22.2
1940	178	29.	2,595	42.1	1,627	26.4			1,423	23.1
1941	167	25.	2,615	39.9	1,609	24.5	1,324[2]	20.2	1,372	20.9
1942	178	24.	2,701	36.6	1,702	23.1	1,396[2]	18.9	1,506	20.4
1943	149	20.	2,960	39.6	1,717	23.0	1,338[2]	17.9	1,514	20.3
1944	141	20.	2,462	34.5	1,532	21.5	1,221[2]	17.1	1,469	20.6
1945	113	17.	2,462	36.0	1,558	22.8	1,282[2]	18.7	1,341	19.6
1946	112	13.	2,697	31.5	1,947	22.8	1,633[2]	19.1	1,583	18.5
1947	114	12.	2,956	30.5	2,108	21.8	1,692[3]	17.7	1,713	17.7
1948	89	10.	2,740	29.7	1,875	20.4	1,611[3]	17.5	1,501	16.3
1949	62	6.6	2,704	28.8	1,852	19.7	1,539[3]	16.4	1,501	16.0
1950	61	6.5	2,477	26.6	1,711	18.3	1,485[3]	15.9	1,490	16.0
1951	56	5.5	2,710	26.8	1,948	19.3	1,693[3]	16.7	1,637	16.2
1952	48	4.6	2,808	26.9	1,944	18.6	1,708[3]	16.3	1,541	14.8
1953	42	4.0	2,807	26.6	1,931	18.3	1,665[3]	15.7	1,584	15.0
1954	42	3.9	----	---	----	---	------	---	----	---

1 Under one week not available before 1941
2 National Office Vital Statistics figures
3 State Board of Health figures

* Maternal deaths per 10,000 live births
** Infant, Neonatal, Under one week, Stillbirth per 1,000 live births (Under 1 yr.) (under 30 days.)

PER CENT OF DECREASE IN RATES GIVEN IN TWENTY-FIVE YEAR SUMMARY OF MATERNAL AND INFANT DEATHS IN INDIANA

(using 1929 rate as base)

1929 to	Maternal	Infant	Neonatal	Stillbirth
1930	11.4	9.3	10.6	.68
1931	12.9	9.4	9.5	1.0
1932	18.6	14.0	12.0	2.7
1933	15.7	16.7	9.2	8.5
1934	17.1	11.2	10.3	9.2
1935	24.3	20.1	13.7	8.2
1936	31.4	20.3	15.4	19.1
1937	50.0	21.9	18.7	18.4
1938	47.1	32.9	25.7	26.9
1939	47.1	37.7	31.3	24.5
1940	58.6	33.8	26.3	21.4
1941	64.3	37.3	31.6	28.9
1942	65.7	42.5	35.5	30.6
1943	71.4	37.7	35.8	31.0
1944	71.4	45.8	39.9	29.9
1945	75.7	43.4	36.3	33.3
1946	81.4	50.5	36.3	37.1
1947	82.9	52.0	39.1	39.8
1948	85.7	53.3	43.0	44.6
1949	90.6	54.7	45.0	45.6
1950	90.7	58.2	48.9	45.6
1951	92.1	57.9	46.1	44.9
1952	93.4	57.7	48.0	49.7
1953	94.3	58.2	48.9	49.0
1954	94.4	---	---	---

The committee feels the decrease in each instance is most gratifying, and particularly is this true in the instance of the amazing maternal decrease, 94.4 percent.

One would be tempted to assume, without examining the facts, that the introduction of antibiotics in the mid-forties would have explained the marked drop in maternal deaths, but the figures reveal a continuous drop in the maternal death rate indicating that there has been a significant, regular improvement in obstetrics and obstetrical procedures and practices during these 25 years.

In 1929 for every 142 babies born alive (58,830) in Indiana there was one maternal death (414). In 1953, 25 years later, for every 2,512 babies born alive (105,723) there was one maternal death (42).

Fully two-thirds of maternal deaths are preventable.

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COMMITTEE ON MEDICAL CARE INSURANCE

Pursuant to the action of the House of Delegates in their 1951 session, this committee has continued to pursue a study of the Voluntary Insurance movement and its effect upon the public and the profession.

Several matters have been referred to the committee during the past year, and they will be taken up item by item.

The 1953 session of the House of Delegates approved the report of this committee. We would repeat the recommendations made by the House as a preamble to one of the matters undertaken for study by this committee during the past year.

The recommendation of this House, adopted in 1953 were as follows:

1. The committee urges that the Association urge all members to adopt the idea advocated by the American Medical Association to discuss the fee the doctor is going to charge the patient before the services are rendered. Especially in relation to the indemnities to be paid by the prepaid medical plan.

2. It is the consensus of the committee that Blue Shield should be allowed to expand and to progress to meet competition of the insurance carriers with respect to higher indemnity schedule, home and office calls, and catastrophic coverage. Approval of the local medical societies should be sought before new types of contracts are devised or introduced.

Physicians who have followed reports in their newspapers of labor negotiations are well aware of the fact that these have taken quite a turn during the past two years. It is also evident, that government and management are taking the attitude that labor unions are here to stay, and that they represent a strong segment in determining the economy of our country.

Two years ago, it was thought there would never be such a thing as a guaranteed annual wage, yet today, major employers of labor have agreed to such a movement. Likewise, while we have heard rumors of desires for a pay-all type health insurance for these same people, we have been inclined to believe this, too, would not come into being.

The committee has had laid before it during the past year, some of the negotiations taking place with labor and management on this question and it is a fact that today management is ready and willing to enter into agreement to purchase pay-all type health insurance programs. Yesterday, so to speak, it was only labor concerned with this idea, but today, management has and is taking an active position in this field, and is joining in the demand for this type program.

The Indiana Blue Shield Plan was established on an indemnity basis and rightly so. It has created

some problems in the negotiation picture with employers who are national in scope. It should be remembered that of the 75 Blue Shield plans 58 are service while only 17 are indemnity such as ours, with 75 per cent of all Blue Shield members being covered by service programs. Those plans which are service in nature, have no problem in writing a contract to provide what labor and management are seeking. However the plans which are of the indemnity type are faced with the possible loss of this business unless they can devise a program that will in effect pay all medical care costs for hourly rated employees and their families. Therefore the Indiana Plan and the physicians face a problem which must be met one way or the other.

Objections are raised, this time by management, that they are not willing to buy a higher indemnity schedule unless they are assured the physician will honor the indemnity as payment for the procedure. They are of the opinion, right or wrong, that many physicians tend to charge more to patients who have insurance than to those who do not.

It is evident, that both labor and management have the attitude that they do not object to any fee the physician may charge, and are willing to buy and pay for insurance which would provide an indemnity sufficient to meet the charges of the physician for services rendered.

In view of the above background, your committee suggests the Indiana State Medical Association, through this House of Delegates, take action as follows:

1. That every county medical society adopt an average fee schedule covering charges made for care of the hourly rated employees of their community.

2. That members of each county medical society enter into agreement that they will accept the amounts agreed upon as full payment for medical service rendered to these people.

3. That a physician member of the society who feels his services are worth more than the schedule understands he is obligated to discuss any additional charge with the patient prior to the rendering of such service.

4. That at all times the physician should discuss his fees with his patient.

Since the matter of health insurance coverage has become an integral part of all major labor negotiations, and in view of the increased number of negotiations at the national level, we believe this House of Delegates should recommend that the American Medical Association should actively participate in these negotiations by offering its facilities in an advisory capacity toward developing prepayment programs of the highest value to the working people of the nation.

During the year, your committee has had referred to it two insurance proposals intended to be offered to the membership of this Association, one dealing with an insurance plan to provide operating and fixed expenses of the physician in case of illness, and the other a plan for a group type life plan. The committee reviewed these proposals and is of the opinion that it is not the proper function of this committee to endorse individual agents or policies.

William C. Reed, M.D., *Chairman*
T. R. Hayes, M.D.
Guy B. Ingwell, M.D.
Raymond E. Nelson, M.D.
Lloyd Foltz, M.D.
Raymond C. Beeler, M.D.
V. Earle Wiseman, M.D.

COMMITTEE ON MENTAL HEALTH AND ALCOHOLICS STUDY

The Committee on Mental Health and Alcoholics Study of the Indiana State Medical Association met on July 31, 1955. All members of the committee were present. Matters of reference to this committee were taken up as the first order of business.

The first was a copy of the plan of work of the Indiana Congress of Parents and Teachers submitted by the chairman on health. The plan was endorsed in its entirety and the committee realized that this was proposed from the standpoint of general health and not specifically from mental health. However, reference is made to behavior difficulties that should be discussed with the parents who should consult with the family physician. The Mental Health Committee commends this approach and urges the family physician to lend his advice and guidance in the use of available ancillary mental health facilities in his community.

Second, a letter referred to this committee from the Executive Committee of the Indiana State Medical Association outlining the interest and work of a non-professional man in the field of mental health problems. Extracts from the letter "the purpose of this letter is to inquire as to whether there is not some way in which this man's services can be used legitimately to advantage, whereby he could be qualified perhaps as a counselor only, working in conjunction with a physician, such as myself or even psychiatrists who are complimentary of his success in this area. Diagnosis and prescribing of medication would be done by the associated physician. It seems to me that he should certainly qualify on the same basis as a social worker in this field, for he has had college and university training. He usually spends two to three hours on the first interview, then one-half hour on the visits thereafter. Any suggestions you can offer in this unusual matter will be greatly appreciated for it seems to me that such talent is sorely needed in this complex age." After considering the letter in its entirety and two supporting testimonials,



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the committee recommended the rejection of any policy which would incorporate such practices in the field of medicine. The principles of the practice of medicine have evolved over a long period of years and have been guided by the fields of science so that progress has been stable. These principles must not be violated if the art of the practice of medicine is to be stable.

Third, a letter of inquiry concerning the activation and operation of a Mental Health Clinic in Grant County. Reference is made to a letter sent to the secretary of each county medical society in 1949. That letter outlined the growth and development and proposed expansion of the mental health movement in the state and urged each county medical society to take an active part in the direction of these activities. The committee again urges active participation on the part of the county medical society.

Note was taken of the activation of a Committee on Mental Health of the American Medical Association in January 1953. Detailed study was made of the program suggested for State Medical Associations. At the conclusion of this study the entire committee was aware of the importance of continuity of work of state committees in perpetuating liaison with the AMA committee in resolving common problems. Therefore, this recommendation is submitted before actions on the 13-point program are reported.

It is recommended that the Committee on Mental Health and Alcoholics Study be composed of six members, three of whom are psychiatrists. At the end of each two years, one psychiatrist and one general medical man be replaced, thus assuring continuity of effort.

The committee acknowledges the announcement of the meeting of the AMA committee in Chicago, November 18 and 19, 1955 and recommends that the State Medical Association be represented by at least one member of the Mental Health Committee.

It is recommended that each county medical society designate a member or a committee to aid in the dissemination of information on mental health problems. By this means, the State Mental Health Committee can maintain a closer relationship with the county society and assist them with their problems. Such current matters are those of, 1) coordinating the activities of the State Mental Health Association (the lay organization); 2) medical assistance in the direction of county mental health programs; 3) sponsorship by the county medical society of a program during Mental Health Week to bring a closer relationship, and common effort with lay groups; and 5) the extension of education in matters of mental health, the furtherance of preventive measures against mental and emotional illnesses and the development of measures for rehabilitation. Future state committees are urged to lend aid to the county medical societies in the promotion of these projects.

After a study of the Blue Cross-Blue Shield and other medical service plans to determine ways by which the plans may more effectively provide for treatment of mental and emotional illnesses, this committee recommends to the Medical Care Insurance Committee that a minimum of 30 days be extended to 60 days of hospital coverage of mental illnesses.

The Mental Health Committee calls attention to the postgraduate courses in psychiatry which have been held at the Norways Foundation Hospital for the past two years. This fulfills a recommendation of the National Committee and Norways Foundation Hospital is commended for this activity.

Recognition of a course on Pastoral Counseling was taken and commendation is given to the Mental Health Association for developing this course in conjunction with the Indiana Neuropsychiatric Association.

It is recommended that the Committee on Alcoholics study be made a Sub-committee of the Mental Health Committee. It is further recommended that any laws pertaining to the control of alcoholism be separated from those pertaining to mental health and that these laws include provisions for commitment of alcoholics; that provisions be made for the segregation of alcoholics.

The committee supported a resolution of the Indiana Neuropsychiatric Association which states: "At its November 1954 meeting the Indiana Neuropsychiatric Association reaffirmed its opposition to any shift in the policy or the program of the Indiana State Department of Mental Health that would tend to further socialize the care of mental patients within the state". The resolution was prompted by a plan which is in operation in some states and was discussed at the Midwest Governors' Conference on Mental Health and expressed in these terms "revenues may be secured from the general fund or some special fund set up for that purpose. In Illinois and Ohio, patient fees have been a source of substantial sums for effective research and training programs." The committee recommends that any plan to extend this type of charge against patients in a tax supported hospital be rejected.

As chairman, I want to commend the members of this committee and thank each one for his efforts.

Murray DeArmond, M.D., *Chairman*
Frank M. Gastineau, M.D.
Lowell F. Beggs, M.D.
Eldred F. Hardtke, M.D.
Harry Brandman, M.D.
Herbert O. Chattin, M.D.
Paul W. Sparks, M.D.

COMMITTEE ON MILITARY MANPOWER

Activities of the Military Manpower Committee during the past year have been minimal. Again the return of physicians from military duty has been greater than the number called. As mentioned in last year's report justification for continued deferment on an essentiality basis is difficult. So far as possible re-check on essentiality through the county military manpower chairman or the county society officers has been made and when possible under National Advisory Committee directives their recommendations have been endorsed.

During the past year the deaths of Dr. Gordon Thomas of Lafayette and Dr. Carl Miller of Fort Wayne have reduced the committee size. Both committee members were of the original group appointed and served loyally and well.

Future activity under the extended Doctor's Draft will probably have little effect on this state as there are very few remaining who have not met their military obligations.

John E. Owen, M.D., *Chairman*
John M. Palm, M.D.
Gayle J. Hunt, M.D.
Erwin Blackburn, M.D.
William M. Cockrum, M.D.
Herbert M. English, M.D.

COMMITTEE ON NECROLOGY

As usual this committee has prepared and furnished the Indiana State Medical Association Journal a complete record of the names of those physicians who have died during the past year, together with the causes of death and other statistical facts.

Other than this the committee transacts no business.

James B. Maple, M.D., *Chairman*
William E. Amy, M.D.

COMMITTEE ON PHYSICIAN-HOSPITAL RELATIONS

Your Committee on Physician-Hospital Relations does not have much information to add to that reported by the chairman to the Council of the Indiana State Medical Association at its spring meeting on April 17, 1955. At that time he gave a full report on the controversy that had developed in Iowa between the hospitals and the physicians as a result of the attorney general's ruling that hospitals employing physicians on a salaried basis were illegally engaged in the practice of medicine.

The Iowa State Medical Association contends that the hospitals, in conducting hospital laboratories and x-ray departments in such manner that they are selling to the public diagnostic, or diagnostic and treatment services for human injury and disease as laboratory and x-ray services, are engaged in unauthorized, unlicensed and illegal practice of medicine.

The Iowa State Hospital Association maintains that the ownership, operation and maintenance of laboratory facilities are an integral part of the lawful activities of the hospital and that hospitals may charge and bill for laboratory services performed in their laboratories, the same as they have done as long as hospital laboratories have existed in Iowa.

As a result of this dispute, the attorney general of Iowa rendered this opinion:

> "There can be no doubt that in the case where a corporation hires a licensed member of the profession on a straight salaried contract and they in return receive any amount as compensation for professional services rendered, the one receiving the salary would be guilty of unprofessional conduct within the purview of the foregoing subsection. It would be equally fair that under the type of contract where a compensation is determined by a percentage of either gross or the net earnings of the department, that would likewise be guilt on the part of the licensed member of the profession of dividing fees with the corporation, if any amount was received by them as compensation for professional services rendered."

The Iowa hospitals disagree with this; they claim that they are not practicing medicine. The Iowa attorney general has defined "the practice of medicine" as follows:

> "One who publicly professes to be a physician and induces others to seek his aid as such is practicing medicine. Nor is it requisite that he shall profess in terms to be a physician. It is enough under the statute if he publicly professes to assume the duties incident to the practice of medicine. What are the duties incident to the practice of medicine? Manifestly, the first duty of a physician to his patient is to diagnose his ailment; manifestly, also, the duty follows to prescribe the proper treatment therefor. If, therefore, one publicly professes to be able to diagnose human ailments and to prescribe proper treatment therefor, then he is engaged in the practice of medicine."

The Iowa State Hospital Association has refused to accept the attorney general's interpretation of the complaints. Hence, the Iowa situation remains today very much the same as it did a year ago, and the question as to whether or not the hospitals are

practicing medicine without a license is still very debatable.

As instructed by the Council, your committee shall continue its study of this matter and report any further developments.

Ralph V. Everly, M.D., *Chairman*
Donald W. Ferrara, M.D.
Clyde G. Botkin, M.D.
Charles O. Hamilton, M.D.
George S. Row, M.D.
Frank Oliphant, M.D.

COMMITTEE ON POLIO

During the past year your Committee on Poliomyelitis has had several occasions to confer on matters related to poliomyelitis regarding the project of the administration of the vaccine in Indiana.

1. On February 20 the State Health Commissioner, Dr. A. C. Offutt, called a meeting of the Indiana State Poliomyelitis Planning Committee for the purpose of formulating plans for the inoculation of all first and second grade school children in Indiana. The chairman and representatives from your committee attended this meeting and subsequently the whole committee conferred by letter regarding the plans and reviewed all publicity releases and other published material which it was planned to use during the pre-inoculation campaign and later during the course of the inoculations.

2. On April 21, your committee conferred by telephone on the matter of a suitable statement regarding the attitude of the State Medical Association as regards the handling of the polio vaccine after the completion of the inoculations of the first and second grade school children. The committee was in full agreement that the vaccine should be handled just as other vaccines for people unable to pay are handled by the State Board of Health.

3. On June 24, your committee again conferred by telephone on the method of disposition of a small amount of vaccine that was still available for inoculation. It was suggested that this be made available to the smaller counties which wished to use it because there was not enough to distribute to the whole state.

Lall G. Montgomery, M.D., *Chairman*
M. C. Topping, M.D.
James T. Oswalt, M.D.
Willis Stogsdill, M.D.
Morris Snyder, M.D.

COMMITTEE ON SCHOOL HEALTH AND PHYSICAL EDUCATION

Due to the illness of the chairman, this committee has not met during the year. However, a meeting probably will be held this fall.

The chairman will represent the Indiana State Medical Association at the Fifth National Conference on Physicians and Schools, sponsored by the Bureau of Health Education of the American Medical Association, at Highland Park, Illinois, October 12 to 14, 1955.

T. A. Hanna, M.D., *Chairman*
Ray M. Borland, M.D.
Donald K. Winter, M.D.
Daniel G. Bernoske, M.D.
John E. Fisher, M.D.
Lloyd J. Holladay, M.D.

COMMITTEE ON STATE FAIR

As in years past your Committee on State Fair conducted an exhibit at the Fairgrounds in the West Board of Health Building. The exhibit occupied its traditional southwest corner location and featured two exhibits provided by the American Medical Association.

One exhibit entitled "See the Medicine Show" illustrated information compiled from the Bureau of Investigation of the AMA. Designed for both public and professional showings the exhibit featured exposes of such medicine men as "Old Doc" Estep, Gayelord Hauser, Adolphus Hohensee, the Milford Sanitarium in Kansas, Harry Hoxsey and others. Estep's atom water machine was a part of the exhibit.

The other exhibit was a four panel arrangement on "Sinus Trouble" and showed the location of the sinuses, the normal as well as the infected sinuses, the diagnostic procedures used by physicians to determine a suspected infection in the sinuses, and the recommended treatment.

Medical students from Indiana University took blood pressures of visitors to the booth. Approximately 10,000 people passed through the exhibit during the nine day affair.

Pamphlets dealing with phases of medical care in the home and medical education were distributed by representatives of the Indianapolis Woman's Auxiliary, who acted as hostesses. The committee wishes to express appreciation to this group for giving generously of their time.

Malcolm O. Scamahorn, M.D., *Chairman*
Harry Pandolfo, M.D.
William F. Tranter, M.D.
Jesse C. Ambrose, M.D.
George Wagoner, M.D.

COMMITTEE ON TRAFFIC SAFETY

The Committee on Traffic Safety of the Indiana State Medical Association met on Wednesday, May 11, 1955, at the Student Union Building, Indiana University Medical Center. The meeting was attended by the following men:

Dr. Walter Portteus, President, Indiana State Medical Association; Mr. James A. Waggener, Executive Secretary, Indiana State Medical Association; Captain Paul Beverforden, Indiana State Police; Lt. Jack Arthur, Indianapolis Police Department; Dr. Merrill Davis, Marion, committee member; Dr. M. G. Murphy, Morgantown, committee member; Dr. H. M. Trusler, Indianapolis, chairman; Dr. E. B. Smith, Professor of Pathology, Indiana University Medical Center; Dr. Thomas B. Bauer and Dr. Dennis S. Megenhardt, members of the Trauma Committee of the American College of Surgeons.

Doctor Portteus, speaking for the Indiana State Medical Association, stated three objectives which he felt the Committee on Traffic Safety should discuss.

1. Close cooperation with the Indiana State Police Department on a traffic safety program.
2. Discussion of the use of safety belts in automobiles.
3. Cooperation with the Indiana State Police Department on their crash injury research program.

Two other proposals from the committee were:

4. Consideration of accidents involving emergency vehicles, (fire trucks, police cars and ambulances).
5. The question of closer control of the accident prone automobile driver.

All of these topics were discussed at length. Captain Beverforden of the Indiana State Police, presented the details of the elaborate traffic safety program which Indiana and numerous other states are carrying on in conjunction with the Automotive Crash Injury Research, Cornell University Medical College, New York City, New York.

Captain Beverforden further pointed out that the State Police Department would welcome the interest of doctors in stimulating continued efforts to reduce the traffic hazard.

The question of the use of safety belts was given considerable discussion. There has been no unanimous opinion among automobile manufacturers as to the routine installation of safety belts in automobiles. The reasons for and against safety belts as a standard installation seem to be obvious. Most people do not enter their cars with any definite thought of the dangers involved. At the same time it does appear obvious that the occu-

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pants of an automobile would be much safer with a safety belt when the crash occurs. Certainly anyone who spends a large part of his working hours in an automobile would be wise to install a safety belt. Perhaps the interest aroused by such individuals would lead to more widespread demand. There is, of course, the argument that safety belts could be the means of entrapping an individual in a burning automobile. The same argument arose in the discussion of automobile doors. The crash injuries research studies have revealed the fact that many people suffering fatal injuries in automobile accidents, do so because doors fly open and occupants are hurled out of the car with great force. The point was made that automotive engineers have not made definite contributions toward added safety in automobiles. It was the consensus of this meeting that automobile traffic safety could be improved by continued effort and more publicity from the activities of medical men in collaboration with police officers.

Concerning the accidents involving emergency vehicles, Lt. Arthur of the Indianapolis Police Department stated that recent action had been taken in Indianapolis to call for increased caution in an effort to avoid the too frequent accidents involving emergency vehicles.

Concerning the fifth item, namely closer control of the accident prone automobile driver, the discussion revealed the fact that the laws are on the statute books. The problem is one of enforcement.

Harold M. Trusler, M.D., *Chairman*
Merrill Davis, M.D.
W. G. Pippenger, M.D.
C. B. Fausset, M.D.
Howard E. Hill, M.D.
Robert Rang, M.D.
M. G. Murphy, M.D.

COMMITTEE ON TUBERCULOSIS

The Committee on Tuberculosis held one meeting during the year, on January 23, 1955. At this time the general tuberculosis program and the value of mass x-ray programs were discussed.

The program for the luncheon meeting of state and county tuberculosis committees, to be held during the annual convention of the Indiana State Medical Association, was also discussed, and it was decided to have a paper on "Pulmonary Function Studies at Irene Byron Sanatorium," at this time.

Jas. H. Stygall, M.D., *Chairman*
Joseph W. Strayer, M.D.
Edward W. Custer, M.D.
Hubert B. Pirkle, M.D.
J. Nelson Ewbank, M.D.
Orva T. Kidder, M.D.
James F. Spigler, M.D.
Thomas R. Owens, M.D.
Raymond C. Meyer, M.D.

COMMITTEE ON VENEREAL DISEASE

There have been no problems referred to this committee during the year. The chairman has kept in touch with the State Board of Health and they had no problems in this field to refer to us. In fact, there is some question in your chairman's mind that it might not be better to combine the functions of this committee with some other committee as there has not been the necessity for calling a meeting for some years, and it would hardly seem necessary to continue the committee as a separate function. This suggestion is made by the chairman only and represents his own personal views.

Minor Miller, M.D., *Chairman*
Frank W. Messer, M.D.
Robert W. Phares, M.D.
Lester L. Renbarger, M.D.
O. L. Wood, M.D.
Andrew C. Offutt, M.D.

COMMITTEE ON VETERANS AFFAIRS AND REHABILITATION

The Veterans Affairs and Rehabilitation Committee met in May 1955. Members present were Drs. Jack Pilcher, Robert Fry, Wm. E. Sutton, and Dan E. Talbott.

The Home Care program and the controversial subject of V. A. hospitalization of patients with non-service connected disabilities were the chief subjects of discussion.

No resolutions were formulated at this meeting. It was, however, the unanimous opinion of the members present that the medical profession, veterans organizations, civilian population, and veterans administration should adhere strictly to existing laws pertaining to hospitalization of veterans in V. A. hospitals, and eliminate the 'chiseler' from V. A. facilities.

Dan E. Talbott, M.D., *Chairman*
William E. Sutton, M.D.
Jack Pilcher, M.D.
Robert D. Fry, M.D.
James M. Kirtley, M.D.

LIAISON COMMITTEE WITH INDIANA ASSOCIATION OF LICENSED NURSING HOMES

The Liaison Committee of the Indiana State Medical Association and a representative committee of the Indiana Association of Licensed Nursing Homes have met twice this year for our mutual understanding of problems and suggestions of methods of improvement in the care of our mutual patients.

An interesting connotation is that at the present time there are 382 licensed nursing homes, with over 7,000 beds, in the state of Indiana. It is obvious that this is becoming a big business with the great likelihood of an increasing, rather than diminishing, of this part of our sick and ailing population.

The impression of our committee is that the Indiana Association of Licensed Nursing Homes is a virile, progressive and responsible organization with the high purposes of raising the standards of their homes. They earnestly seek the cooperation of and suggestions for improvement from the medical profession. The joint committee has prepared a questionnaire to be submitted to the doctors of the state, and it is hoped this will be read carefully and responses submitted.

An evidence of the forward looking attitude of this organization is the holding of their first advanced institute which was held at the Indiana University Medical Center on June 6, 7, and 8.

Following are some of the titles of discussion:

1. General Nursing Care
2. The Cardiac Patient
3. The Orthopedic Patient
4. Senile Degenerative Diseases
5. The Genito-urinary Patients
6. The Diabetic Patient
7. Medications
8. Procedures Demonstration
9. Motion Pictures on Nutrition
10. Sanitation
11. Panel Discussion of Medical Records
12. Pharmaceutical Demonstrations
13. Panel Discussion on Ethics
14. Social Problems of the Chronically Ill
15. Neuropsychiatric aspects of Service to the Non-Psychotic Patient
16. Physical Therapy, Practical Demonstration
17. Medical Aspects

In the panel discussion on Medical Records it became apparent that a better cooperation is needed from the doctors in the matter of written orders and specific instructions; also the necessity for written record of diagnosis and brief progress notes.

It is now legally necessary for records to be maintained on each patient. The vital need for the doctor's cooperation on this phase of the program is apparent. From the medico-legal viewpoint alone it is very important.

Paul G. Iske, M.D., *Chairman*
Maurice V. Kahler, M.D.
Max S. Norris, M.D.
H. G. Weiss, M.D.

LIAISON COMMITTEE WITH LABOR

The Liaison with Labor Committee met early last spring; it was the consensus of the members that a meeting with labor representatives at state level might clear some of the confused reports and be of value. The meeting was arranged and we met with the state leaders of C. I. O. The A. F. of L. turned down the meeting stating we were on the managerial side. It is our belief that this is the opinion of one man, the state leader of A. F. of L., and not the feeling of the majority of A. F. of L. leaders and members. This first meeting was mostly on the get-acquainted basis. Later the C. I. O. leaders asked for another meeting and this was held. At this meeting they had some definite suggestions and proposals. Their proposed program follows:

1. State Medical Labor Committee to be composed of small group to meet upon request from either organization.
2. County Medical Labor Committee to be composed of three or more members from each group to meet quarterly (more often if necessary) to discuss medical problems, proposals, health needs of community and other issues pertinent to the functioning of such a committee.
3. Each county group must agree to change personnel of their respective committee, if personality conflicts arise, upon the request of the State Medical Labor Committee.
4. County Medical Societies would do well to seriously consider establishment of a fee schedule for average charges in their particular county with the understanding that no physician will charge more for the services included on the schedule unless the patient is informed prior to the rendering of service that the fee will be more than the schedule.
5. The State Medical Association will maintain a Grievance Committee to review charges or criticism not resolved on county level.

These proposals were discussed in detail. Paragraphs 1 and 2 are routine. Paragraph 3 was deemed not feasible due to the fact that the state

organization does not have dictatorial powers in either organization.

The most important part of their proposal, paragraph 4, was considered and in view of previous experiences elsewhere in the country was considered feasible. It was suggested, however, that it be at local county level and not a state sponsored procedure.

It is the recommendation of this committee that the proposals of the C. I. O. listed above, with paragraph 3 deleted, be approved by the Indiana State Medical Association.

Arthur J. Roser, M.D., *Chairman*
R. L. Kleindorfer, M.D.
Lester D. Bibler, M.D.
Raymond E. Nelson, M.D.
Wm. Harry Howard, M.D.

LIAISON COMMITTEE WITH THE STATE DEPARTMENT OF PUBLIC WELFARE

Much unjust criticism has been leveled at Indiana doctors relative to welfare costs and the committee organized itself to ascertain the facts regarding the situation. Preliminary meetings were held with the Administrator of the Department of Public Welfare and his aides. Full cooperation from the department was promised and this help has been welcomed by the committee. A questionnaire was distributed to all local county medical societies. The response to the questionnaire was approximately 80% of the total number of county societies. The results of the questionnaire were published in The Journal of the Indiana State Medical Association.

It soon became apparent that the original committee, consisting of three members, was too small to effectively cover the state. The President of the State Association therefore increased the membership to six. Each member was charged with the responsibility of establishing liaison with the county societies in his allotted area. By letters, phone calls or personal visits he is to act as advisor and trouble shooter for county societies which may need his help in solving local problems.

The committee believes that there is a need for physicians to have a digest of the Welfare Act, with pertinent interpretations, so they may know their duties, rights and obligations. The committee further believes that an effective liaison committee between each county medical society and the local Welfare Board is the most practicable way to solve local problems. Most of the difficulties that have arisen are in areas where no liaison committee is operative. The committee is convinced that the vast majority of Indiana physicians are honest in their dealings with the Welfare Department. The committee feels that a start has been made to acquaint both physicians and the Welfare Department with mutual problems and proposed solutions. Effective cooperation is our guarantee of success.

The committee is engaged in a long-term and continuing program. It welcomes help and suggestions as to how it can best be effective.

David L. Adler, M.D., *Chairman*
Richard P. Good, M.D.
Jerome A. Graf, M.D.
Raymond E. Nelson, M.D.
Henry J. Rusche, M.D.

THE JOURNAL

I am happy to report on another year of publication which has been successful both from the financial and from the scientific standpoint.

A report of the advertising revenue and printing costs is included in the annual report of the Executive Committee. Production costs have increased from time to time, but the budget of The Journal has been maintained on a solvent basis by a steady increase in Association membership and by an increase in the number and size of advertising contracts. The basic advertising rates have remained at the same level for three years.

The Journal has continued to receive many excellent scientific papers. Most of the articles are submitted by their authors without solicitation. For special issues a few papers are requested by The Journal staff. In both these instances the manuscripts received this year have been of high quality. The staff is grateful for the many members of the Association who have contributed.

The excellence of the scientific content of The Journal is attested to by the fact that a considerable number of the papers have been abstracted by The Journal of the A. M. A., an abstract service which covers the world literature.

Another source for the scientific section are the papers delivered at the Annual Convention. This source is not as productive now as it has been in the past, since the Convention programs recently have contained more and more presentations which were modeled primarily for delivery to a listening audience, and are therefore usually not especially suitable for a reading audience.

While the number of publishable Convention papers has diminished, the papers from the other two sources have been numerous enough and of sufficient merit to adequately supply the needs.

There have been indications during the past two years that the new format and arrangement of The Journal and the high quality of its scientific content have attracted advertising accounts.

Frank B. Ramsey, M.D., *Editor*

Resolution No. 1

RESOLUTION ON THE ESTABLISHMENT OF LOAN FUND FOR NEEDY MEDICAL STUDENTS

The Lawrence County Medical Society, realizing the need for loan funds which should be available to needy medical students, does hereby present the following resolution to the House of Delegates of the Indiana State Medical Association:

BE IT RESOLVED That since there is in the general funds of the Indiana State Medical Association $204,910.00, and since this fund is drawing interest mostly from government bonds from 1.5% to 2.9% interest, and since we feel that investment in our future practitioners is worth more than this, we do hereby resolve that there be set aside from the Indiana State Medical Association's general fund $75,000.00 which shall be used to loan to needy medical students.

BE IT FURTHER RESOLVED That a committee be appointed by the president of the Indiana State Medical Association that shall consist of (1) the president of the Indiana State Medical Society; (2) one of the councilors of the Indiana State Medical Association; (3) one member from the general practitioners' group of the Indiana State Medical Association, and (4) one member from the specialist groups of the Indiana State Medical Association. Also, the treasurer of the Indiana State Medical Association, the dean of Indiana University School of Medicine, and the legal councilor of the Indiana State Medical Association.

These men need not meet as a body to pass on loans, but can approve loans at any time. That loans shall not be more than $1,500.00 to each student during the school year and that his total loan shall not be more than $3,000.00. Also the student shall execute a note, which in case of the married student shall be signed by his wife, and will bear interest from the date of his graduation or withdrawal from medical school. The rate of interest shall be 5%, but there shall be no interest charged before the student shall have been graduated from the medical school or withdraws from the medical school. At the discretion of the committee when the notes are overdue diligent effort shall be made to collect said notes. Also, when the student shall have credit available to him he shall repay the note that the fund may be replenished for further loans. It shall be binding upon the treasurer of the medical society to issue money on these notes when they shall have had the signature of four of the members of the committee.

BE IT FURTHER RESOLVED That the above described loan committee shall elect each year a chairman who shall be responsible for receiving applications for loans and shall investigate such requests for loans in a thorough manner and shall within ten days contact, if possible, each member of the loan committee who shall then approve or disapprove the loan as he or she sees fit. The committee shall have the right to accept contributions from individuals to replenish the fund. Also it shall be the power of the House of Delegates at their annual meeting to vote further funds from any surpluses in the general fund of the Indiana State Medical Association to increase this loan fund.

LAWRENCE COUNTY MEDICAL SOCIETY

HOWARD T. HAMMEL, M.D., *President*
WILLIAM R. NOE, M.D., *Secretary*
K. T. EDMONDS, M.D.
R. B. SMALLWOOD, M.D.
CHARLES B. EMERY, M.D.
CLAUDE DOLLENS, M.D.
DONALD M. KERR, M.D.
THOMAS J. FOUNTAINE, M.D.
RAYMOND DUNCAN, M.D.
JOHN P. SCHERSCHEL, M.D.

Resolution No. 2

RESOLUTION ON THE ESTABLISHMENT OF AN OFFICE ASSISTANT SECTION

The following resolution is respectfully submitted to the House of Delegates of the Indiana State Medical Association for their consideration, having passed the Clay County Medical Society at their regular meeting July 19, 1955:

WHEREAS: Practically all members of the Indiana State Medical Association have Office Assistants either as receptionist, nurse, technician, secretary and etc., and

WHEREAS: These individuals are basically interested in the Medical Profession for the most part and the problems of their employers, and

WHEREAS: These individuals are interested not only in the economical but also the scientific and the public relations of the Medical Profession, and

WHEREAS: There are no provisions made in the Indiana State Medical Association for this group of associates to learn of the problems of our Profession, and

WHEREAS: It is felt that it would be to the benefit of our Profession to have a Section in our association for these individuals, Therefore, be it

RESOLVED: That the Indiana State Medical Association establish through the proper channels a Section for these individuals so that they might learn of the scientific, economic and public relations problems of our Profession.

CLAY COUNTY MEDICAL SOCIETY



"Let's Go Back to French Lick!"



Welcome,

Members of Indiana State Medical Association

French Lick Sheraton Hotel

Arthur J. Newman, ***General Manager***

William A. Roth, ***Sales Manager***

Technical Exhibits

October 17, 18 and 19

8:00 a.m. to 5:30 p.m., Monday and Tuesday

8:00 a.m. to 4 p.m., Wednesday

Booth **COMPANY and PRODUCTS**

14 Abbott Laboratories, North Chicago, Illinois

Bill Castner, Mark Carl, Milton H. Freeland, Harold C. Clauson
A topical anesthetic with a low index of sensitivity, TRONOTHANE,® (Pramoxine Hydrochloride, Abbott), will be among the new products exhibited by Abbott Laboratories. TRONOTHANE is unique in that it is unrelated chemically to the "caine"-type anesthetics. Abbott will also exhibit ERYTHROCIN (Erythromycin, Abbott), the direct-acting antibiotic which provides specific action against cocci infections and minimal risk of side effects. Also to be exhibited will be the non-caloric sweetener SUCARYL (Cyclamate, Abbott), Abbott's complete line of intravenous solutions and SELSUN (Selenium Sulfide, Abbott), for control of dandruff-producing seborrheic dermatitis. PENTOTHAL SODIUM, ultra-short-acting barbiturate for intravenous anesthesia; DICALETS, new vitamin and mineral tablet for pregnancy and lactation; OPTILETS, high-potency therapeutic multi-vitamin tablet; and VI-DAYLIN, a homogenized mixture of seven vitamins.

22 Akron Surgical House, Inc., Indianapolis

Clarence Lippott, Ed Hallyburton
Members of the Indiana State Medical Association and their guests are invited to visit our booth. Our representatives, Clarence Lippott and Ed Hallyburton, will be pleased to discuss any products in which you may be interested.

42 A. S. Aloe Company, St. Louis 3, Missouri

Kel Howton, Herb Detrick
Visit Booth No. 42 where the A. S. Aloe Company will have on display a cross-section of their most complete line of Physician and Surgical supplies.

Your Aloe representatives, Kel Howton, and Herb Detrick, will certainly appreciate the opportunity of discussing mutual items of interest with you.

3 American Ferment Co., Inc., New York, N. Y.

Representatives at the booth will welcome the opportunity to demonstrate the proteolytic and mucosolvent action of the enzyme, Caroid, and to discuss Caroid and Bile Salts tablets and Alcaroid Antacid. Supligol, a whole bile-ketocholanic acid compound useful in the management of biliary dysfunction will also be featured.

Booth **COMPANY and PRODUCTS**

41 American Hospital Supply Corporation, Evanston, Illinois

American Hospital Supply Corporation, Evanston, Illinois will present a Display of Travert-Electrolyte Solutions, the new Therapeutic Vitamin B Solution "Trinidex" and other Baxter parenteral therapy equipment including the "Flashball" for simple needle insertion—and the R48 blood pump and administration set.

26 Ames Company, Inc., Elkhart, Indiana

Robert F. Myers, in charge; Jack L. Blackman, assistant; D. LeRoy Hussey, division sales manager, East Central division.
AMINET, a combination of Aminophylline and Pentobarbital in a newly developed nonreactive base which melts readily at body temperatures and quickly releases the active ingredients for rapid absorption. Highly effective in relieving the paroxysms of bronchial asthma and especially valuable with epinephrine-fast patients. Also of value in cardiac asthma, congestive failure, and as a diuretic myocardial stimulant.

DIATUSSIN, non-narcotic antitussive especially effective in cough accompanying laryngitis, pharyngitis, bronchitis, pertussis, or the common cold; in smoker's cough, senile nocturnal cough, or dry hacking cough of unknown etiology.

DIATUSSIN is especially valuable for infants and children. Its drop dosage can be given directly on the tongue or mixed with a spoonful of cereal or dessert.

53 Ayerst Laboratories, New York 16, New York

Dale F. Schlusemeyer, Jack R. Minton, Samuel A. Muir, Jr.

You are cordially invited to visit the Ayerst exhibit at booth No. 53 where "Thiosulfil" brand of sulfamethythiadiazole, specially designed for use in treating urinary tract infections, and "Mediatric," a steroid-nutritional compound for use in preventive geriatrics, will be displayed.

Ayerst representatives on hand to welcome physicians will be Messrs. Dale F. Schlusemeyer, Jack R. Minton, and Samuel A. Muir, Jr.

57 Baby Development Clinic, Chicago 5, Illinois

Maternity Counselling Service offers:
Products and literature helpful in teaching expectant mothers (and fathers) physical and emotional aspects of parent-child relationship arising out of daily care in feeding; bathing; sleeping and toileting.
Aids for parents to understanding and providing emotional security for children through school ages.

55 The Baker Laboratories, Inc., Cleveland 3, Ohio

R. W. McNamara, P. W. Hosteter, Jr.
You are invited to visit our booth where Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display.
Baker representatives will be glad to discuss the practical application of Grade A milk, adjusted fat composition, zero curd tension, synthetic vitamins and other important factors which help to eliminate many of the problems in modern infant feeding.

27 Beechnut Packing Company, New York 11, New York

Miss Marcia Berg, Miss Bettyanny Nemec, Miss Maryanna Trimble
The average American is using more and more "Convenience Foods" in his diet. Stop at the Beech-Nut booth to obtain information about some new ideas for the use of Beech-Nut Strained and Junior Foods in adult diets.

47 The Bob Ball Company, Indianapolis

If your office assistant does copy work . . . see Booth 47, The Bob Ball Company, 1333 North Pennsylvania, Indianapolis.
The "Secretary" Copying Machine—product of Minnesota Mining & Manufacturing. An All-Electric desk-top copying machine. Makes it possible for your secretary to produce complete and accurate copies of clippings, letters, medical reports, meeting notes in 4 seconds . . . without leaving her desk.
Requires no chemicals, solutions, photo-sensitive papers, special masters or translucent originals. Doctors and assistants alike prefer the "Secretary" Copying Machine for its simplicity of operation, incredible speed.
In the few weeks since its introduction the "Secretary" has been selected by hundreds with copying needs similar to yours. Take time to make your own comparison now. It may save you hundreds of dollars. IT WILL COST YOU NONE.

20 Black & Skaggs Associates, Inc., Battle Creek, Michigan

Harold Neff, John Hogan, Paul Evans
Organized in 1932, PROFESSIONAL MANAGEMENT service is furnished to doctors by 14 offices that are affiliated with Black & Skaggs Associates, and is now available in most sections of Indiana.
Harold Neff of the Fort Wayne office, together with John Hogan and Paul Evans of the Battle Creek office, will welcome the opportunity to discuss with you the business side of medicine. PM clients are urged to bring their friends to Booth No. 20 so that these men may explain the services that have been so valuable to more than a thousand physicians in the Midwest alone.
They are expert counsel on office lay-out, records, financial management and public relations. During this meeting their time and advice is yours without obligation. Why not discuss your business problems with them?

23 Brooks Appliance Company, Chicago 2, Illinois

The Brooks Appliance Company will exhibit and describe in detail the technique of applying the combination pressure bandages. The moist medicated Primer Bandage plus the Dalzoflex Elastic Adhesive which are used in treating leg ulcers and phlebitis. Elastic Stockings, the Nulast Elastic Crepe Bandages and Surgical Instruments will also be displayed.

62 Burroughs Wellcome & Co. (U.S.A.) Inc., Tuckahoe, New York

J. W. Bolton, J. J. Furlong, G. C. Middleton
NEW PRODUCTS:—
The extensive research facilities of 'B. W. & Co.', both here and in other countries, are directed to the development of improved therapeutic agents and techniques.
Through such research 'B. W. & Co.' has made notable advances related to leukemia, malaria, diabetes, and diseases of the autonomic nervous system; and to antibiotic, muscle-relaxant, antihistaminic, and antinauseant drugs.
An informed staff at our booth will welcome the opportunity to discuss our products and latest developments with you.

17 The Central Pharmacal Company, Seymour, Indiana

The Central exhibit will feature the Neocylate Family of potentiated salicylate combinations. This group includes **Neocylate** for the treatment of rheumatoid arthritis, rheumatic fever, etc. . . . **Neocylate w/Colchicine** for specific use in gout and gouty arthritis . . . **Neocyten** for abolishing the pain-spasm cycle in neuromuscular disorders . . . **Neocylate w/Codeine** for intensified analgesic effect in pain and insomnia due to pain, and now—**NEOCYLATE w/CORTISONE** permitting full-scale antirheumatic action with lower cortisone dosage.
Descriptive literature on these specialities will be available to members and guests of the Indiana State Medical Association.

4 CIBA Pharmaceutical Products, Inc., Summit, New Jersey

M. J. Kitterman, in charge; W. H. Cory, R. G. Fortune
The CIBA exhibit features SERPASIL—the original, pure crystalline alkaloid of Rauwolfia. SERPASIL has been found extremely useful as a tranquilizer in treating patients whose adjustment to life is complicated by anxiety, irritability and various psychoses. Patients feel calm, yet in properly adjusted doses retain their drive and energy. It is highly effective in many conditions where barbiturates have been commonly prescribed.

56 The Coca-Cola Company, Atlanta 1, Georgia

Ice-cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Company of Jasper, Inc., and The Coca-Cola Company.

30 Dairy Council

South Bend Indianapolis
Evansville Fort Wayne

The Dairy Council will have their health education materials on display. You will find these materials effective teaching devices to use with your patients. Dairy Council materials are free of charge in localities which have affiliated units of National Dairy Council.

37 Curtis & French, Inc., Indianapolis

Jack Curtis, Mac McCain, Bob Ettinger, John Stouder
A hearty welcome is extended to all of the old and new friends of Curtis & French, Inc.
The latest in new equipment will be on display for your inspection.
Jack Curtis, Mac McCain, Bob Ettinger and John Stouder will be at the booth to assist you in any problems you may have.

52 Doho Chemical Corporation, New York, N. Y.

Karl Coleman
Doho Chemical Corporation is pleased to exhibit:

AURALGAN, the ear medication for the relief of pain, Otitis Media and removal of cerumen.

NEW OTOSMOSAN, the effective, non-toxic ear medication which is Fungicidal and Bactericidal (gram negative-gram positive) in the suppurative and aural dermatomycotic ears.

RHINALGAN, the nasal decongestant which is free from systemic or circulatory effect and equally safe to use on infants as well as the aged.
Mallon Chemical Corporation, Subsidiary of the Doho Chemical Corporation, is also featuring:

RECTALGAN, the liquid topical anesthesia, also for relief of pain and discomfiture in hemorrhoids, pruritus and perineal suturing.

DERMOPLAST, in an aerosol freon propellent spray for fast relief of surface pain, itching, burns and abrasions. Also Obs. & Gyn. use.

46 EDISON VOICEWRITER Dictating Instruments, Van Ausdall & Farrar, Indianapolis

C. J. Clarke, C. W. vonGrimmenstein, C. F. Farrar
For MEDICAL RECORD keeping the NEW EDISON "V.P." has proven to be the most versatile. It's portable—your secretary can use the **same** instrument to transcribe from (reduces cost)—it uses the Edison Diamond Discs (mailable, fileable and inexpensive) as used by many Indiana hospitals for record keeping. For the clinics and hospitals not equipped, ask about Edison Televoice—the remote control dictation system designed for clinical recording.
All instruments can be equipped for conference and telephone recording.
Ask for a trial in your own office—when you visit Booth 46.

Booth COMPANY and PRODUCTS

71 ENCYCLOPEDIA AMERICANA, Grand Rapids, Michigan

Armin Eastman, Lorraine Eastman

We invite all members and guests to inspect our 1955 **Heritage Edition** of the **Encyclopedia Americana.** As one famous librarian says: "There is no substitute for quality and in the reference field that quality is **Americana."** It is acknowledged by leading educators as the finest and most thorough encyclopedia published in the English language.

All those who will register at our booth will receive by mail a complimentary 48-page Hammond World Atlas in full color with no obligation.

64 H. G. Fischer & Co., Franklin Park, Illinois

Latest models of Modern X-ray, F.C.C. approved, Physical Medicine and Rehabilitation Equipment, all of highest quality materials and construction, will be on display. Representatives in attendance will welcome an opportunity to give demonstrations and quote today's low prices. Your visit will be appreciated.

48 C. B. Fleet Co., Inc., Lynchburg, Virginia

William J. Foley, Jr.

During the past fifty years PHOSPHO-SODA (FLEET) has been a symbol of elegance in sodium phosphate medication. FLEET ENEMA DISPOSABLE UNIT—an enema solution of Phospho-Soda (Fleet)—is a worthy companion product. The single use unit simplifies and assures satisfying preparation for proctoscopy and as a routine enema it is a boon to the hospitalized patient.

60 Freeman Manufacturing Company, Sturgis, Michigan—Makers of Orthopedic Supports

A. J. McNamara

For more than sixty years Freeman has been engaged in making surgical supports and elastic hose. During that time we have worked closely with members of the medical profession. Their assistance has proved invaluable in enabling us to maintain the highest standards of quality and design.

84 Gallagher-Roach & Company, Columbus, Ohio

32 Gerber Products Company, Fremont, Michigan

WHEN MILK IS CONTRAINDICATED as the basic food for infants, Gerber "Meat Base Formula" can provide a nutritionally adequate replacement. It is well accepted and tolerated by infants of all ages. Your Gerber detailman invites you to evaluate "Meat Base Formula" and the complete line of supplementary baby foods.

You are also invited to review new editions of Gerber baby care and adult special diet booklets. Each is designed especially for distribution by physicians. Each provides non-controversial information in simple, easy-to-understand language. The service is complimentary.

Booth COMPANY and PRODUCTS

1 J. E. Hanger, Inc., Indianapolis 2, Indiana

Milton G. Manwaring, James Yount

J. E. Hanger Incorporated, America's oldest and largest manufacturer of prostheses, will again present an outstanding display featuring the latest developments in the prosthetic field both for lower and upper extremity amputees. Experienced personnel will be available to discuss with the profession the needs of their patients and demonstrate the types best suited to the individual patient's prosthetic need.

19 Hoffman-LaRoche, Inc., Nutley, New Jersey

L. Nobs, in charge; H. Rains, R. Barnes

NOLUDAR is a new, **non-barbiturate** hypnotic which provides effective relief of insomnia and tension states. NOLUDAR is so well tolerated that side effects such as nausea, vomiting, and dizziness, are rarely, if ever experienced with therapeutic doses. NOLUDAR is available in scored tablets of two strengths, 50 mg. and 200 mg., and in a cordial-flavored elixir, 50 mg. per teaspoonful.

80-81 INSTANT SANKA COFFEE, White Plains, New York

It is gratifying to General Foods to be associated with the Annual Session of your Association. INSTANT SANKA will be served daily. This is 100% pure coffee, with 97% of the caffein removed. We invite you to sample this delicious coffee often during the Session, and to register for a professional sample and product booklet.

34 Kremers-Urban Co., Milwaukee 1, Wisconsin

August M. Stromberg, district sales manager; Wilbur W. Wilson; Prosper A. Mollaun

New information on the treatment of arthritis, myositis, spondylitis, sprains and strains, low back pain and industrial injuries with PHYATROMINE-H and SALIMEPH-C is available at the Kremers-Urban display, Booth No. 34. New information is also available on the use of KUTAPRESSIN in surgery including massive capillary hemorrhage, plastic surgery, treatment and prevention of keloids, skin grafting, edema due to burns, postpartum lochia and drug reactions. Also new is LEVSIN SULFATE, the purified, more potent antispasmodic for relief of smooth muscle spasm. LEVSIN SULFATE acts quickly to relieve smooth muscle spasm with minimal side effects. For prevention of attacks of angina pectoris, NITROL OINTMENT provides smooth, prolonged vasodilation. NITROL TABLETS combine the fast action of nitroglycerin with the sustained vasodilation of pentaerythritol tetranitrate. Swallowed, the tablets provide protection against angina attacks. Held under the tongue, they are effective in an emergency.

29 Lederle Laboratories Division, American Cyanamid Company, Pearl River, New York

You are cordially invited to visit the Lederle booth where our medical representatives will be in attendance to provide the latest information and literature available on our line. Featured will be Achromycin, Diamox, Vitamins, Pathilon, Varidase and many other of our dependable quality products.

Booth COMPANY and PRODUCTS

35 Eli Lilly and Company, Indianapolis 6, U.S.A.

Harley Chastain, in charge; E. C. Horst, W. F. Hake, Jack W. Hill

You are cordially invited to visit the Lilly exhibit located in space number 35. The display will contain information on recent therapeutic developments. Lilly sales people will be in attendance. They welcome your questions about Lilly products.

68 Lincoln Laboratories, Inc., Decatur, Illinois

N. E. Titus

Lincoln will exhibit its pioneer line of precision parenteral and prescription medicaments, including PIPERAT, the highly palatable, highy effective treatment for ascariasis and oxyuriasis, HEXATHRICIN Aeropak, the automatic aerosol treatment for burns and skin disorders, HEXATHRICIN Otic, for external and middle ear baterial and fungal infections, and ANDESTERONE, oral and parenteral, for heterosteroid medication at its finest.

9 J. B. Lippincott Company, Philadelphia

J. B. Lippincott Company presents, for your approval, a display of professional books and journals geared to the latest and most important trends in current medicine and surgery. These publications, written and edited by men active in clinical fields and teaching, are a continuation of more than 100 years of traditionally significant publishing.

61 Lloyd Brothers, Inc., Cincinnati 3, Ohio

H. E. Robinson, Paul Wyand

RONCOVITE, the original therapeutic level cobalt product, will be featured at this exhibit. Reprints of the vast clinical background proving both efficacy and safety of cobalt-iron therapy will be available for distribution, and competent representatives will be on hand to discuss this totally new therapy in the treatment of anemia.

8 M & R Laboratories, Columbus 16, Ohio

John Reed, Robert Wilson

Your SIMILAC representatives are happy to take part in this meeting. They are pleased to have the opportunity to discuss with you the role of SIMILAC in infant feeding. They have for you the latest Pediatric Research Conference Reports. Also available are current reprints of pediatric nutritional interest.

82 Paul Maney Laboratories, Incorporated, Cedar Rapids, Iowa

Harry Diman, William Tougaw, C. R. Rogers

Paul Maney Laboratories takes pleasure in presenting to the Indiana State Medical Association an exhibit featuring our product NEOTHYLLINE. NEOTHYLLINE is (Beta Gamma Dihydroxypropyl theophylline) the FIRST, SOLUBLE, STABLE, NEUTRAL derivative of Theophylline.

NEOTHYLLINE has just been accepted for publication in the 1955 Edition of "New & Non-Official Remedies", of the American Medical Association.

The clinical advantages of this theophylline derivative rest primarily in the fact that it

produces practically no nausea or gastric upset by oral administration. Further, it is not precipitated in the gastric juice of the stomach, and passes through the intestinal tract intact assuring the patient a maximum absorption. NEOTHYLLINE can safely and effectively be prescribed for the cardiovascular diseases wherever a theophylline response is desired. Clinical samples, detailed information will be supplied by our staff members.

63 The S. E. Massengill Company, Bristol, Tennessee

M. W. Pully in charge
The S. E. Massengill Company will feature SALCORT, the new antiarthritic with multiple advantages. Combined, Salicylates and Cortisone have complementary action. The advantage of each are multiplied while the side effects are reduced. SALCORT provides safe, dependable relief in arthritic affections. Early functional improvement and a sense of well being are significant in a large number of patients.

51 McNeil Laboratories, Inc., Philadelphia 32, Pennsylvania

C. V. Kirk, W. C. Dollens
Members of the Indiana State Medical Association are cordially invited to visit our booth No. 51, Mr. C. V. Kirk and Mr. W. C. Dollens in charge. Products to be featured are Butisol Sodium, Syndrox Hydrochloride, Clistin Maleate, Butibel and Butiserpine.

33 Mead Johnson & Company, Evansville, Indiana

New displays of Liquid Lactum and Powdered Lactum, complete infant formulas, will be featured at the Mead Exhibit. Also on display will be Liquid Sobee, the hypoallergenic soya formula, Sustagen, the complete food and Natalins, the smaller prenatal capsule.

79 MEDCO Products Co., Tulsa 12, Oklahoma

The MEDCOLATOR Stimulator, for the stimulation of innervated muscle or muscle groups ancillary to treatment by massage, is a low volt generator that will generate plenty of your interest. Electrical muscle stimulation is a valuable form of rehabilitation therapy. Be sure to visit our booth for a personal demonstration.

43 The Medical Protective Company, Fort Wayne, Indiana

Kenneth Moeller, in charge
An unparalleled record of successfully fighting malpractice charges against doctors since 1899 distinguishes The Medical Protective Company from all others. Year in and year out 99.94 per cent of its policy holders have been completely covered under $2,500. Exclusive application to the professional liability field makes this unique record possible. Mr. Kenneth Moeller, an authority in the professional liability field, will be in charge of the Medical Protective booth.

72 Miles Reproducer Company, Inc., New York, N. Y.

Mrs. H. B. Kuhlik, in charge
Case histories, lectures and dictation may now be recorded at a 60-foot radius with Walkie-Recordall—an 8-pound, self-powered battery recorder-transcriber. It operates in or out of the closed brief case, indoors or outdoors, while stationary, walking, riding or flying. The Voice-Activated "Self-Start-Stop" feature automatically starts and stops the recording from microphone or telephone, thus eliminating supervision and the recording of silent periods.
While facilities for transcribing are available, transcription may be eliminated due to the ease of handling identifiable, compact, indexed recordings without the delay of rewinding. Up to eight hours of permanent recordings may be accumulated at intervals on an "endless" belt costing 25 cents.

74 Miller Surgical Company, Chicago 39, Illinois

Wm. E. Mettler
MILLER SURGICAL COMPANY, Chicago, Ill. (Booth 74) will show the Miller Electroscalpel. This unit cuts, desiccates, fulgurates, coagulates and is used for most delicate work up to light major surgery. Accessories such as Snares, Smoke Ejectors, etc. also available. A complete line of Diagnostic Equipment consisting of Illuminated Otoscopes, Ophthalmoscopes, Eyespud with Magnet, Transillumination Lamps, Headlights, Vaginal Speculum with smoke ejector and complete line of Stainless Steel Proctoscopes, all sizes with magnification, Suction Tubes, Grasping Forceps.

67 Bill Moss, Inc., Bloomington, Indiana

Catering to the dispensing physician, and featuring among other products,
Cyanomine, the tasty liquid B^1 and B^{12} composition for the convalescent and the undernourished child; also, *Ropinex,* the liquid Piperate Citrate that destroys round worms and pin worms.

36 Mutual Medical Insurance, Inc. (The Blue Shield Plan), Indianapolis

R. S. Saylor, L. E. Converse
Mutual Medical Insurance, Inc. (Blue Shield Plan) will have its exhibit in Booth No. 36. Representatives of the Plan will be on hand at all times to answer questions and be helpful in any way possible. Special materials will be distributed explaining the operation of the Plan, the benefits it affords the physician and the public, and showing the growth of the Plan in membership during the past five years.
Dr. Walter U. Kennedy, New Castle, is president of the Blue Shield Plan; Dr. W. Harry Howard, Hammond, is vice-president; Dr. Walter L. Portteus, Franklin, is secretary; and Mr. Elmer W. Stout, Indianapolis, treasurer.
Administration of The Blue Shield Plan is under the direction of R. S. Saylor, Executive Vice-President, 500 Terminal Building, Indianapolis.

Booth COMPANY and PRODUCTS

49 Nepera Chemical Co., Inc., Yonkers 2, New York

The Nepera exhibit features a new drug, Choledyl, which has been highly effective in the treatment of bronchial asthma, bronchospasm and congestive heart failure. Choledyl assures high oral theophylline blood levels, with minimal side reactions; it rarely produces fastness.

Also featured—

Biomydrin Nasal Spray, for effective mucolytic-penetrating anti-bacterial activity, prolonged nasal decongestion and anti-allergic effect.

Biomydrin-F, adds Hydrocortisone Alcohol to the Biomydrin Nasal Solution formula. Biomydrin-F is anti-inflammatory, anti-allergic, mucolytic-penetrating, anti-bacterial and decongestant.

Urosulfin, a new product, which is a combination of a well-known soluble sulfonamide for anti-bacterial effect and a widely-used azo dye for rapid symptomatic relief of pain, burning, frequency, etc., in the treatment of urinary infections.

Mandelamine, a urinary antiseptic; and Neohetramine, the well tolerated antihistaminic.

15-16 Original CONTOUR CHAIR-Lounge, Indianapolis 2

Elizabeth K. Bonheim, Norma Robertson
Not only on display, but also for your rest and relaxation, the Original CONTOUR CHAIR-Lounge and the new CONTOUR VIVERATOR-Lounge . . . Booths 15 and 16 on the main floor.

Here is the chair which is becoming so well-known to physicians as an invaluable aid in planning therapy for the patient whose condition demands a prolonged rest regimen. When your patient finds he can enjoy "bed-rest" in a chair, the usual resentment toward imposed inactivity disappears.

Exclusive with the CONTOUR CHAIR-Lounge, the VIVERATOR feature introduces an entirely new concept in relaxation . . . gentle vibration. Already proven of benefit in tension and fatigue, viveration may be employed as a possible circulatory and metabolic stimulus in the chronically ill who must refrain from exercise.

In appreciation of your many recommendations, during this Annual Convention — October 17, 18 and 19, 1955—doctors may have a VIVERATOR-Lounge at the cost of the same model contour chair-lounge alone.

76 Ortho Pharmaceutical Corporation, Raritan, New Jersey

D. E. Kettering, E. M. Owen, R. L. Johnston
ORTHO cordially invites you to visit their exhibit at booth 76. The Ortho display will feature PRECEPTIN® vaginal gel, their product for conception control, designed for use without a vaginal diaphragm. Preceptin vaginal gel has achieved an outstanding record of clinical effectiveness and has been widely acclaimed by the medical profession. Your inquiries on Preceptin vaginal gel are invited.

Booth COMPANY and PRODUCTS

31 Parke, Davis & Company, Detroit 32, Michigan

B. S. Pierce, in charge; M. C. Hollingsworth
Medical service members of our staff will be in attendance at our exhibit for consultation and discussion of various products of particular interest to members of the Association. Important specialties, such as Penicillin S-R, Benadryl, Chloromycetin, Ambodryl, Dilantin Suspension, Vitamins, Oxycel, Milontin, Amphedase, Thrombin Topical, etc., will be featured. You are cordially invited to visit our exhibit.

13 Pet Milk Company, St. Louis 1, Missouri

We will be pleased to have you stop and discuss the variety of time-saving material available to busy physicians. Our representatives will be on hand to discuss the merits of "Pet" Evaporated Milk for infant feeding and INSTANT "Pet" Nonfat Dry Milk for special diets. A miniature "Pet" Evaporated Milk can will be given to all visitors.

44 Pfizer Laboratories, Brooklyn 6, New York

The Pfizer exhibit again will be in the spotlight with its new and original concept of anti-stress, anti-infective therapy—TETRACYN S.F. and TERRAMYCIN S.F. (Stress Fortified). Also, the complete line of Pfizer antibiotics and STERAJECT, as well as the new specialities, BONAMINE, TYZINE, TOCLASE and the complete line of steroid hormones including CORTRIL and the latest corticosteroid STERANE (brand of prednisolone).

40 Pitman-Moore Company, Division of Allied Laboratories, Inc., Indianapolis 6, Indiana

William Creek, Edwin Hoy, Wm. C. McCrory, Jr., Ralph D. Maus
Pitman-Moore Company will feature Novahistine, Veralba®, Neocholan and other important pharmaceutical specialties, in addition to Poliomyelitis Vaccine and other seasonal biologicals. All physicians are cordially invited to visit the exhibit to become better acquainted with these and other products.

2 Rex Typewriter Co., Indianapolis, Indiana

Curt Benner, Otto Nasser, Robert Edwards
Be sure to visit the Rex Typewriter Company booth. We will have the new high fidelity "Comptompter" Dictating and Transcribing Machine, on display equipped with the Reusable Erase-O-Matic, magnetic recording belt. The machine weighs only 14 lbs. and the recording belts are guaranteed for life. Bring your old wire recorder with you and let's talk trade on one of these new models. We will also have all models of the "Olympia" typewriter on display, including the new professional model with the 13-inch carriage which is ideal for a small office. The "Olympia" is precision built and is made in Germany. Also on display will be adding machines, check protectors, and other types of office equipment suitable for physicians' offices. Be sure to see the "Swift" adding machine which weighs only 6½ lbs., and takes up a nominal amount of space. Rex will take your old machine in on trade on anything they sell.

5-6 R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina

Welcome to the R. J. Reynolds Tobacco Company Exhibit! You are cordially invited to receive a cigarette case (monogrammed with your initials) containing your choice of CAMEL, CAVALIER King Size, or WINSTON, the distinctive new king size filter cigarette.

18 Rickrich Surgical Supply Company, Evansville 10, Indiana

George Carter, John Stephens, I. J. Rickrich
A cordial invitation is extended to all physicians to visit our display in Booth No. 18. Many new items will be shown.
George Carter, John Stephens and I. J. Rickrich will be there to greet you.

10 A. H. Robins Company, Inc., Richmond, Virginia

D. W. Otoupal, L. E. Heinmiller, W. J. Hasey
Physicians attending the meeting of the Indiana State Medical Association are extended a cordial invitation to visit the exhibit of the products of the A. H. Robins Company.
Experienced medical representatives will be in attendance to welcome you and answer inquiries relative to any of Robins' prescription specialities.

70 J. B. Roerig and Company, Chicago 11, Illinois

Physicians and their friends are cordially invited to visit the ROERIG booth (70) where there will be highlighted the Company's well-known nutritional preparations. ROETINIC, the new 1 a day capsule hematinic for all anemias amenable to oral therapy. BONADOXIN, for the prevention of nausea and vomiting of pregnancy and post operatively. ASF, Roerig's new anti-stress formula, VITHYRO, for the vitalized thyroid and improved thyroid action and NEOBON, Roerig's new Geriatric formula. Also available will be VITERRA, VITERRA THERAPEUTIC, AMPLUS, OBRON, OBRON HEMATINIC AND HEPTUNA PLUS. Samples and literature may be had on all products including adequate amounts for clinical trial.

12 Sandoz Pharmaceuticals, Division of Sandoz Chemical Works, Inc., Hanover, New Jersey

Robert N. Pitts

SANDOSTEN	An antihistaminic with powerful anti-permeability action useful in the treatment of itching, asthma, etc.
FIORINAL	A new approach to therapy of tension headaches and other head pain due to sinusitis and myalgia.
CAFERGOT	Available in oral and rectal form for effective control of head pain in migraine and other vascular headaches.
HYDERGINE	A vasorelaxant with central and peripheral action useful in hypertension and peripheral vascular disorders and geriatric conditions.

39 W. B. Saunders Company, Philadelphia 5, Pennsylvania

Among the newest titles of practical interest in the Saunders line will be: Williamson: Office Procedures; Williams: Endocrinology—2nd edition; Reed: Human Genetics; Ford Hospital: International Cardiovascular Surgery Symposium; and Cowdry: Cancer Cells. These, and our standards such as Cecil-Loeb: Medicine; Nelson: Pediatrics; and the Medical, Surgical, and Pediatric Clinics of North America, will all be on display.

54 Schering Corporation, Bloomfield, New Jersey

George J. Knaebel, Carl B. Sievert
A cordial invitation is extended to the members of the Indiana State Medical Association to visit the Schering exhibit, Booth No. 54. The entire exhibit will be devoted to METICORTEN and METICORTELONE, the new adrenocorticoids for the treatment of rheumatoid arthritis, intractable asthma and other so-called collagen diseases. Extensive clinical and laboratory data demonstrating certain advantages of these new steroids over cortisone and hydrocortisone are shown.

69 Julius Schmid, Inc., New York 19, N. Y.

An interesting and informative exhibit featuring RAMSES Flexible Cushioned Diaphragm; RAMSES Vaginal Jelly; VAGISEC Jelly and Liquid, two new products embodying "Carlendacide", the recent development of Carl Henry Davis, M. D., and C. G. Grand for vaginal trichomoniasis therapy; and XXXX (FOUREX) Skin Condoms, RAMSES and SHEIK Rubber Condoms for the control of trichomonal re-infection.

73 Clayton L. Scroggins Associates, Cincinnati 19, Ohio

Clayton L. Scroggins, John R. Lesick
Clayton L. Scroggins Associates will have a professional business management display in booth 73 for the purpose of answering the questions of any physician relative to his practice or business affairs. Clayton L. Scroggins and John R. Lesick will be in attendance at the booth and will be glad to talk with you. If you are planning to establish a new practice, partnership, group, Clinic, or small hospital, or have problems concerning your tax affairs, personnel, record-keeping, delinquent accounts, investments, insurance, estate planning, office lay-out, or any of various other problems confronting men of your profession, and you would prefer to discuss such problems in privacy, you may make an appointment at the booth for consultation in their private room. Naturally, there will be no obligation as a result of such consultation. Literature relative to the application of management to a medical practice will be available at the booth.

58 G. D. Searle & Co., Chicago, Illinois

You are cordially invited to visit the Searle booth where our representatives will be happy to answer any questions regarding Searle Products of Research.
Featured will be Mictine, the new safe, nonmercurial oral diuretic; Vallestril, the new

synthetic estrogen with extremely low incidence of side reactions; Banthine and Pro-Banthine, the standards in anti-cholinergic therapy; and Dramamine, for the prevention and treatment of motion sickness and other nauseas.

66 SEVEN-UP Bottling Company, Indianapolis 2, Indiana

Crystal-clear 7Up has a lively sparkle, a fresh clean taste that makes it a favorite with every age.
Because Seven-Up is so pure, so good, so wholesome, it is now considered America's all-family drink.
We are proud to know that Seven-Up is very rapidly becoming the favorite "Fresh-up" drink in medical offices and hospitals.
Allow us to show our appreciation in person, and serve you with a cool, tasty bottle of 7Up at our booth.

75 Carroll Dunham Smith Pharmacal Company, New Brunswick, New Jersey

J. W. Lennington, W. Byron Drumb, Robert L. Mulhall
Will feature Calferbee and Calferbee Lactate, effective prenatal products supplying calcium, iron and essential vitamins in small, easy to swallow, well tolerated tablets. Representatives will welcome opportunity to also discuss Lipotriad, Vinufer, Quadra-Sed and other specialties.

24 E. R. Squibb & Sons, New York 22, N. Y.

E. R. Squibb & Sons has long been a leader in development of new agents used in prevention and treatment of disease. The results of diligent research are quickly made available to the Medical Profession as new products or improvement on products already marketed.
At booths Nos. 24 and 25 we are pleased to present up-to-date information on these advances for your consideration.

45 The Stuart Company, Pasadena, California, and Chicago, Illinois

Your local Stuart representatives issue a cordial invitation to visit their booth. They will have two new Stuart products on display—Suladyne, a more complete product for the treatment of urinary tract infections, and Mulvidren, a unique product for children.

50 Testagar & Co., Inc., Detroit 26, Michigan

TESTAGAR & CO., INC. will show three new timed, disintegrating capsules. TIMED PYMADEX is a tri-synergistic antihistamine in a timed disintegrating capsule composed of three proven antihistamines. Smaller than average doses of each are used thereby minimizing possible side reactions to the patient and still affording the patient a maximum of effect. TIMED PYMADEX CAPSULES, a daytime partner to Timed Pyma Capsules, also contain 6 mg. of Dextro-Amphetamine to overcome any possible soporific after-effects of the antihistamines and give the patient a sense of well-being. One TIMED PYMADEX CAPSULE at breakfast and one TIMED PYMA CAPSULE before retiring affords the patient protection around the clock. TIMED BAR-TROPIN CAPSULES are an antispasmodic capsule using tried and proven Atropine. One capsule at breakfast affords 10 to 12 hour (all day) antispasmodic activity. Samples and literature will be available.

65 S. J. Tutag & Company, Detroit 34, Michigan

Featured at the S. J. Tutag & Company booth, No. 65, will be Buffonamide Suspension.
Buffonamide is an acet-dia-mer-sulfonamide buffered wih Sodium Citrate. This is safe, nontoxic suspension in a pleasant, cherry-flavored base. It is available in 4 oz., pint and gallon bottles.

Also featured is Parazine, the Tutag brand of Piperzine Citrate for use on Round Worms and Pin Worms. Parazine is available both in tablets or liquid forms.

We cordially invite you to stop by and become acquainted with these outstanding items and receive a complimentary bar of TX-11 Soap containing Actamer, the new, more effective bacteriostat.

38 U. S. Standard Products Co., Woodworth, Wisconsin

The U. S. Standard Products Co. is now the detail and selling force for the Arnar-Stone Laboratories. Welcome to our exhibit. We proudly are showing—for the first time—an old formula with pharmaceutical elegance which was thought impossible.

21 U. S. Vitamin Corporation, Arlington-Funk Laboratories, division, New York 17, N. Y.

Exhibit features VI-AQUAMIN THERAPEUTIC . . . for the first time **aqueous** therapeutic vitamin formula with minerals in a **single capsule** to hasten recovery in medical, surgical and convalescent patients.

Professional samples and literature on VI-AQUAMIN THERAPEUTIC and other of our nutritional specialities will be distributed at our booth.

59 Warner-Chilcott Laboratories Division, New York 11, N. Y.

Two important cardiovascular agents will be featured at the Warner-Chilcott booth: Methium with Reserpine, a hypotensive-sedative, to lower blood pressure and relieve hypertensive symptoms and Peritrate to prevent attacks in angina pectoris. Parsidol, for the control of symptoms in parkinsonism, will also be exhibited. Representatives and research personnel will welcome an opportunity to discuss these drugs wih you.

28 The Warren-Teed Products Company, Columbus 8, Ohio

The Warren-Teed Products Company cordially invites you to visit their exhibit at booth No. 28, where many new products of interest to the medical profession will be displayed. Courteous representatives will be in attendance at our booth at all times to help registrants in any way possible.

78 Wyeth Laboratories, Philadelphia 2, Pennsylvania

Wyeth will feature EQUANIL*, the new anti-anxiety agent with muscle-relaxing properties. EQUANIL has demonstrated remarkable properties for promoting equanimity and release from tension without mental clouding. It stabilizes the emotions, restores perspective and renders the patient more amenable to psychotherapy. These features make EQUANIL a valuable adjunct in the management of patients with anxiety neuroses, tension states and associated conditions.

* Trademark

77 The White-Haines Company, Indianapolis 6, Indiana

Clyde Lorton, Jack Gale
White-Haines, as usual, will attend the Medical Convention with an exhibit in Booth No. 77 on the Mezzanine. The exhibit will be handled by Clyde Lorton and Jack Gale.
This year we will feature the Bausch & Lomb Optical Company Ortho-Rater, a visual screening device. Ophthalmologists, as well as any General Practitioner doing industrial work will find the Ortho-Rater a valuable time saver in the office. Stop by for a demonstration.

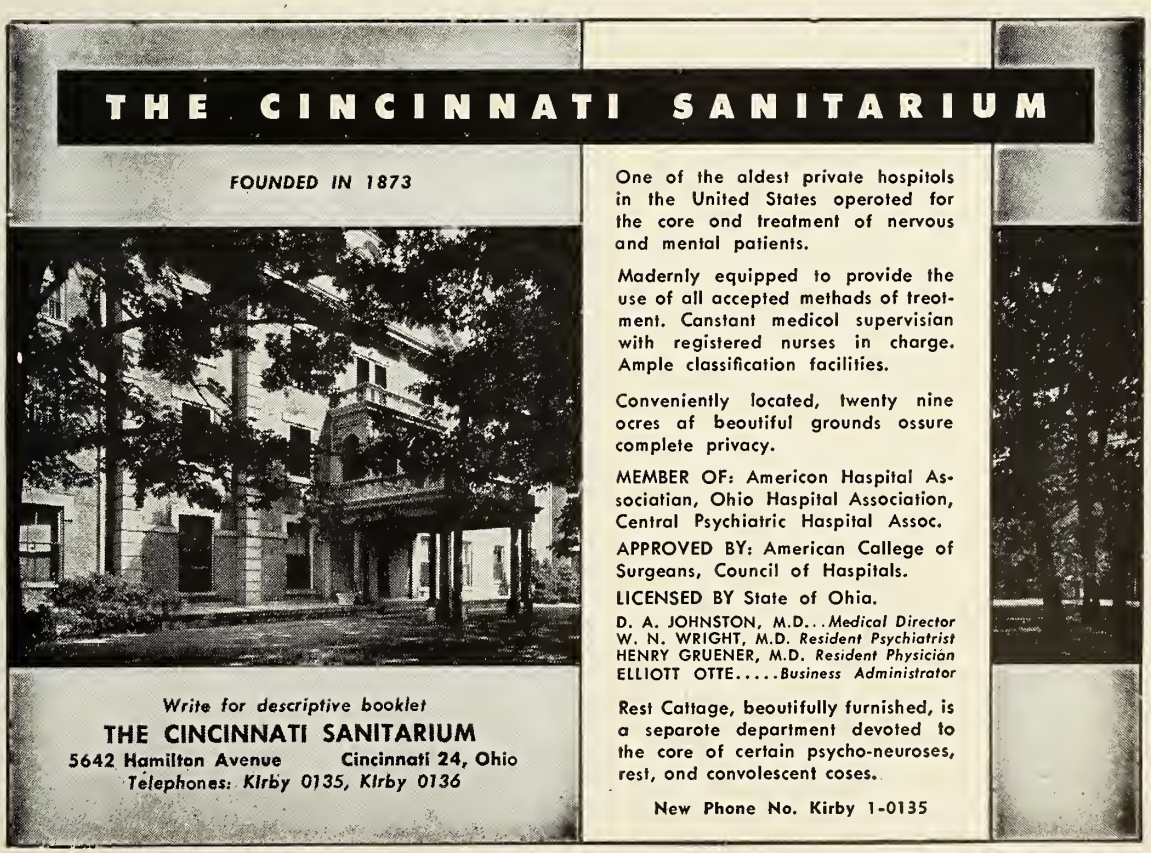
11 Winthrop-Stearns, Inc., New York 18, N. Y.

ALEVAIRE: Nontoxic inhalant, is useful for preventing postoperative pulmonary complications as well as for the treatment of bronchitis, bronchiectasis and neonatal asphyxia due to atelectasis or aspiration of amniotic fluid.

THEOMINAL R.S.: (Theominal with Rauwolfia serpentina), an alliance of the classic and contemporary in antihypertensive compounds. Theominal R. S. combines the vasodilator and myocardial stimulant actions of theobromine and Luminal with the moderate central hypotensive effect of Rauwolfia serpentina. Gentle sedation calms the patient and a feeling of "relaxed well being" is established. Headache and vertigo disappear as the blood pressure and pulse rate are reduced gradually.

7 Zimmer Manufacturing Company, Warsaw, Indiana

ZIMMER MANUFACTURING COMPANY will exhibit in Booth No. 7 the new Durocel Plastic Foam Elastic Bandage for orthopedic use, new head halters, new cervical traction kits for home use, new pelvic traction kits, new small hand drill, as well as many other instruments and appliances for treatment of fractures.



Deaths . . .

Carl G. Miller, M.D., 50, Fort Wayne, surgeon, died May 28 in Lutheran Hospital in that city where he had been a patient for only two hours, following a heart attack.

Doctor Miller was a native of Fort Wayne and had served his community in civic capacities as well as professionally. He had acted as secretary of the Fort Wayne Board of Health and as a deputy county coroner. During World War II he was in service for three and one-half years. He held the rank of major while overseas for 18 months as a field hospital surgeon. He had also served as chairman of the board of directors of Lutheran Hospital.

Doctor Miller was a 1927 graduate of the University of Michigan Medical School. He was a member of Allen County Medical Society, the Indiana State and American Medical Associations, the International College of Surgeons, and the Association of American Physicians and Surgeons.

Ora K. Enzor, M.D., 66, Indianapolis general practitioner for many years, died suddenly April 16 in his home, 3959 Carrollton Avenue.

Doctor Enzor was a native of DeKalb county where he taught school for four years after graduating from Tri-State College. He received his medical degree from Indiana University School of Medicine in 1919 and had been a resident of Indianapolis since. Due to ill health he was not in practice for several years. He served at the Indiana University Health Clinic during the war years 1943 and 1944 and afterward reestablished an office for general practice at 4216 College Avenue. He was an active member of his church. Doctor Enzor was a member of the Indianapolis Medical Society, the Indiana State and American Medical Associations.

Indiana University School of Medicine

SCHEDULE OF POSTGRADUATE COURSES, GUEST SPEAKERS, PROFESSIONAL EVENTS*

October 27	Indiana Speech and Hearing Therapists Association	Dr. Fuller Ext. 221
February 15	Heart Symposium (Fifth annual)	Dr. Kohlstaedt Me. 6-6331
27-29	Course in Electrocardiography	Dr. Close Ext. 571
March 19-31	Clinical and Anatomical Course in Otorhinolaryngology (41st annual)	Dr. Manion Ext. 585
27-28	Symposium on Malignancy (ninth annual) Neurogenic Carcinoma	Dr. Heimburger Ext. 564
May 21-22	Course in Clinical Cardiology	Dr. Behnke Ext. 571
23	Course in Lung Diseases and Pulmonary Function	Dr. Behnke Ext. 571

*The Journal will carry revised bulletins as issued by the School of Medicine as a service to ISMA members who may wish to attend courses and events at the I.U. Medical Center and as a reminder that *all meetings* should be publicized well in advance.

NEWS NOTES—from State and Nation

Refresher Course for Medical Technicians Planned

A two-day course for medical technicians will be offered October 22 and 23 in Rice Auditorium, Indiana State Board of Health, 1330 West Michigan Street, Indianapolis.

Registration will be from 3 to 4 Saturday afternoon.

Dr. Matthew Winter, emeritus professor of pediatrics at Indiana University School of Medicine, will open the session at 4 p.m., introducing Dr. Irwin Neter, Children's Hospital, Buffalo, New York, who will speak on "Diarrhea of Infants—E. coli Isolation and Identification." The group discussion following Dr. Neter's talk will be moderated by Dr. Dwain N. Walcher, Director of Pediatric Communicable Disease Research at Riley Hospital, Indianapolis.

Dr. Frederick C. Fink, coordinator of Hospital Laboratory Advisory Service of Chas. Pfizer & Co., Inc., will speak at 7 p.m. on "Bacterial Sensitivities and Alterations of the Flora of the Intestinal Tract Due to Antibiotic Therapy."

Panelists will then discuss the paper with Dr. Jene R. Bennett, associate director, South Bend Medical Foundation, serving as moderator.

Sunday's session will open at 9 a.m. when Dr. Samuel R. Damon, Indianapolis, will introduce the guest speaker, Dr. William Ferguson, Coordinating Bacteriologist, Michigan Health Department. His subject will be "Shigella Isolation and Identification". A group discussion will follow.

At 1:30 p.m., the deputy director of the Division of Laboratories, Illinois State Department of Public Health, Dr. Howard J. Shaughnessy, will present a paper on "Salmonella Isolation and Identification". A group discussion will conclude the program.

Dr. Frank D. Hogle, who has been psychiatric physician at Logansport State Hospital for the last five years, joined the residency training staff at Norways Foundation Hospital, Indianapolis, September 1. Dr. Hogle was graduated in 1944 from I. U. School of Medicine, completed his internship at the U. S. Naval Hospital at Long Beach, California. He was in private practice in Plymouth for two years before taking two years of residency training at Logansport State Hospital. Mrs. Hogle is a registered nurse and plans to join the nursing administartion staff at Central State Hospital.

Dr. Harold R. Griffith, who has been chief of radiology at the Veterans Administration Hospital, Indianapolis, is now in Fort Wayne where he is associated with Drs. J. L. Loudermilk, Richard C. Datzman, James G. Lorman, and W. L. Bridges, in the X-ray department of the Fort Wayne Medical Laboratory.

Dr. Griffith is an I. U. graduate, interned at Methodist in Indianapolis and served two years with the U. S. Army Medical Corps in Germany before opening an office for general practice in Vevay. Several years later he returned to the I. U. Medical Center for special training in radiology and later served as assistant professor of radiology.

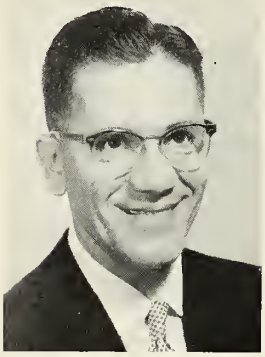
Dr. and Mrs. Griffith and their three children live at 3110 River Forest Drive, Fort Wayne.

Dr. Wayne G. Pippenger, who has been in practice in Brook since 1935, is now medical director of student health at Ball State Teachers' College, Muncie. He began his new duties September 1. Dr. Pippenger has been active in both medical and civic groups. He is president of the Tenth District Medical Society, has served as president of Jasper-Newton County Medical Society and was a member of the hospital and school boards.

Brook is without a physician.

Dr. Earl J. O'Brien, who recently completed two years service at the U. S. Army Hospital, Fort MacArthur, California, has returned to Indianapolis where he is now associated with Dr. Charles P. Zerfas at 2605 Shelby street.

Dr. Kurtz to Edit Lilly Publications



Dr. Philip L. Kurtz, who joined the Eli Lilly and Company research laboratories several months ago, has been named editor of *De Re Medica,* reference book on therapeutics and pharmacology. Last published in 1951, *De Re Medica* is now being revised for future publication.

Dr. Kurtz will also edit the Physician's Bulletin, a monthly journal published by Lilly's for the profession. This is a temporary duty while Dr. S. O. Waife is in service.

Dr. Kurtz has been in private practice in Indianapolis.

Dr. Martin J. O'Neill, formerly in practice in Rensselaer and DeMotte, is now associated with Dr. E. J. DeGrazia, Valparaiso, in the practice of general medicine and surgery. Dr. O'Neill was discharged September 2 at Great Lakes Naval Training base where he had been on duty for the last two years. He held the rank of lieutenant-commander.

Dr. O'Neill is a graduate of I. U. School of Medicine. He interned in Indianapolis before establishing his practice in DeMotte.

Dr. and Mrs. O'Neill and their four sons have moved from Rensselaer to Valparaiso.

Dr. I. T. Rieger, Bloomington urologist, has moved recently into new offices at 102 North Grant Street, Bloomington.

Dr. Ralph W. Taraba, who has been medical director at the Iowa Ordnance plant, Burlington, Iowa, for two years, has been named medical director for Delco Radio Division at the Kokomo plant. He is a graduate of Northwestern University School of Medicine, served internship and residency at Passavant Memorial Hospital, Chicago, and from 1946 to 1953 was in private and industrial practice in Chicago. Dr. and Mrs. Taraba and their son live at 2520 West Sycamore street in Kokomo.

Dr. Allan P. Petway, who has been in practice with Dr. George A. May in Madison, has moved to Columbus, Georgia where he has established an office at 1340 Fourth Avenue.

Interstate Postgraduate Medical Association Meets November 14-17

The Municipal Auditorium in Milwaukee, Wisconsin will be the site of the 1955 meeting of Interstate Postgraduate Medical Association of North America. The international medical assembly will convene on November 14 and last for four days. Top-ranking teachers will provide 27 hours of scientific education. Registration fee is $10 and the meetings are open to all physicians.

Dr. Oliver W. Greer, a 1923 graduate of Indiana University School of Medicine, has been named manager of the Veterans Administration Hospital at Lake City, Florida. Dr. Greer was in private practice in Indianapolis from 1924 to 1937 and for the next four years was with the Indiana Department of Public Welfare. He served as a colonel in the Army Medical Corps during World War II and since has been with the VA in various capacities.

Businessmen Named to Medical Education Committee

Recent organization of the Indianapolis Division, Committee of American Industry, of the National Fund for Medical Education, has been announced. Chairman heading the local phase of the nationwide campaign is Elmer W. Stout, chairman of the board of American Fletcher National Bank and Trust Company.

Goal of the National Fund for Medical Education is $10,000,000 annually to help ease the economic plight of medical schools. In announcing the Indianapolis chairman, Colby M. Chester, national chairman, said "medical schools are caught in an economic pincers movement imperiling their continued existence as independent institutions. If industry and other private sources do not step in, the schools may be forced to accept increased government subsidies".

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Former Hoosier Appointed to AEC Medical Staff Post

Dr. Charles W. Shilling, a native Hoosier, former Captain in the Medical Corps of the U. S. Navy, has been appointed to the medical staff of the Atomic Energy Commission. Dr. Shilling was born in Upland, Indiana and holds a B.S. degree from Taylor University, and B.A. and M.D. degrees from the University of Michigan. He will serve as special assistant to Dr. John C. Bugher, Director of the Division of Biology and Medicine of the A. E. C.

Dr. Stewart T. Ginsberg, who was for two years on the staff of the VA Hospital at Marion, Indiana, will head the psychiatry division of the psychiatry and neurology service of the VA's central office in Washington. Dr. Ginsberg served at the Marion Hospital as chief of the acute intensive treatment service, on a detached service basis with the U. S. Army during World War II, and after separation from the service remained at Marion as assistant chief of professional services and as chief of professional services. Since 1953 he has been manager of the VA neuropsychiatric hospital at Pittsburgh.

Industrial Health Problems Covered in PG Courses

The Institute of Industrial Health of the University of Cincinnati announces a course of instruction in Occupational Health for Nurses, starting October 5 and extending through February 1, 1956; and a November 7-11 course on "Modern Considerations and Methods in Handling the Lead Problems in Industry".

Registered nurses are invited to attend the 7 to 9 p.m. Wednesday classes which will provide instruction and information concerning the basic functions of the nurse within the framework of a plant medical department. Registration will be $25.

For physicians and industrial hygienists the short course is given to present the most recent information concerning the prevention and control of the lead problem in modern industry.

Inquiries regarding both courses should be addressed to Secretary, Institute of Industrial Health, Kettering Laboratory, Eden and Bethesda Avenues, Cincinnati 19, Ohio.

U. of Michigan Offers PG Courses in Pediatrics, Ob-Gyn.

The Department of Postgraduate Medicine at the University of Michigan Medical School announces the annual conference in pediatrics—obstetrics and gynecology, January 23-28, to be given at the University Hospital and the Woman's Hospital in Ann Arbor.

Members of the university faculty will be on the teaching staff. Guest speakers will include Dr. John C. Ullery, professor of obstetrics and gynecology and chairman of the department at Ohio State University Medical School, Columbus; and Dr. Robert A. Kimbrough, who holds the same positions at the University of Pennsylvania Graduate School of Medicine.

Request for further information or enrollment should be addressed to: John M. Sheldon, M.D., Director, Department of Postgraduate Medicine, Room 1610, University Hospital, Ann Arbor, Michigan.

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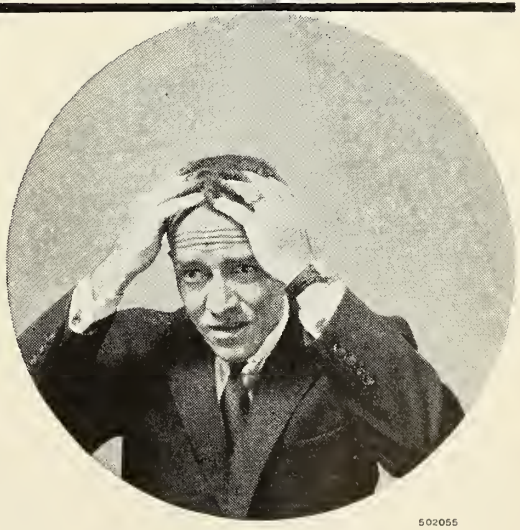


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Society Reports

INDIANA STATE MEDICAL ASSOCIATION EXECUTIVE COMMITTEE

July 16, 1955

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D.; Kenneth L. Olson, M.D.; Roy V. Myers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Albert Stump and Robert Hollowell, attorneys; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Statements of Receipts and Expenditures for May and June for the Association and for June for THE JOURNAL were approved.

Membership Report

Number of members July 16, 1955	3,908*
Number of members July 16, 1954	3,819
Gain over last year	89
Number of members December 31, 1954	3,904

* Includes 119 in military service (gratis)
113—$10.00 members (residents and interns)
260—senior members
60—members, dues remitted by Council
2—honorary members

Number who have paid AMA dues:	
July, 1955	3,309
July, 1954	3,187
Gain	122

Headquarters Office

Mr. Amick reported on his activities during the past month.

Mr. Bush reported on his activities during the previous month.

The secretary read a report of the physician placement service of the Indiana State Medical Association which is published in the minutes of the council.

Legislative Matters

National The secretary reported on the request of the A.M.A. for action relative to the proposed Social Security Act which was to come before the House of Representatives. He reported that telegrams had been sent to each member of Congress, as well as to the legislative chairman or the president of each component county medical society and each councilor.

Annual Convention, French Lick, October 17, 18 and 19, 1955

A letter was read from Dr. Fitzsimmons which said that the Arrangements Committee believed that it would be better this year to add $1.25 per day to each person's hotel bill, which would cover the gratuities for the dining room help and the chamber maids during the convention. The letter stated that this had been discussed with the hotel management and they believed it to be more satisfactory than for each person to tip individually in the dining room. This matter was discussed by the committee, and the secretary was instructed to discuss this matter further with the hotel management.

Organization Matters

A request from the All Souls Unitarian Church of Indianapolis was read in which they asked that the Association furnish a participant for the forum to be held at their church on January 6 for the purpose of discussing medicine's position and feelings toward the question, 'What Is the Responsibility of the Government in the Health of the People?" It was pointed out that the platform would be shared with a representative from the national organization of the Congress for Industrial Organization. Upon motion of Drs. Portteus and Kennedy it was agreed that the Association would participate and the secretary was instructed to seek advice from Dr. George F. Lull regarding who could be supplied as a participant in this program.

A letter was read from Dr. Jene R. Bennett, the representative on the North Central District Blood Bank, in which he suggested that an additional member be appointed to represent Indiana. By consent it was agreed that Dr. Lester H. Hoyt, of Indianapolis, be asked to accept this appointment.

Two resolutions were presented which had been adopted by the Indiana Pharmaceutical Association at its recent convention.

Upon motion of Drs. Olson and Portteus, Resolution No. 1 was to be referred to the Committee on Indiana Inter-Professional Health Council, and the secretary was instructed to write the Pharmaceutical Association to the effect that this resolution was read and discussed by the Executive Committee and the committee does not believe it is factual and desires to meet with representatives of the Pharmaceutical Association for further discussion of this matter.

The second resolution was approved on motion of Drs. Clauser and Myers.

The secretary read a proposal from the American Medical Association and their firm of Ben Gaffin and Associates regarding a proposed nationwide survey of public opinion relative to organized medicine. The proposal offered to supplement the national survey with a more intensified survey in each state for a given sum of money. Following discussion, this matter was tabled.

The secretary presented a proposed form of application for membership blank, to be supplied to component county medical societies by the Association for use in submitting information on new members. Following review, the printing of the blank for distribution was approved on motion of Drs. Portteus and Kennedy.

The secretary reported that he had made contact with three different carriers of insurance for a retirement program for the employees of the headquarters office and as yet had received a proposal from only one of them. This proposal was submitted to the committee, and upon motion of Drs. Portteus and Kennedy the plan was to be submitted to the chairman of the Council for study.

The Journal

Report on advertising was read and accepted by consent:

Total, August, 1955	$3,091.47
Total, August, 1954	2,471.59
Gain	$ 619.88

Dr. Clauser raised the question of continuation of carrying of professional cards in THE JOURNAL, stating that he felt it was unethical for a physician to advertise in this manner, even in THE JOURNAL. Following discussion of this, the secretary was instructed to contact the American Medical Association to determine how many journals do carry professional cards.

Future Meetings

Upon motion of Drs. Clauser and Olson the field secretaries both were instructed to attend the A.M.A. Public Relations Conference in Chicago August 31 to September 1.

Upon motion of Drs. Clauser and Myers, the chairman of the Public Relations Committee is to be asked to attend the A.M.A. Public Relations Institute in Boston on November 28.

There being no further business, the committee adjourned to meet again at 5:00 p.m., on September 7, 1955, in the Student Union Building, Indiana University Medical Center, Indianapolis.

News from the County Societies

"Current Treatment of Tuberculosis and Related Pulmonary Conditions" was the title of a paper presented to 90 members of **Fort Wayne (Allen County) Medical Society** at a meeting in Irene Byron Hospital September 6. The guest speaker was Dr. Karl H. Pfuetze, medical director and superintendent of the State Tuberculosis Sanitarium at Chicago. Eight physicians from surrounding counties were guests.

Following the dinner and scientific meeting a special business meeting was held for the purpose of establishing the date for the second round of polio inoculations in Allen County. October 7 was the date chosen.

A general business meeting of the society was held September 20 in the Fort Wayne Chamber of Commerce.

Boone County Medical Society members held a meeting September 6 in Witham Memorial Hospital, Lebanon, with Kenneth W. Bush, field secretary for Indiana State Medical Association, as the speaker. Eleven members were present.

An evening meeting of the **Hancock County Medical Society** was held June 27 in the Hancock County Memorial Hospital, Greenfield, with invited representatives of the press, service clubs, sororities, fraternities, and other organizations present. The meeting was called by the society's officers to discuss the needs for future expansion of the capacity of the hospital. Response from various representatives indicated they favored such action.

The first meeting of the fall season was to be held September 26 in the Greenfield hospital.

Dr. James H. Gosman and Dr. Albert L. Marshall, Jr., both of Indianapolis, presented a "Symposium on Venereal Diseases" at the September 6 meeting of the **Howard County Medical Society.** Thirty-five members were present for the combined dinner and scientific meeting in the Frances Hotel, Kokomo.

The final business meeting of **Knox County Medical Society** before a summer recess was held June 21 in the Grand Hotel at Vincennes. Fourteen members were present. Plans were made for the annual July social meeting when the physicians entertain their wives and honor new physicians in the community.

Discussions on the "Stop Rheumatic Fever" program to be undertaken this fall, and for "Farm/City Week" formed the program for a meeting of **Spencer County Medical Society** August 30. The five members making fall plans met in Cotton's Cafe in Rockport for a noon luncheon.

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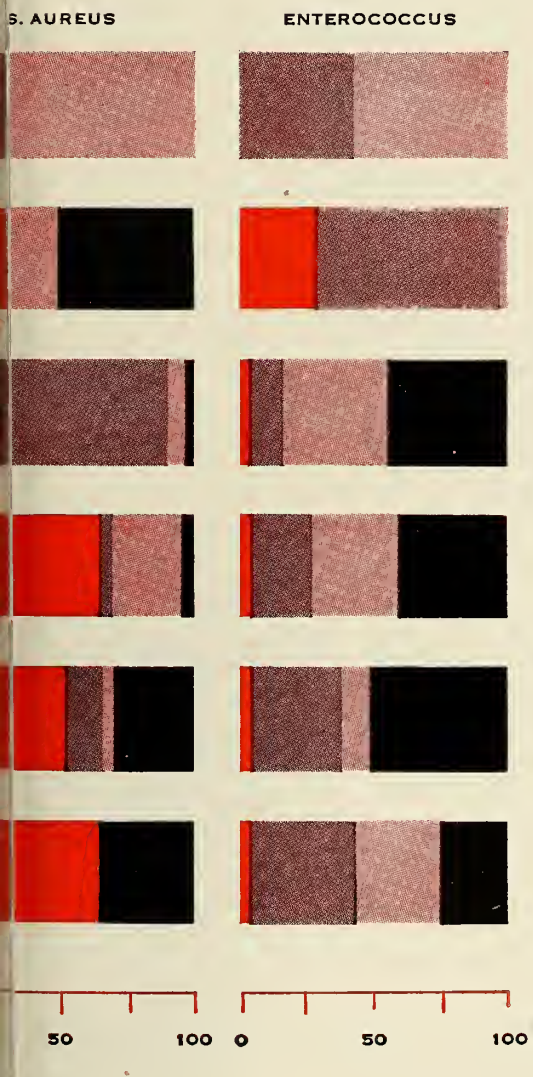
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References (1) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* **157**:305, 1955. (2) Kutscher, A. H.; Seguin, L.; Lewis, S.; Piro, J. D.; Zegarelli, E. V.; Rankow, R., & Segall, R.: *Antibiotics & Chemother.* 4:1023, 1954. (3) Clapper, W. E.; Wood, D. C., & Burdette, R. I.: *Antibiotics & Chemother.* 4:978, 1954. (4) Sanford, J. P.; Favour, C. B.; Harrison, J. H., & Mao, F. H.: *New England J. Med.* **251**:810, 1954. (5) Balch, H. H.: *Mil. Surgeon* **115**:419, 1954. (6) Sanford, J. P.; Favour, C. B., & Mao, F. H.: *J. Lab. & Clin. Med.* 45:540, 1955. (7) Felshin, G.: *J. Am. M. Women's A.* **10**:51, 1955. (8) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (9) Kass, E. H.: *Am. J. Med.* **18**:764, 1955. (10) Stein, M. H., & Gechman, E.: *New England J. Med.* 252:906, 1955. (11) Yow, E. M.: *Postgrad. Med.* 17:413, 1955.

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November 1955

of the INDIANA STATE MEDICAL ASSOCIATION

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Photographs should be printed on glossy paper. Negatives cannot be used.

Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

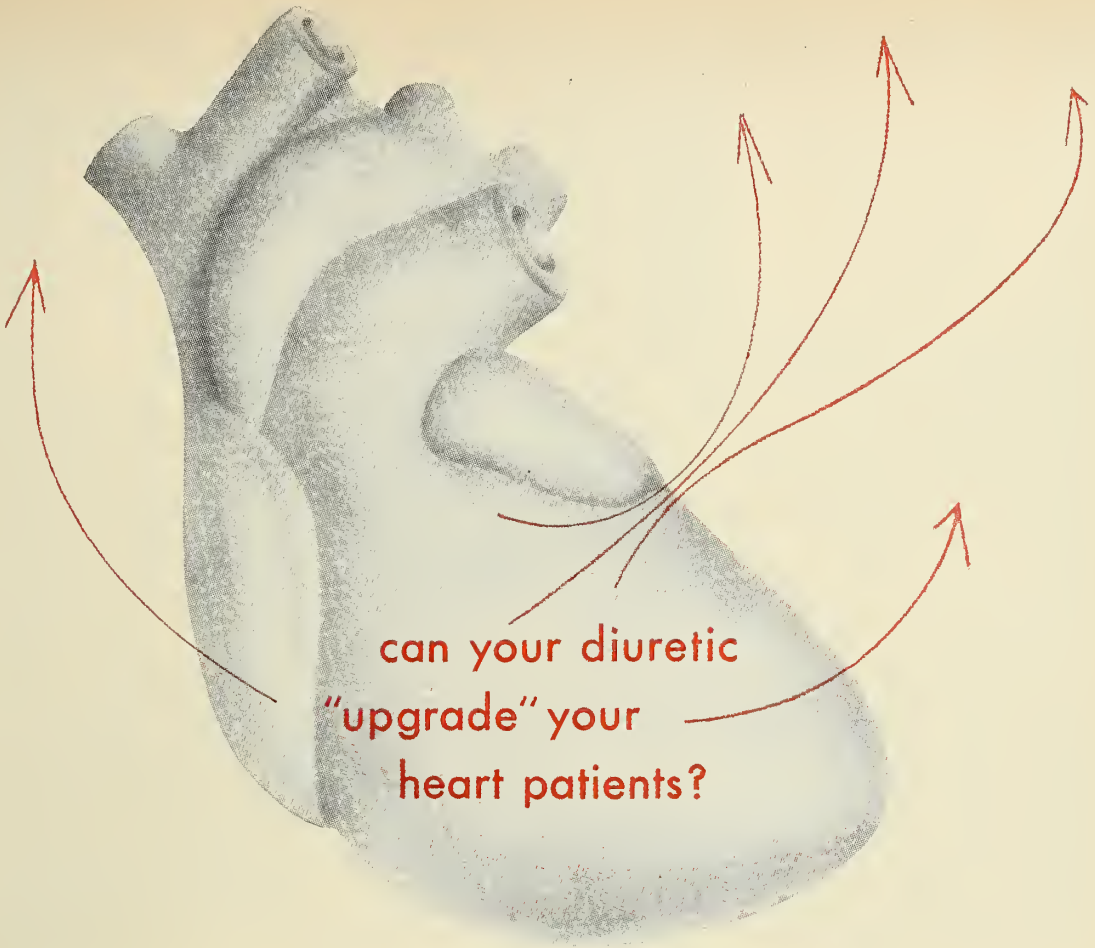
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Communications dealing with editorial matters should be sent to Frank B. Ramsey, M.D., Editor, 201 Hume Mansur Building, Indianapolis 4, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1017 Hume Mansur Building, Indianapolis 4, Indiana.

Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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2	J. H. Crowder, Sullivan	Dec. 31, 1957
3	William H. Garner, New Albany	Dec. 31, 1955
4	Joseph E. Dudding, Hope	Dec. 31, 1956
5	M. C. Topping, Terre Haute	Dec. 31, 1957
6	Harry P. Ross, Richmond	Dec. 31, 1958
7	Lester D. Bibler, Indianapolis	Dec. 31, 1956
8	Guy Owsley, Hartford City	Dec. 31, 1957
9	Wemple Dodds, Crawfordsville	Dec. 31, 1955
10	J. P. Vye, Gary	Dec. 31, 1956
11	Max R. Adams, Flora	Dec. 31, 1957
12	Maurice E. Glock, Fort Wayne	Dec. 31, 1958
13	Kenneth L. Olson, South Bend (Chairman)	Dec. 31, 1956

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Terms expire December 31, 1956:

Delegates	Alternates
Cleon A. Nafe, M.D., Indianapolis	Earl W. Mericle, M.D., Indianapolis
E. S. Jones, M.D., Hammond	William C. Wright, M.D. Fort Wayne

Terms expire December 31, 1957:

Delegates	Alternates
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Wendell C. Stover, M.D., Boonville	John M. Paris, M.D., New Albany

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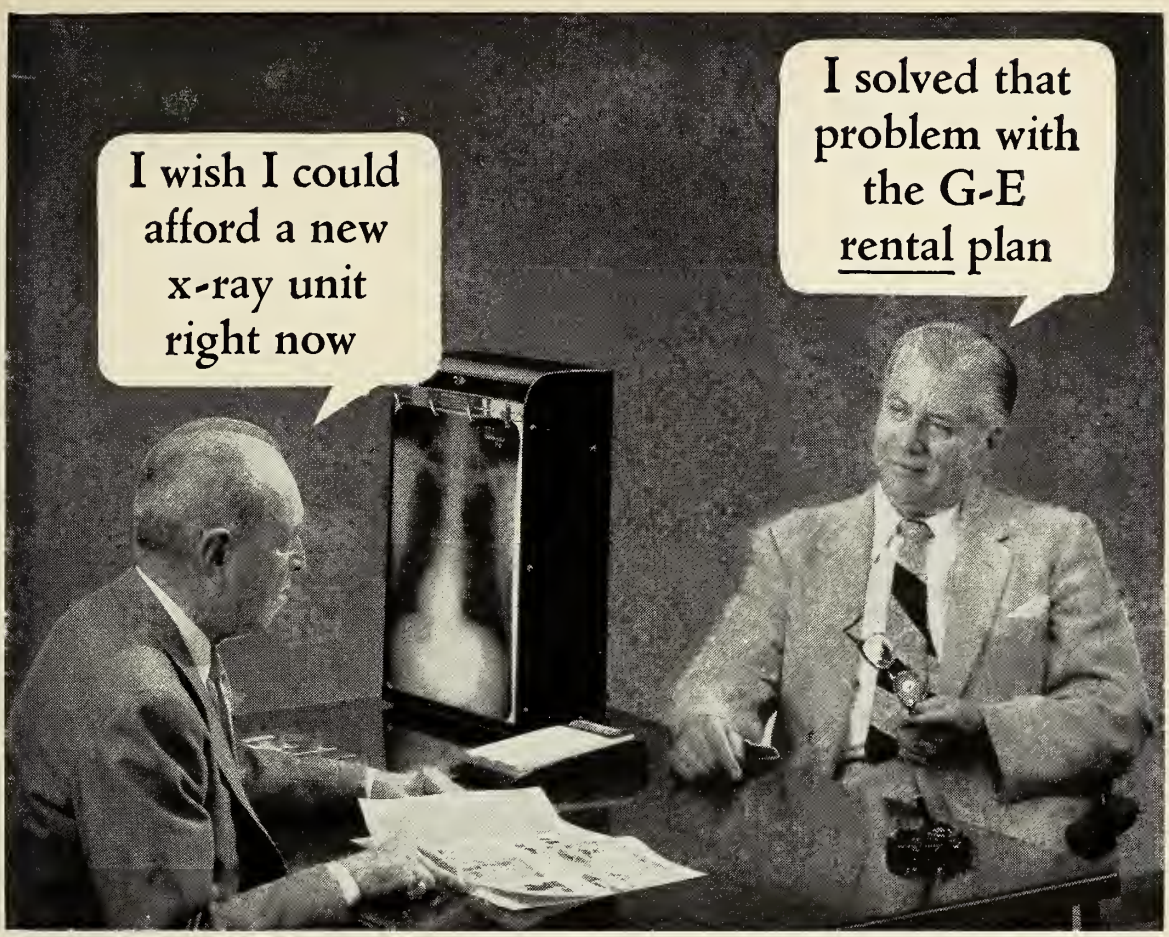
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Secretary, Wilson L. Dalton, M.D., Shelbyville.

1955-56 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	C. Curtis Young, Jr., M.D., Evansville	William C. Fisher, M.D., Evansville	Mt. Vernon, Sept. 20, 1956
2.	Robert H. Rang, M.D., Washington	J. S. Brown, M.D., Carlisle	Washington, 1956
3.	B. E. Sugarman, M.D., French Lick	Eli Goodman, M.D., Charlestown	
4.	J. K. Jackson, M.D., Aurora	George A. Vail, M.D., Lawrenceburg	
5.	C. M. Schauwecker, M.D., Greencastle	James B. Johnson, M.D., Greencastle	Greencastle, May, 1956
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Joseph F. Ferrara, M.D., Franklin	Arthur W. Records, M.D., Franklin	Indianapolis, May, 1956
8.	Roger R. Reed, M.D., Anderson	Warren E. Fischer, M.D., Anderson	Anderson, 1956
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Frankfort, 1956
10.	H. M. Baitinger, M.D., Gary	S. J. Brady, M.D., Gary	
11.	T. W. Omstead, M.D., Huntington	Charles L. Wise, M.D., Camden	Delphi, May 16, 1956
12.	Jack L. Eisaman, M.D., Bluffton	A. N. Ferguson, Fort Wayne	
13.	Hugh A. Miller, M.D., Elkhart	O. E. Wilson, M.D., Elkhart	



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Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

ANAMILO

This editorial from the *Detroit Medical News* was written by Dr. Charles Sellers and calls to our attention a most remarkable organization which demonstrates anew the elasticity and rebound capacity of the human spirit. Whether you ever had or expect to have a patient like this, or not, you can read this and admire their enterprise:

Not long ago a patient developed an asymptomatic persistent hoarseness which upon further investigation proved to be carcinoma of a vocal cord. The only hope was to have the larynx removed. This was a heavy blow.

While this patient was in the hospital being prepared for the operation, he was visited by another man who had been through the anticipated surgical procedure. The surgeon had arranged the visit.

This visit proved to be a turning point in the patient's attitude or philosophy about the ordeal. It brought him new hope. To be deprived of his voice seemed very depressing, well nigh defeating. Then unexpectedly a newly found friend had taken enough interest in him to call on him in the hospital and to encourage him by proving that one can go on and that one can learn to speak again.

This gentleman was a member of the Anamilo Club—Greek for "I speak again." The organization in this community was formed by five or six beginners and now has expanded to include 275 members all of whom had cancer of the larynx and been laryngectomised. All of them have learned to speak again using the esophageal voice which consists of swallowing a small portion of air, not all the way into the stomach but into the upper esophagus, and speaking on this column of air as it is regurgitated.

Some time ago these men got together to help each other learn to use the esophageal voice. The most pro-

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ficient among them became the teacher and drilled the others including new students as they came into being until "the voiceless men" became almost vociferous when they spoke in unison at class.

At a later date the Detroit Cancer Society became the sponsor of the Anamilo Club as the first full time speech school in the country for laryngectomised patients and to help them master the slightly complicated technique of learning to speak again by using the esophageal voice. At the present time there are 22 schools throughout the United States.

The Anamilo Club speech classes are great morale builders. The previously dejected students really learn to speak once more and soon thereafter resume their previous work or sometimes a different work and enter into a wide range of social life. They visit other patients in the hospital and in their homes. They establish a rapport among themselves. They assemble at the Anamilo Club and learn to be useful citizens once more. This enterprise has great emotional appeal if all the potentialities are considered.

WHAT GOES?

The *Weekly Bulletin* of the Jackson County (Missouri) Medical Society frequently furnishes good spicy medical comment, and the signed editorial reprinted here is no exception. It clearly holds up to view a fundamental defect of many political arguments which use statistics as their heavy artillery. It has the vigor, too, of the article on "Brain Washing—American Style", reprinted in the September 1955 number of this journal, from the *Bulletin* of the Columbus (Ohio) Academy of Medicine.

The Twentieth Century Fund's research staff has made a survey of this country's future based on present trends. They predict what the average income per family will be in 1960 as well as total national production, etc. They also outline needs and predict the amount of shortage there will be in a number of areas.

One surprising figure is medical care. The total gap between need and supply, of all things, in 1960 will be, they say, 11.4 billion dollars and half of that will be a shortage in medical care. They say in 1950 the total gap was 13.1 billion and 36% of that was in medical care.

One may understand how a shortage in housing or nylons, if any, might be computed, but how does one figure one for medical care? And even if one can compute it, what does it mean? Are a certain number of people turned away from a certain number of hospitals when they vitally need care and treatment? Is there a shortage of drugs or will there be? Is it impossible for some people, who have $5.5 billion on hand, to pay physicians fees, to get in to see a physician?

None of the above conclusions make any sense, of course, so maybe your editor is a bit dumb and cannot understand things like that. Perhaps there is some mystic formula in computing these things that the practicing physician and the active hospital administrator cannot understand.

There is still a shortage of hospital beds in most large cities and some communities do not have hospitals. But more and more hospital beds are coming into existence all the time and in these days of fast transportation, good roads, and well equipped ambulances, it is a moot question if every cross roads needs a small hospital, which actually lacks some services because of its small size.

And physicians? Well, we can't speak for the whole country, but in our own state every citizen is within one hour of a physician, far closer in time than only 25 years ago before all the farm to market roads were completed. Drugs? The only shortage today that we know about is in polio vaccine and that will be quickly eliminated.

So one asks again, what goes? What are these economists trying to prove? While they may be sincere folks who are reporting the facts as they see them (and they may have a sound statistical basis for their figures), they have certainly put a potent weapon in the hands of the social planners. For in spite of Hill-Burton funds, private enterprise, voluntary health plans, etc. etc., "Look," they will say, "We are still short five billions in medical care and will be for years to come. Let us move in and have the government fill the gap."

Filling the gap is the foot in the door. And the foot in the door is the end of us as we now are because the foot is followed by the body, many bureaucratic bodies, and they take over.

It is hoped that the A.M.A. with their wide access to records and other pertinent information will further develop their own studies to see what actual needs are and will be in the future. It is inconceivable that such a shortage exists now or will exist in this near future, 1960.

Statistics can be utilized to prove almost anything, especially when the several statisticians start with variable bases. Perhaps the economist's concept of what true medical care needs are may be considerably at variance with reality. Our own similar survey might not paint such a dark picture if we started from more proper base figures.

G. Wilse Robinson, Jr.

Amen! Amen! Amen!

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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

SAVING OUR NECKS

Automobile manufacturers are beginning to disclose plans to emphasize safety in the selling points of 1956 designs. Now the Gallup Poll reports that more people are interested in safety features than in any other class of auto improvements. These are two coincident hopeful notes. Cars unquestionably can be made much safer. Engineers have known many ways to do it for years. But cars have been kept in their present design channels, including a number of lethal features, on the supposition that people want them that way.

If people generally become decisively interested in functional safety in automobiles, then you may be sure that manufacturers will compete in trying to build functional safety into them. The annual effort of every manufacturer is to make changes in design which will sell cars. If people want safer cars, we'll get them.

Even more important, however, is the clear fact that as people—drivers in particular—become more directly interested in safety, the use of streets and highways will become more safe. Commenting on the Labor Day week end accident toll, an American Automobile Association official remarked that "drunks, speed demons, road hogs and just plain fools" make the nation's highways death traps, on weekdays as well as holidays. That's laying it on the line.

Records show that of every 100 drivers involved in accidents, 76 were violating some traffic rule. This figure indicates that building safer cars and safer roads is not going to help a great deal. As long as the rules are violated by any high proportion of drivers there will be accidents. As long as the most common violation is speeding, a lot of the accidents are going to be bad ones.

The driver is the one who can change the situation. If he is becoming keenly interested in the safety features of his car, then perhaps as a logical next step he will become interested in the safety of his own driving habits. General awareness of the errors which lead to trouble, coupled with genuine concern for getting rid of them, would soon send the accident rate into a nosedive.

—Indianapolis Star

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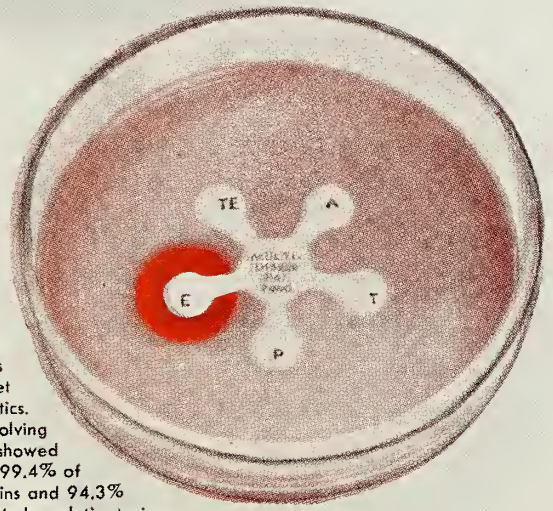
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This blood agar plate shows a strain of *beta* hemolytic enterococcus. Note extreme sensitivity of this organism to ERYTHROCIN—yet it easily resists the other antibiotics. Additional data: A study[1] involving 202 enterococcic strains showed sensitivity to erythromycin in 99.4% of *alpha* hemolytic strains and 94.3% of *beta* hemolytic strains.

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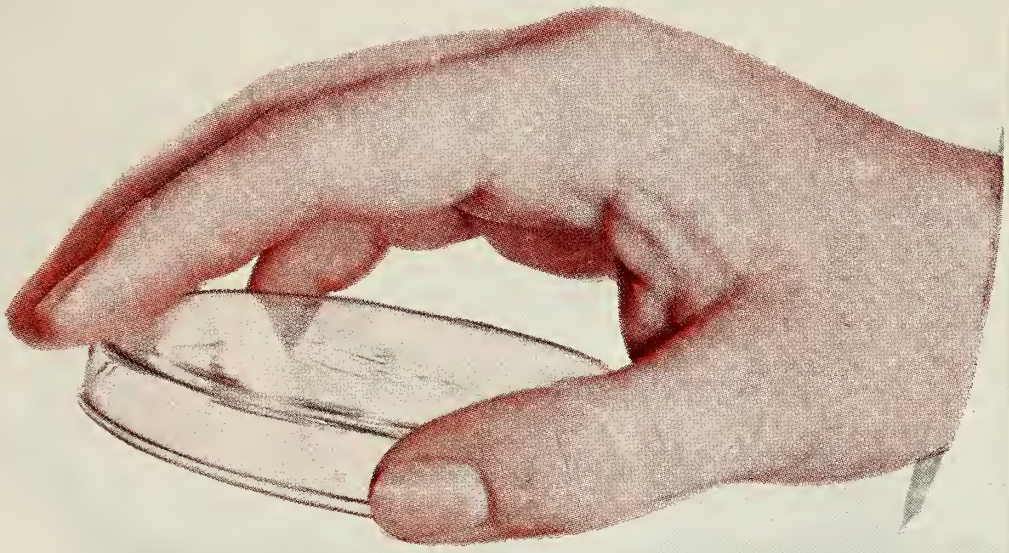
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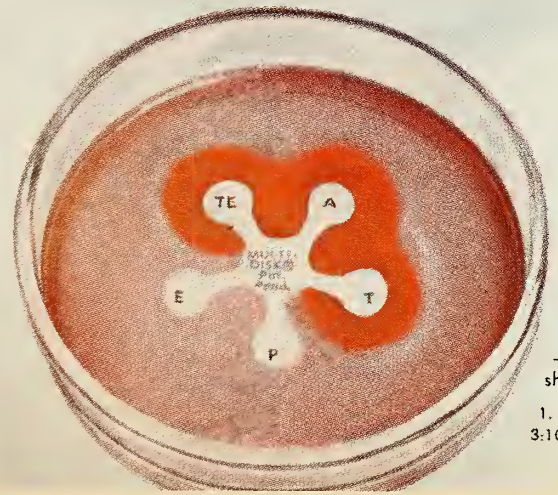
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1. Eisenberg, et al., Antib. & Chemo., 3:1026-1028, Oct., 1953.

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Wanted: PHYSICIANS LOCATIONS

Six communities in Indiana sought assistance during the last month from the Physicians Placement Service of the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana. Need for a physician in these communities has arisen from several causes. One doctor is being called into service, another is retiring, while a third is taking a residency and wishes a replacement in his office. Offices and residence quarters are available in each case.

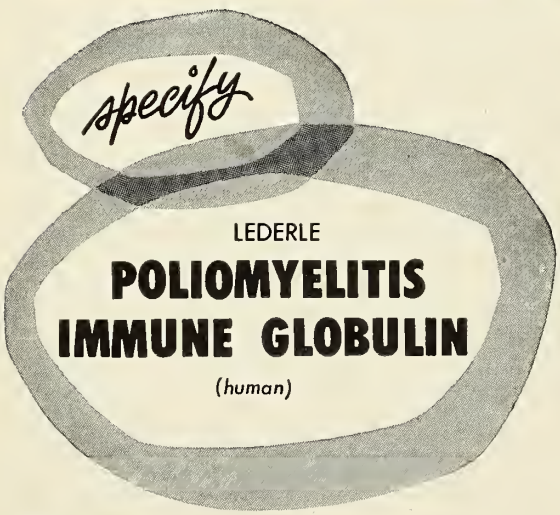
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During the same period 20 practicing physicians and residents sought information on openings in Indiana. Several will not complete residencies until July, 1956, but are now seeking suitable locations to establish their medical practice.

The Physicians Placement Service has sent both physicians and communities current listings.

An appeal is made to communities which have been listed previously to let the Placement service know when physicians are secured.

Communities seeking physicians are:

NEW HAVEN—Allen County; population 1,900. Located close to Fort Wayne. Dr. Roger C. Smith, 1610 Pemberton, Fort Wayne, Indiana is looking for a general practitioner for a well established office in New Haven, Indiana. Contact Dr. Smith.

EDWARDSPORT—Knox County; population 1,350. Large surrounding territory without the services of a physician. Office and residence available. 19 miles from Vincennes, Indiana. Contact Mrs. W. F. Nelson, Edwardsport, Indiana.

LA CROSSE—La Porte County; population 600 with a surrounding territory of 3,000. The physician who has served this community for many years is retiring. Good opening and opportunity for an enthusiastic doctor. Most prosperous town and farming territory in LaPorte County. Contact Edmund J. Bechler, president of the Board of Trustees, La Crosse, Indiana.

BUNKER HILL—Miami County; population 560. Dr. Lloyd L. Hill is being called into service. He has a young and rapidly growing practice, 15 minutes from the hospital at Peru, Indiana. He would like to have some young doctor take over for two years. Contact Dr. Hill, Bunker Hill, Indiana.

BROOK—Newton County; population 900. Located in a rich farming community. No physician in a radius of 10 miles. Office and home available. Contact Mr. Alford M. Lyons or Mr. James Montgomery, Brook, Indiana.

LIGONIER—Noble County; population 2,500. Dr. J. B. Schutt who has practiced in Ligonier for over 20 years is leaving for Florida. Office and residence available. Contact Doctor Schutt.

WABASH—Wabash County; population 10,650. Opening for internist at Wabash

clinic. Contact Dr. William D. Dannacher, Wabash Clinic, Wabash, Indiana.

Doctors asking for information were:

Philip R. Jacoby, M. D. (general practice) c/o P. R. Jacoby, R. R. No. 1, Bartlett, Ill.

H. C. Day, M. D. (general practice), P. O. Box 928, Boerne, Texas.

Howard L. Ravenscraft, M.D. (general practice), 2014 Eastern Avenue, Covington, Kentucky.

Lawrence C. Webb, M.D. (general practice), 537 Dale Road, Wynnewood, Pennsylvania.

Robert J. Morrow, M.D. (available July 1956) (general practice), 328 Cincinnati St., Dayton, Ohio.

Everett G. Davis, M.D. (available 7/56), (general practice), Denver General Hospital, Denver, Colorado.

Lloyd H. Goad, M.D. (general practice), Amory Building—819 13th St., Golden, Colorado.

Robert A. Raub, M.D. (available 7/56), (general practice), 7010 Glen Meadows Lane, Cincinnati, Ohio.

Ed Steinmetz, M.D. (available 7/56), (general practice), St. Vincent's Hospital, Indianapolis, Indiana.

William L. Heimer, M.D. (pediatrics), 3411 Guilford Terrace, Baltimore 18, Maryland.

Stanley Y. Jordon, M.D. (internal medicine), 1452 Durand Court, S. E., Rochester, Minnesota.

Ralph L. Perry, M.D. (pediatrics), 10812 Mt. Carmel Road, Cleveland 4, Ohio.

Daniel D. Lovelace, M.D. (urology), Indianapolis General Hospital, Indianapolis, Indiana.

John L. Gwinn, M.D. (pediatrics), 3458 Roxanne St., Long Beach 8, Calif.

Frank G. Mills, M.D. (general surgery), 114 Whitwell St., Quincy City Hospital, Quincy 69, Mass.

George E. Clark, M.D. (general surgery), 2125 Arizona Avenue, Santa Monica, Calif.

John W. Soshea, M.D. (internal medicine), The Mayo Clinic, Rochester, Minnesota.

Warren H. Diessner, M.D. (allergy), Walter Reed Army Hospital, Washington 12, D. C.

J. A. Kinge, M.D. (x-ray), Sayburry, 31 E. 31st St., New York 16, N. Y.

Charles J. Churchill, M.D. (available 7/56), (surgery—group, clinic or association), Veterans Admin. Hospital, Louisville 2, Ky.

Announcement—

We Wish to Announce that Doctor John A. Larson, formerly of Logansport State Hospital, and a Fellow of the American Psychiatric Association, has joined the Staff of the Wabash Valley Sanitarium - Hospital as a Psychiatric Consultant and Director of Research and Treatment of Alcoholism & Tranquilizing Drugs.

Doctor Leon T. Bogmenko is in charge of the treatment of Nervous and Mental Disorders.

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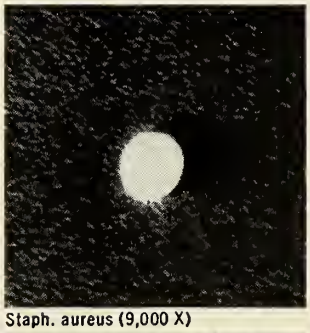
D. pneumoniae (10,000 X)



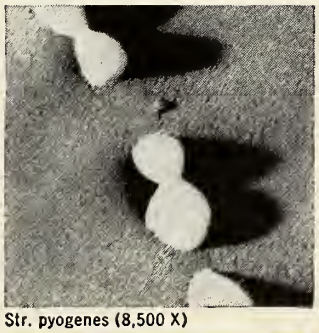
K. pneumoniae (13,000 X)



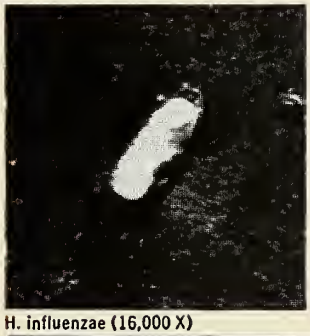
H. pertussis (7,500 X)



Staph. aureus (9,000 X)



Str. pyogenes (8,500 X)



H. influenzae (16,000 X)

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—Within a few months there will be under way the first comprehensive survey ever to be made of the nation's mental health problems. The study will attempt to measure the extent of mental illness, to judge the progress and lack of progress in research, and to estimate the additional hospitals and clinics and trained personnel needed before a start can be made toward a solution.

A newly-formed Joint Commission on Mental Illness and Health already has begun preliminary work on the survey. The all-out effort will be initiated—possibly before the first of the year—after the Commission has received the formal approval of the National Mental Health Advisory Council of U. S. Public Health Service and the Surgeon General. Once this endorsement has been given, $250,000 in U. S. funds will be available to help with the first year's operations. Another million dollars is to be supplied over the following two years.

Originally, the Joint Commission was formed by the American Medical Association's Council on Mental Health and the American Psychiatric Association. Later other associations joined in, including the American Association of Psychiatric Social Workers, the American Hospital Association, the American Nurses Association, the National League of Nursing, the American Psychological Association and the National Education Association.

A nationwide survey has been the objective of



Pork in the Dietary

During Pregnancy and Lactation

CERTAIN NUTRIENTS are required in greater than normal amounts during pregnancy and lactation. Pork meat, though its cost is low, supplies a remarkably high quantity of the nutrients required by the maternal organism in these periods of physiologic need.

During pregnancy the maternal organism may store 3.3 to 5.5 pounds of protein in excess of that contributed to fetal tissue.[1] Enough iron is stored to approximate the entire amount secreted in the milk during 9 months of lactation, in addition to the iron supplied to the fetus.[2]

The body of the newborn infant contains approximately 500 grams of protein, 14 grams of phosphorus, and 0.5 gram of iron.[3] It is estimated that the lactating mother, through breast milk, provides a 26 week old infant with about 12 grams of protein, 76 grams of lactose, and 1.2 mg. of iron each day.[2]

Pork meat, an excellent source of high quality protein, thiamine, niacin, and iron,[4] also supplies valuable amounts of other B vitamins, as well as phosphorus, magnesium, and potassium. The thiamine content of pork is particularly important, since there are few more valuable food sources of this vitamin.[4]

Pork and pork sausage—economical, good tasting—are valuable components of the dietary of the pregnant or lactating woman. Just how valuable, is shown in the table below.

1. Toverud, K.U.; Stearns, G., and Macy, I.G.: Maternal Nutrition and Child Health, an Interpretative Review, Washington, D.C., National Research Council, Bull. 123, 1950.

2. McLester, J.S., and Darby, W.J.: Nutrition and Diet in Health and Disease, ed. 6, Philadelphia, W.B. Saunders Company, 1952, p. 241.

3. Marrack, J.R.: Food and Planning, London, Victor Gollancz, Ltd., 1943, p. 67.

4. Wolgamot, I.H., and Fincher, L.J.: Pork Facts for Consumer Education, Washington, D.C., United States Department of Agriculture, AIB No. 109, 1954.

5. Watt, B.K., and Merrill, A.L.: Composition of Foods—Raw, Processed, Prepared, Washington, D.C., United States Department of Agriculture, Agricultural Handbook No. 8, 1950.

6. Bowes, A. deP., and Church, C.F.: Food Values of Portions Commonly Used, ed. 7, Philadelphia, Anna dePlanter Bowes, 1951.

Percentages of Recommended Daily Dietary Allowances* for Pregnant (3rd Trimester) and Lactating Women Provided by 3-Ounce Portions of Cooked Pork Meats and Pork Sausage

	Protein	Iron	Phosphorus	Thiamine	Riboflavin	Niacin	Calories
PREGNANCY (3rd trimester)							
Ham, without bone, 3 oz., cooked[5]	25.0%	17.3%	13.5%	30.0%	10.0%	26.7%	12.5%
Pork Chops, without bone, 3 oz., cooked[5]	25.0%	17.3%	13.3%	47.3%	10.0%	28.7%	10.5%
Pork Sausage, 3 oz., cooked[6]	17.3%	14.0%	9.2%	27.7%	10.1%	18.5%	14.7%
LACTATION							
Ham, without bone, 3 oz., cooked[5]	20.0%	17.3%	10.1%	30.0%	8.0%	26.7%	10.2%
Pork Chops, without bone, 3 oz., cooked[5]	20.0%	17.3%	10.0%	47.3%	8.0%	28.7%	8.6%
Pork Sausage, 3 oz., cooked[6]	13.8%	14.0%	6.9%	27.7%	8.1%	18.5%	12.0%

*Recommended Dietary Allowances, Washington, D. C., National Academy of Sciences—National Research Council, Publication 302, 1953

The nutritional statements made in this advertisement have been reviewed and found consistent with current medical opinion by the Council on Foods and Nutrition of the American Medical Association.

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these associations for more than a year. Substance was added to the idea this year when Congress approved the $1,250,000 fund, to be used over three years, for a comprehensive study. The law specifies that the investigation be conducted by non-governmental bodies; to fully qualify, the Joint Commission has been legally incorporated.

CARE IS COSTLY, COMPLEX

At hearings before Congressional committees early this year psychiatrists and others outlined the complex problem they are facing.

The care of mental patients is one of the great financial burdens of the states; rate of cure and rehabilitation is so low that institutions are being filled as fast as they can be constructed; half the hospital beds are occupied by mental patients and their care costs more than a billion dollars a year in tax funds.

There are not enough psychiatrists trained to administer state programs or even all the large hospitals; competition for the top men in this field has been compared to the proselyting of football players and coaches.

Many of the leading psychiatrists complain that too much attention is being paid to constructing hospitals and not enough to research, which might develop treatments that would keep many patients out of institutions, and bring about the rehabilitation of hundreds of thousands of others now hospitalized.

NOTES

Before it prepares a report on the narcotic problem, the Senate subcommittee will have held hearings in most parts of the country. Many local addiction problems have been described. At the New York hearing, the subcommittee was urged to recommend a system of clinics, where the addict legally could obtain narcotics at reasonable cost, thereby defeating the rackets.

Although states either may take U. S. grants to buy Salk vaccine or the vaccine itself, most of them are taking the money.

Veterans Administration has set up a seventh area medical office in Columbus, Ohio, a move that it believes eventually will provide better service at less cost.

Almost nine million dollars will be spent next year on health work in North, South and Centrol America by international bodies, such as World Health Organization. One project is the starting in Mexico of a four-year malaria eradication program.

The Navy has set up a program for training Waves as nurses; they will be obligated for a year's active duty for each year of training.

Bureau of Internal Revenue has summarized deductible and non-deductible medical expenses for income tax purposes; the listings combine new interpretations with a clarification of old rulings.

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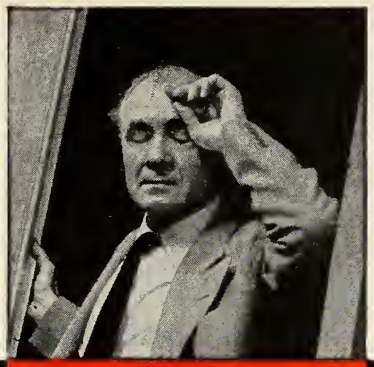
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Uniform Health Insurance Claim Forms Project Nears Goal

A TWO-YEAR COOPERATIVE EFFORT by the insurance business and the medical profession to streamline health insurance claim forms used by doctors is nearing a successful conclusion, according to a recent progress report from the Health Insurance Council.

The Council reports that its Special Committee on Uniform Claim forms has submitted for acceptance by insurance companies (the final drafts of) two all-purpose and two abbreviated physician statement forms. One all-purpose and one abbreviated form are for use with group insurance policies, and the other two are for individual and family policies. Substantial company support for these four forms is indicated by the responses received to date from the companies, according to Carroll J. McBride, chairman of the Council's special committee.

Two other short forms already have received approval from the AMA's Council on Medical Service and have been accepted by companies writing the majority of the commercial health insurance business in America. One of these approved and accepted forms covers physician's statements in connection with group surgical benefits and the other form covers individual or family hospital, medical or surgical benefits.

All six physicians' statement forms were processed through several stages of development and consultation with the medical profession before being put into final draft. Many compromises were made, particular emphasis being placed on accommodating the forms to the convenience of doctors while fulfilling the needs of the companies generally.

In order to achieve uniformity in questions calling for answers by the physician, and to compensate for differences in company requirements due to variations in coverages, both basic and optional questions have been included in the forms.

Insofar as the physician is concerned, the only difference between the forms of one company or another will be whether or not the optional questions are used.

Around the end of this year, the Council plans to have ready for wide distribution throughout the medical profession a pamphlet which will tell the story of the uniform claim forms project and will also serve as a working guide on the use of new uniform and streamlined claim forms.

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Fort Wayne and Evansville Public Health Forums Series Under Way

THE 1955-56 SERIES of public health forums was initiated in Fort Wayne September 29 for the second season and in Evansville on September 19 for the third consecutive year.

Evansville pioneered the health forum plan in Indiana in cooperation with the Evansville Press, which is still serving as co-sponsor of the public meetings with the Vanderburgh County Medical Society.

In Fort Wayne the News-Sentinel joins the Fort Wayne (Allen County) Medical Society in presenting the forums to the public.

Subjects for both series are selected by popular vote through a newspaper ballot.

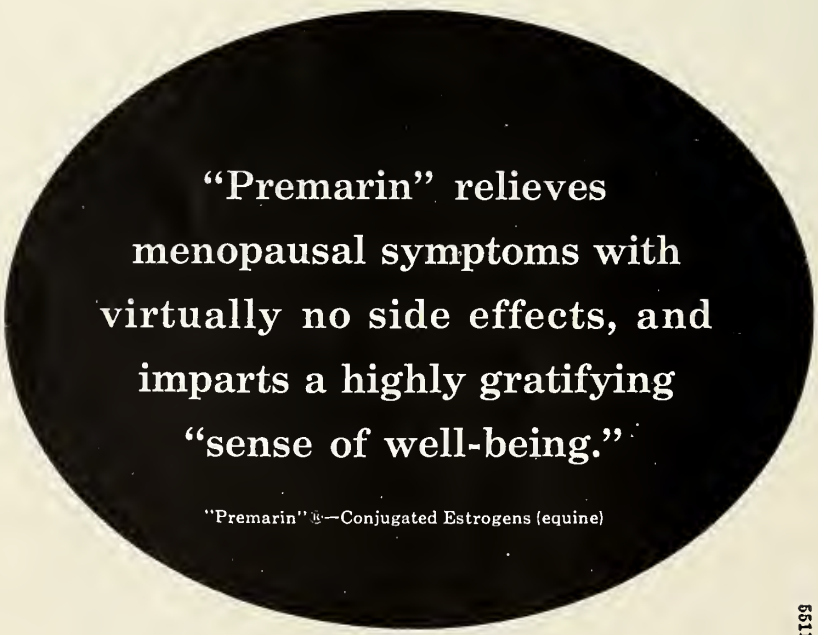
The first forum in Evansville at Bosse High School Auditorium was on "Backache and Arthritis" with Dr. George Willison delivering the principal address and Earl Richert, editor of Evansville Press, serving as moderator. Panelists were Drs. John Cacia, Owen Slaughter, Harold Davidson, Lynn Keys, Henry Leibundguth and Paul Steele.

The second Evansville forum on September 29 was on "Heart Disease" with Dr. James Watson making the introductory talk. A panel discussion followed with Drs. Ralph Zwickel, Robert Little, Paul Clouse, Donald Rayl, John Alexander and James Crawford participating.

The initial forum of the Fort Wayne series was on "Overweight and Underweight". The meeting was held in North Side High School, Fort Wayne. The keynote speech was given by Dr. Walter D. Greist. Dr. E. M. Hoetzer served as moderator and panelists were Drs. R. C. Keys, N. E. Aiken, O. J. Miller and R. N. Kent.

Official welcome to the audience was voiced by Clifford B. Ward, editor of the News-Sentinel, and Dr. N. H. Gladstone, president of the medical society.

Nurses from all three Fort Wayne hospitals served as ushers.



The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

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Pulmonary Coin Lesions

C. G. McEACHERN, M.D.
J. E. ARATA, M.D.
R. E. SULLIVAN, M.D.

Fort Wayne

A PARTICULARLY INTERESTING PULMONARY LESION is the so called "coin lesion". This occurs frequently when least expected since the patient is usually asymptomatic, and is enjoying relatively good health. Such a finding might be considered inconsequential and might lull the physician into adopting an attitude of inactive observation, particularly since the patient is manifesting no symptoms. However, one should not adopt such a passive attitude, but should make a determined effort to arrive at a definite diagnosis since there is a definitely significant incidence of malignancy in such lesions.

Various authors use different criteria for defining coin lesions. As a rule, however, one might include among coin lesions any spherical pulmonary lesion, clearly visible on the PA chest film, surrounded by normal lung tissue, and without evident cavitation. Some authors have excluded calcified lesions from their series, while others have included them. All agree that the evident primary complex should be excluded.[1]

Such lesions may vary in size from less than one centimeter to several centimeters in diameter. In the past, such lesions were generally diagnosed as "tuberculomas", or metastatic nodules, and little emphasis was placed on the possibility that a percentage of these represented primary malignancy in the lung. This latter attitude is quite understandable when one considers that before 1930, only isolated attempts were made to remove portions of the lungs. The mortality for extirpation of pulmonary tissue was prohibitive and generally the disease process was far advanced by the time that diagnosis could be made by the physical examination. Thus, primary pulmonary carcinoma was largely of academic interest.

GRAHAM PIONEERED TREND

The entire outlook for pulmonary surgery was changed in 1933 when Evarts Graham[2] performed a successful pneumonectomy for a bronchogenic carcinoma. This patient, a 48 year old physician, was cured and is still alive. Since this

brilliant work, thoracic surgery has advanced to a stage where it is now commonplace and safe. The ready availability of antibiotics, blood, positive pressure anesthesia, improved pre and postoperative care, and a more thorough knowledge of respiratory physiology, have all contributed to its progress and safety.

Graham and Singer[3] again were pioneers in thoracic surgery, when in 1936, they advocated thoracotomy to establish the diagnosis of circumscribed lesions of the lung. Alexander was also an early advocate of exploratory thoracotomy for such lesions. Now it is the concensus of opinion that exploratory thoracotomy should be seriously considered in such pulmonary lesions that are not readily diagnosable by other methods.

Broadly speaking, our thinking regarding the diagnosis of pulmonary disease has undergone a rapid change in the past few years. Whereas formerly, great reliance and emphasis was placed on the physical examination of the chest, we have come to realize the limitations of the physical examination in the early phases of pulmonary diseases and the importance of supplementing the physical examination with the chest roentgenogram.

Mass roentgenograms, sponsored by service groups and societies, have become commonplace. Some hospitals now routinely take miniature x-rays of the chest of each patient upon admission. We have been impressed by the wisdom of this practice, and on several occasions, the results have been unexpected, to say the least. In time, it may be added to the routine hemogram and urinalysis taken on all new admissions. On the other hand, the stethoscope proves valuable in auscultation of the heart, in asthma, in early bronchopneumonia, in some traumatic conditions, and it is not the intention of the authors to convey the impression that the stethoscope ought to be discarded.

The incidence of malignancy in solitary intrathoracic lesions has been reported to vary from 15 percent to as high as 50 percent.[4, 5, 6, 7] Such a percentage variation is readily explainable by observing the criteria used by the various authors for defining coin lesions. When a large percentage of small lesions is included, the incidence of malignancy will be correspondingly smaller. When all calcified lesions are excluded, the percentage of malignancy will be higher. Age likewise is a factor. The older the members of the group are, the higher will be the percentage of malignancy. Should the patients reside in an area where the incidence of granulomatous lung disease is high, the percentage of malignancy in coin lesions from this group will be correspondingly lower.

Clagett and Bernatz[7] in reviewing their cases of pulmonary lesions seen over a period of four and a half years and excluding, in so far as possible, cases of bronchiectasis, lung abscess, cystic pulmonary disease, and tuberculosis, found 30 different pathological conditions at thoracotomy in 356 cases. Of these 356 cases, exploratory thoracotomy was necessary to establish a definite diagnosis in 50.6 percent. In this indeterminate group, 30 percent of the exploratory thoracotomies disclosed carcinoma. Hood, Good, Clagett, and McDonald,[5] found an incidence of 35.3 percent of malignancy in 156 cases of solitary circumscribed lesions of the lung.

Figures 1 to 6 include roentgenograms illustrating some of the lesions we have encountered. It is readily apparent that there are no gross distinguishing characteristics from a radiographical standpoint. None of these lesions were diagnosed prior to surgery. Calcification was not present in any of the lesions.

SYMPTOMS LACKING

Clinical symptoms and signs in such lesions are often lacking. This is readily explainable by the location of the lesions. For a lesion to cause cough, it must cause irritation of the bronchial mucosa. Since coin lesions are peripherally placed, they do not impinge on the most sensitive bronchial mucosa. Cough is thus not a prominent symptom, as is so often the case when a bronchogenic carcinoma arises from one of the larger divisions of the bronchial tree. Unless there be ulceration of the mucosa of one of the larger bronchi, hemoptysis is not noted. Fever, commonly seen in the more central bronchogenic carcinomas, generally follows obstruction of a larger bronchus with resulting atelectasis and pneumonitis. Coin lesions being peripherally placed, do not cause atelectasis with resulting pneumonitis.

Bronchoscopy usually is devoid of value when one is confronted with a coin lesion. The lesion



Figure 1. J. M.

55 year old female who had a known nodule in her lung for three years. Pneumonectomy for adenocarcinoma performed. Patient has remained well for two years.

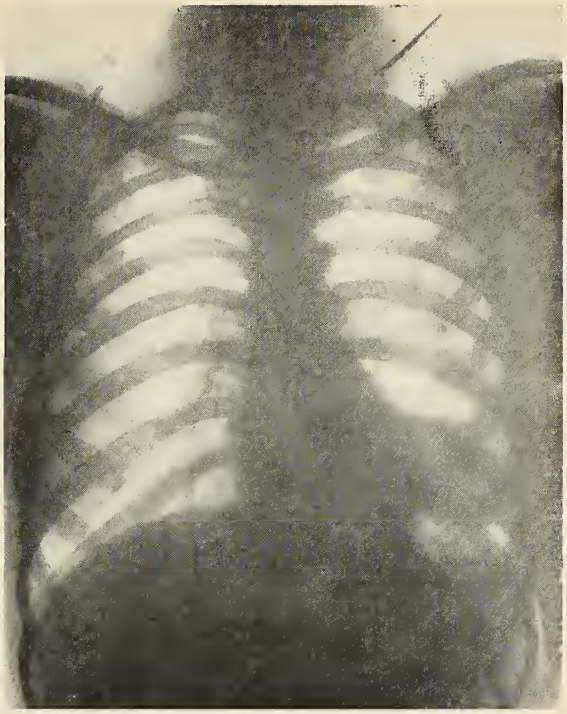


Figure 2. S. S.

20 year old male. Routine roentgenogram disclosed the lesion. Lobectomy performed. Pathological diagnosis—tuberculoma. Patient has remained well for three years.

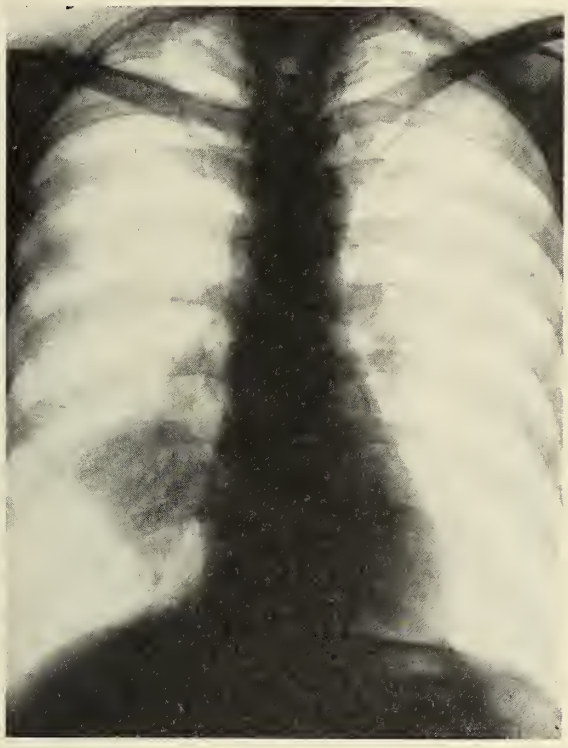


Figure 3. G. L.

56 year old male. Lesion found on routine roentgenogram. Pneumonectomy performed. Pathological examination revealed adenocarcinoma. Patient died one year later.

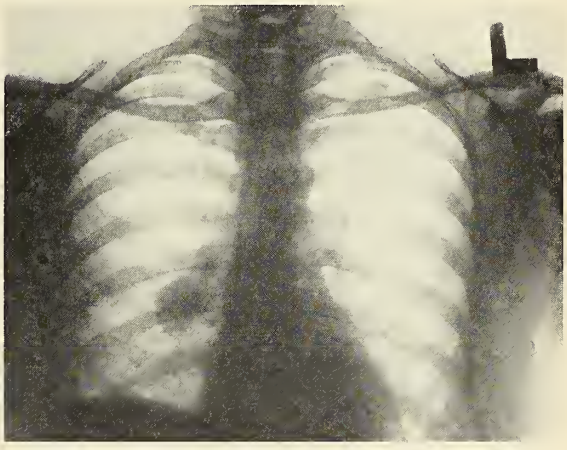


Figure 4. D. F.

51 year old female. Following pneumonia roentgenogram revealed a large coin lesion. Pneumonectomy performed. Pathological diagnosis, mucinous adenocarcinoma. Patient expired one year after surgery.

is too peripheral to be within the field of visualization of the bronchoscope.

One might hope that the study of pulmonary cytology would be of benefit in the diagnosis of a coin lesion. Whereas, one often is able to prove the presence of malignancy by means of a study of pulmonary cytology in carcinoma arising from a major stem bronchus, the results of sputum study for malignant cells in coin lesions are generally negative. Malignant coin lesions seldom shed cells in quantity great enough to be found by the cytologist.

When one is faced with an indeterminate coin lesion in the chest, it behooves one to make a

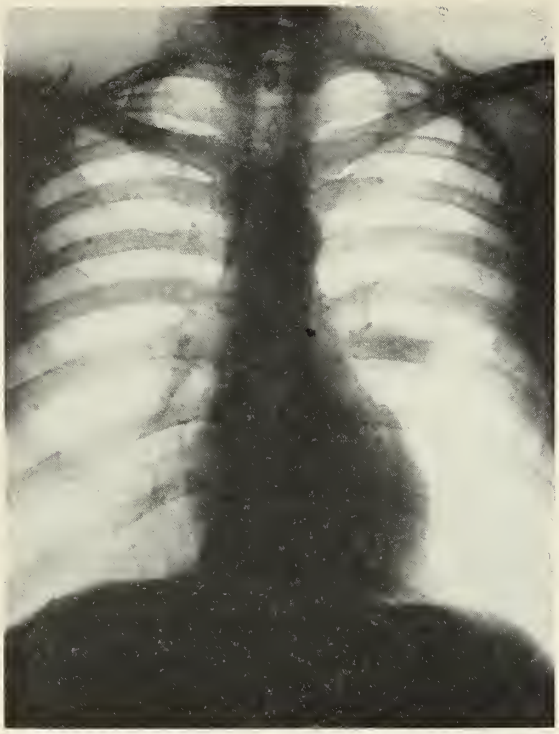


Figure 5. H. S.

40 year old male. Biopsy and frozen section followed by pneumonectomy. Pathological diagnosis—fibrosarcoma. Patient alive with no evidence of recurrence after two years.

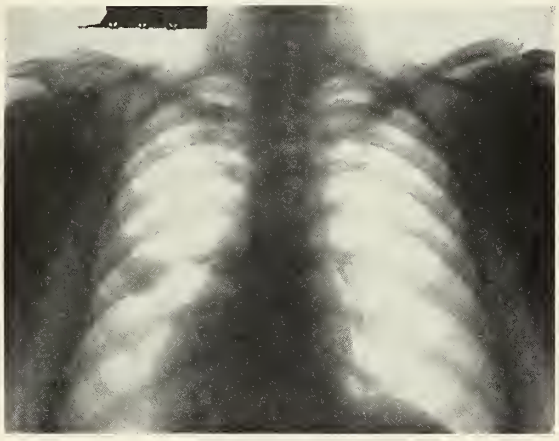


Figure 6. M. B.

41 year old female. Wedge resection of coin lesion performed. Pathological examination revealed nonspecific granuloma. Patient has remained well for three years.

determined and swift effort at diagnosis. The sputum should be studied microscopically for acid fast bacilli and fungi. Cultures and guinea pig studies are time consuming and seldom are of great enough value to compensate for the time lost. A negative report on sputum studies for malignant cells ought not lull one into a placid state. Coin lesions due to carcinoma usually will have a negative pulmonary cytology examination.

Skin sensitivity tests for the common fungi, including histoplasmosis, may be positive, but cannot be absolute assurance against malignancy. Calcification is usually evidence against primary malignancy. Definite calcification is often difficult to prove. A diaphragmatic hernia can generally be diagnosed if it has been considered in the differential diagnosis, by a barium study of the intestinal tract. When one suspects a foramen of Morgagni hernia, a diagnosis can be made by means of a barium enema. Pericardial or spring water cysts are generally suspected due to their location in the cardio-phrenic angle.

If one cannot arrive at a definite diagnosis by means of laboratory and x-ray studies, and the patient can tolerate surgery, exploratory thoracotomy should be undertaken. It is important that one should not let the problem remain unsolved until a future date, for should the lesion be malignant, the problem may be insoluble when the lapse of time has proven the diagnosis.

In the past, a physician has been reluctant to advise exploratory thoracotomy because it was believed considerable risk accompanied the procedure. In the present era, such criticism is no longer tenable. The risk of exploratory thoracotomy is no greater than that of exploratory laparotomy. Hood et al,[5] in 156 cases of coin lesions, had a hospital mortality of 1.3 percent.

Some have criticized exploratory thoracotomy in those cases of tuberculous origin on the basis that such lesions represent burned out foci, whose morbid potentialities have been exhausted. The fallacy of a roentgen diagnosis of tuberculoma has frequently been demonstrated. In addition, a certain number of tuberculomas, and other granulomatous lesions will proceed to cavitation and to active disease. The removal of such lesions surgically is generally good treatment.

Admitting the high percentage of malignancy in undiagnosed solitary pulmonary coin lesions, the physician who advocates early thoracotomy to prove the diagnosis of such lesions is well supported by the slight operative risk, and the high curability rate of these early pulmonary lesions.

SUMMARY

1. The incidence of malignancy in coin lesions varies from 15 to 50 percent.

2. Coin lesions in which a definite diagnosis cannot be established should be subjected to early thoracotomy.

REFERENCES

1. Storey, C. G., Grant, R. A., and Rothmann, B. F.: Coin Lesions of the Lung, Surg., Gynec., and Obst. 97: 95, 1953.

2. Graham, E. A. and Singer, J. J.: Successful Removal of Entire Lung for Carcinoma of Bronchus, J.A.M.A. 101:1371, 1933.

3. Graham, E. A. and Singer, J. J.: Three Cases of Resection of Calcified Pulmonary Abscess (or tuberculosis) Simulating Tumor, J. Thor. Surg. 6: 173, 1936.

4. Davis, Edgar W., Katz, Sol, and Peabody, J. Winthrop: Surgical Implications of Solitary Tumors of the Lung, Am. J. Surg. 89: 402-407, 1955.

5. Hood, R. T., Jr., Good, C. A., Clagett, O. T., and McDonald, J. R.: Solitary Circumscribed Lesions of the Lung: Study of 156 Cases in which Resection was Performed, J.A.M.A. 152: 1185, 1953.

6. Trimble, Guyon Harold: Pulmonary "Coin" Lesions, Am. J. Surg. 89: 408-416, 1955.

7. Clagett, O. T. and Bernatz, P. E.: Management of Certain Pulmonary Lesions, J.A.M.A. 152: 379-381, 1953.

8. Hodgson, Corrin H.: Solitary Circumscribed Pulmonary Lesions, Am. J. Surg. 89: 417-421, 1955.

RADIOACTIVE IODINE HELPS CARDIAC PATIENTS

Radioactive iodine has been used to reduce the work of the heart in seriously ill cardiac patients, four Los Angeles physicians said recently.

Their report in the October 1 Journal of the American Medical Association deals with 231 patients in advanced stages of heart disease, who were given radioiodine for periods of six months to four years. They had angina pectoris (a painful heart disorder) or congestive heart failure (a disease in which the heart is unable to maintain an adequate blood flow) or a combination of the diseases.

The iodine reduces the patient's output of thyroid, which in turn lowers the rate of metabolism (physical and chemical processes of the body). The lower metabolic rate means the heart does not have to work so hard.

While the condition of the heart is "in no way changed or cured by radioiodine," the symptoms of the disease are relieved, the physicians said.

Results were classified as excellent in 53 per cent of the patients and as good in 33 per cent. Only 14 per cent showed no improvement.

Complete relief of symptoms is not "a prerequisite for an excellent or worthwhile result," the authors said. As an example, they said, a patient with angina pectoris who is relieved of the "agonizing need" to take nitroglycerine repeatedly throughout the day and night receives real help, even though after treatment he still cannot walk without pain. Benefits patients received included improvement in comfort, ability to care for self or to work, reduction in required drugs, and decrease in dangerous complications.

Making the report were Drs. Frederick W. Pobirs, Henry L. Jaffe, Maurice H. Rosenfeld, and Laurence J. Stuppy, all of the radiation therapy department and department of medicine of Cedars of Lebanon Hospital, Los Angeles.

Rapid Correction of Metabolism Defect May Cause Edema in Diabetes

REPORT OF A CASE

WILLIAM R. KIRTLEY, M.D.

Indianapolis

IN A RECENT ARTICLE ON INSULIN EDEMA[1], the author presents the thesis that the edema occurring in the patient was due to an allergic response to insulin. While generalized allergic reactions have been reported following insulin administration, I feel that another aspect of the picture should be presented, namely that edema might be the result of rapid correction of the metabolism defect of diabetes mellitus by insulin. Another contributing factor may be the specific antidiuretic effect of insulin itself.

To illustrate this point, the following brief case history is presented:

A. S., Indianapolis General Hospital No. 300009, a 25-year-old white married female has had diabetes mellitus for seven years and has received insulin throughout this period. Although a patient at Indianapolis General Hospital only since 1953, her diabetes has always been difficult to control, according to her history. She admits that this poor control has, for the most part, been the result of failure to cooperate.

The available records indicate that she had never been seen in the Diabetes Out-Patient Clinic with a normal blood sugar and sugar-free urine. For the previous ten visits, she showed an average fasting level of 321 mg.%, and postprandial level of 380 mg.%. Postprandial sugars have ranged between 234 mg.% and 588 mg.%.

During this same period, she received insulin in dosages varying between 40 and 60 units and had received NPH Insulin and Lente Insulin.

The patient presented herself at clinic on May 19, 1955, with a blood sugar, fasting, of 414 mg.%, mild acidosis (2+ urine acetone), weight 133½ lbs. Because of the patient's concern for the care of her small children, she agreed to make a concerted effort to establish control of her diabetes. She was placed on a regimen of modified insulin (Lente) 60 units, plus supplements of regular insulin, 5 units for each plus of glycosuria. She was to return to Out-Patient Clinic in one week.

On May 26, 1955, the patient again attended clinic and, for the first time in her available outpatient history, her blood sugar level, fasting, was within normal range, being 96 mg.% with a urine specimen negative for sugar.

She stated that after only 3 days of supplemental insulin, her polydipsia and nocturia (which had been so common she felt it unremarkable) disappeared, and she was able to sleep through the entire night for the first time in years.

The patient complained of a feeling of tightness of the skin of the face and her waist line had increased so markedly she was unable to fasten her dress. It was noted that the patient's weight had increased from 133 lbs. to 156 lbs., a gain of 23 lbs. in seven days.

Examination revealed an essentially normal patient except for the obvious swelling; heart and lungs were normal; and it was observed that the minimal edema of the lower extremities was nonpitting.

A post-breakfast urine specimen taken on May 26, 1955, had a specific gravity of 1.010, negative for albumen, 2+ sugar, and an occasional erythrocyte was observed. Plasma electrolytes at the same time were as follows: sodium 137.5 mEq./1., potassium 4.6 mEq./1., chloride 103.0 mEq./1., and CO_2 28.3 mEq./1.

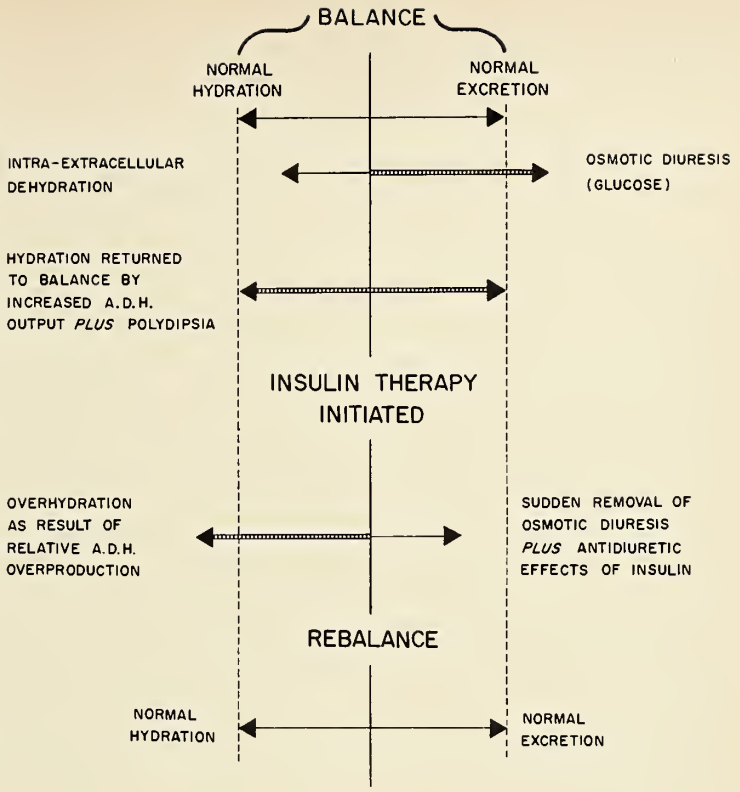
It was felt that the remarkable weight gain could be accounted for by water retention effected by abrupt control of the diabetes.

The patient was told to maintain her basal dose of insulin which consisted of 60 units of

Lente Insulin, was placed on ammonium chloride orally (4 gm. daily), and prescribed a salt-poor diet. In one week, she had lost 4 lbs. weight. Her blood sugar was 143 mg. % fasting.

There have been no further visits to clinic since June 30, 1955, at which time the patient weighed 158 lbs. (apparently the result of improved nutritional status since edema was no longer evident), and again had a blood sugar of 242 mg. % fasting—her good resolutions having been of a temporary nature.

The patient has never shown evidence of allergy to insulin. There has been no erythema or swelling at the site of injection, and no pruritis has been reported. She did not complain of shortness of breath and did not mention blurring of vision.



It would seem that in this case, allergy could not be considered as contributing to the symptoms, particularly since insulin had been given continuously, both before and after the development of edema.

Factors have been described, however, which seem to play a part in the development of edema. Dehydration of a greater or lesser degree accompanies ketosis; with correction of ketosis, water is retained. With the administration of insulin, there is a resultant carbohydrate storage with simultaneous water storage[2].

Duncan[3] describes a filling out of the face which gives a waxy appearance as being seen in some patients following rapid control of severe diabetes with insulin. Such "insulin facies," plus extensive edema of the extremities, he feels, is the result of an imbalance of the osmotic pressure between circulating and tissue fluids caused by removal of glucose from the blood.

Recently, Miller and Bogdonoff[4] have shown that even in the non-diabetic human subjects in whom diuresis is produced by intravenous administration of glucose, insulin has an antidiuretic effect characterized by an increase in the concentration of both electrolytes and solute. This is interpreted as indicating an increased tubular re-absorption of water.

Whether or not antidiuretic hormone is involved is not completely clarified, although Miller and Bogdonoff[4] feel that it is not. They observed that water diuresis is not inhibited by insulin administration and that antidiuresis is affected during glucose osmotic diuresis, a condition in which both tubular re-absorption and ADH production are believed to be at a maximum.

On the other hand, if glucose osmotic diuresis is suddenly interrupted by insulin administration (correction of the diabetes), the ADH production causes water retention of a temporary nature. That it is temporary is indicated by the fact that moderate salt restriction and the use of mild diuretics brings about a fairly rapid improvement.

REFERENCES

1. Griep, Arthur H.: Insulin Edema: Report of a Case; J. Indiana M. A., *48*:872, August, 1955.
2. Joslin, E. P., *et al.*: Treatment of Diabetes Mellitus; 9th Ed., Lea & Febiger: Philadelphia, 1952 (page 248).
3. Duncan, Garfield G.: Diseases of Metabolism; 3rd Ed., W. B. Saunders Company: Philadelphia, 1952 (page 874).
4. Miller, John H., and Bogdonoff, Morton D.: Antidiuresis Associated With Administration of Insulin; J. Appl. Physiol., *6*:509-12, February, 1954.

Femoral Appendicitis

E. A. GARLAND, M.D.

Evansville

THE FIRST CASE OF FEMORAL HERNIA APPENDICITIS was recorded by DeGarengot, in 1731. Since that time, a period of 221 years, only 224 cases have been reported in medical literature. Hevin, in 1785, gave the first detailed description of an operation for femoral appendicitis. Ryan reported three cases of this unusual condition. Watson, in 1938, collected 217 cases. Seley later, in 1941, reported two cases which were followed by one case by Knapp and Claps in 1944 and one case by Young in 1949.

The one feature that seems to be most consistent in the majority of these cases is the fact that their diagnosis was made only at operation. It is, to say the least, an unusual occurrence to find an acutely inflammed appendix in the sac of a femoral hernia.

It seems that of all the cases of this disease so far reported, the most unusual case was that described by Johnstone in 1934, in which auto-appendicectomy occurred; and possibly of greater interest was the fact that the separated appendix survived this occurrence by the acquisition of a new blood supply from the wall of the hernial sac.

Battle, in 1899, and Young, in 1949, each described a case of femoral appendicitis, in many respects similar. Their main point of similarity was the fact that each case presented an associated inflammation of the overlying glands in the groin. This groin adenopathy led (in one case—Young) to a week of treatment by local application and a decision to operate, with the purpose of removal of the inguinal glands for biopsy. It was discovered upon operation that a femoral hernia existed and upon opening the hernial sac, a quantity of turbid fluid surrounding a pregangrenous appendix was found. The appendix was successfully removed and a hernial repair followed.

The symptoms are those of the usual femoral hernia except for some marginal and not too distinct differences. In the case to be reported in this paper, not only did the patient have an acute appendicitis within the hernial sac, but he also was the victim of a Richter's hernia which completely closed the small femoral opening. It is this author's opinion that the appendicitis was secondary to the obstruction caused by the Richter's femoral hernia. It becomes quite obvious that with the presence of superimposed femoral strangulation, groin adenopathy or inflammation, the preoperative diagnosis of this interesting and unusual condition would be quite difficult. Tenderness in the right lower quadrant is not a reliable indication in that the inflamed portion of the appendix lies outside the peritoneal cavity proper. Nausea and vomiting may be present but this, again, is no differentiating sign. The laboratory data may be misleading in that the inflammatory reaction is usually limited to the hernial sac, and a general hemocellular response may not reflect the seriousness of the situation. This may also be affected by the age of the patient and the stage of the disease at which the patient is first seen. Tenderness and swelling are noted over the affected area, but this gives little, if any help in diagnosing this condition. The author contends that even if this condition is kept in mind, its occurrence will continue to be a formidable diagnostic problem. Furthermore, even when the sac is opened and one is looking at the pathology it may be difficult to identify the exact condition, especially if the appendix is retroperitoneal as was the case in the instance herein reported.

Young's case demonstrates quite well the complexities that may be encountered in this condition. It was impossible to be sure that a femoral hernia co-existed with the inguinal gland adenopathy. The differential diagnosis not only must include groin adenopathy but omental hernia, partial enterocele, lipoma both as such and as a prehernial mass, intestinal diverticula in hernia, strangulated epiploic appendix, and either re-

ducible or irreducible hernia of one or more intra-abdominal viscus, such as intestine, bladder, cecum, or a combination of these.

It, therefore, becomes obvious that no symptom—complex can be presented to assist in the preoperative diagnosis of this condition. Femoral appendicitis should always be kept in mind, especially when the sac of a femoral hernia contains cloudy fluid, an unidentified inflammatory mass, or an especially thickened wall. In either event, the possibility of femoral appendicitis must be considered and proper investigation performed.

CASE NO. 1083:

The patient was a white male, age 86 years, admitted to the hospital October 30, 1951 complaining of severe pain in the right groin.

Family History: Essentially negative. Wife, age 84 years, living and well.

Past Personal History: Patient has been in good health, except for the history of a long existing productive cough. The patient states that he has had an intermittent soft mass in the right groin for one year. This, however, had never before become painful.

Present Illness: The present illness began with sudden pain in the right groin and a feeling of urgency. Urination did not relieve the pain. The mass in the groin persisted and became firm and extremely painful. The patient vomited a small amount of fluid about 24 hours after onset of the pain. Anorexia persisted but no further vomiting occurred. No change in bowel habit was noticed.

Physical Examination: Examination revealed an aged white male lying quietly in bed but obviously in pain. Temperature 99 degrees. Pulse 80. Respirations 22. Blood pressure 198/92.

Head: Normal configuration.

E. E. N. & T.: Pupils round and equal, react to light. Nose and throat negative. Tongue slightly dehydrated. Marked loss of hearing. Wax in right external auditory canal.

Neck: No abnormal masses or pulsations.

Chest: Normal development.

Lungs: Clear to percussion. Decreased breath sounds over entire chest.

Heart: Sounds of only fair quality. Extrasystole every 5-15 beats. No murmurs heard.

Abdomen: Flat and soft. No masses or tenderness. Hyperactive bowel sounds throughout.

Genitals: Normal aged male. Both external inguinal rings palpable and normal in size.

Extremities: In the extreme upper portion of the anterior surface of the right thigh is a firm discrete rounded mass approximately one and a half inches in diameter.

LABORATORY WORK:

Serology: Negative.

Urinalysis, 10-31-51: Color yellow, character cloudy, reaction acid, albumin and sugar negative, white blood cells occasionally, red blood cells none, epithelial cell occasionally, cast none, bacteria none, crystals amorphous phosphate.

Blood: Group AB, Rh Pos.

Red Blood cells, 4,290,000; white blood cells 17,800; hemoglobin, 12.6 grams.

Schilling: Basophils 1, Eosinophils 1, Stab-forms 10, Segment forms 74, Lymphocytes 12, Monocytes 2.

Blood Chemistry: Nonprotein nitrogen 26 (normal 20-35).

X-ray, 11-1-51: Cardiac shadow is small. Aorta is normal. Some fibrosis is seen in both apices and both hilar shadows are elevated. Peribronchial markings are increased in both bases, and multiple small peribronchial infiltrations are seen in the right base. There is obliteration of the left costophrenic angle.

Impression: An arrested minimal T. B. and basal bronchiectasis.

CLINICAL DIAGNOSIS:

Femoral hernia, right, strangulated. Operation was performed a few hours after admission to the hospital.

Operation:

The patient was placed in supine position and surgical preparation was performed. Sterile drapes were placed and a diamond-shaped area approximately four and a half inches in length was unfiltrated with 1% novocain. An incision was made at approximately a 30 degree angle to the line of Poupart's ligament, extending above the ligament and over the femoral mass. The incision was carried down through the cribriform fascia. Bleeding points were grasped with clamps and clamps were replaced with ligatures of plain No. 00 catgut. The incision was carried down through the remaining portion of the subcutane-

ous tissue until the superficial layers of the mass were encountered. Dissection was continued down to the endo-abdominal fascia which was indurated and edematous. Upon entering the sac a small amount of cloudy fluid was encountered. Exploration of the sac revealed a portion of small bowel which completely occluded the femoral opening. This did not include the complete gut but only the antemesenteric portion. The mass was approximately one and a half centimeters in diameter. It was held very tightly by the lower portion of Poupart's ligament. The knuckle of bowel was viable and there was no sign of gangrene although the serosa was red and edematous. Upon severing the constricting fibers of Poupart's ligament and its reflection, the bowel was released and went back into the peritoneal cavity. Further examination of the lateral side of the sac revealed a structure which was markedly edematous and showed signs of inflammation. The wall was thickened and grayish-purple in color. Further exploration revealed that this was the appendix which had herniated through the femoral opening. About one-half of the appendix lay retroperitoneal. A cleavage plane was easily obtained. The mesoappendix was doubly ligated and severed from the tip upward until the cecum was encountered. The appendix was grasped with a Mixter clamp. The clamp was replaced by a chromic No. 00 ligature. The appendix was amputated in the usual manner. The stump was phenolized and alcoholized and left uninverted. The stump readily re-entered the peritoneal cavity. A purse-string suture of No. 00 cotton was placed at the opening of the femoral canal. The remainder of the sac was dissected free, clamped and severed. The usual femoral hernial repair was then carried out, and the patient left the operating room in fair condition.

POSTOPERATIVE DIAGNOSIS:

Richter's femoral hernia with the appendix in the hernial sac.

Acute suppurative appendicitis.

PATHOLOGY REPORT, (10-31-51)

Specimen: Hernial sac and appendix.

Macroscopic Examination: A vermiform appendix 5 cm. in length. The diameter measures up to 1.5 cm. The surface is dull. The lumen contains fluid fecal material.

Microscopic Examination: The lumen contains pus. All layers of the wall are heavily infiltrated by polymorphs. In some areas the normal elements of the wall stain indistinctly.

Diagnosis: Acute diffuse suppurative appendicitis with gangrene; hernial sac.

The patient made an uneventful recovery and was released from the hospital on the sixth day.

COMMENT

Femoral appendicitis is an unusual disease that consistently defies accurate preoperative diagnosis. The presence of an acutely inflamed and frequently gangrenous appendix in the sac of a femoral hernia can be a serious complication. The femoral opening, in many cases, is quite small and conducive to the obstructive phenomena that is so important in the production of stasis and subsequent inflammatory reactions in the appendix.

It, therefore, becomes imperative that surgical intervention be prompt, after a reasonable period of observation and examination has elapsed. Delay or procrastination is inexcusable in this particular pathological situation.

Certain gross pathological features should be kept in mind when operating upon a patient with acute femoral hernia, since failure to diagnose and treat properly an acutely inflamed appendix lying in or adhered to a femoral hernial sac could give rise to serious consequences.

REFERENCES

1. Battle, W. H., "A Case of Irreducible Femoral Hernia Containing the Vermiform Appendix," (1899), Lancet 1, 1223.
2. Johnstone, A. S., "Appendicitis in Femoral Sac, with Adventitious Vascularization and Segregated Appendix," Brit. J. Surg. 21: 544-, January 1934.
3. Knapp, C. S. and Claps, L. U., "Appendicitis, Incarcerated in Femoral Hernia," Am. J. Surg. 1944, 64, 1939.
4. Ryan, W. J., "Hernia of Vermiform Appendix," Ann. Surg., 106: 135, July 1937.
5. Seley, G. P., "Incarcerated Femoral Hernia Containing Adherent Appendix," (report of two cases in men), J. Mt. Sinai Hosp., 8: 175, September-October 1941.
6. Watson, L. F., "Embryologic and Anatomic Considerations in Etiology of Inguinal and Femoral Herniae," Am. J. Surg., 42: 695, December 1938.
7. Young, J. S., "Case of Femoral Appendicitis," Brit. M. J., 2: 368, August 1949.

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AUTOMOBILE SAFETY

HOOSIERS MAY TAKE PRIDE in the fact that the Indiana State Police originated the research project which has led to safety features in automobile design. The investigation of fatal automobile accidents with a view to determining the fatal factors was initiated in 1949 in Marion County. Later the State Police widened the study to include the entire state and invited the medical profession to assist in the scientific study of fatalities.

In 1952 the state program became affiliated with Cornell University Crash Injury Research. Since then several other states have added depth to the statistics by cooperating similarly with Cornell. The entire study still is in progress, but already has accumulated solid evidence to support the safety features now being added either as standard or optional equipment on many of the new models.

Automobile doors which will not spring open on collision are indicated by the fact the death rate for people propelled from a wreck is twice that of those who remain in the car. Safety steering wheels and padded dash boards became essential items when it was learned these two structures were the elements within the car which usually injure the passengers who were not thrown out.

Seat belts are very important. However, unlike the other safety features which operate automatically without any human cooperation, seat belts do no good unless the occupants realize their importance and use them.

Automobile manufacturers evidently feel the public is not sufficiently educated to accept seat belts as standard equipment, and they are therefore usually listed as optional. It probably will require several years of demonstration and education to induce American motorists to fasten and unfasten a belt whenever they get in or out of a car.

However, in spite of this, the seat belt is probably the most important of all safety devices. Its constant use will almost eliminate expulsion

from the car whether the doors pop open or not, and safety belts also will prevent impalement on the steering wheel column and will prevent skull fracture by the instrument panel.

The value of a well-fastened safety belt can be illustrated. Everyone knows that if he were obliged to jump off the top of his house he would rather land on a pile of mattresses than on the concrete sidewalk. The difference, of course, is the suddenness of the stop. A slow stop spreads the energy absorption over a relatively long period of time. A sudden stop concentrates the energy absorption and builds it up to dangerous proportions.

Likewise, when an automobile collides at high speed the structures of the front end collapse for a distance of something like two feet. This produces an exchange of energy of, say, between five and ten times the force of gravity. If the driver is fastened to the car frame by a secure belt he participates in this relatively slow stopping, and is subjected to only 5 to 10 G's of force. Almost anyone can survive this amount of force.

If he is not fastened to the car, his body continues forward at the moment of impact at the same speed as the car and is stopped by the steering wheel, windshield or dashboard. These structures and the victim's head collapse to the extent of only three inches, and as compared with the automobile's collapse of 24 inches, impose a force on the victim of some 40 to 50 G's which almost no one can survive.

The safety of a well-fastened seat belt is expressed in another way. "When a driver is belted in he wears the car as a suit of armor; when he is loose within the car he is like a china cup in an empty barrel."

It is to be hoped that before long the safety belt will be standard equipment on all cars, or at least if they are continued as optional equipment, that they will be considered by the public to be only as optional as the motor and the four wheels.

Guest Editorials:

SALK VACCINE*

There may have been a near disaster last spring. But the vaccine seems to be working.

SALK POLIO VACCINE made news again last week and this, but behind the headlines two significant points stand out:

- The nation escaped what well might have been the worst polio epidemic in its history last spring, when the U.S. Public Health Service was rejuggling its standards for testing the vaccine's safety and potency.
- Reports coming in from the field indicate that the vaccine is working. The polio rate is considerably lower among children who have received shots than among those who have not.
- **Government Slip**—The terrifying fact that the government wasn't sure of its own safety standards was admitted last week in the official USPHS report on the so-called Cutter incident (page 148). (This is the study USPHS has been running to find out what caused the polio cases last April among children who had been vaccinated with Salk vaccine produced first by Cutter Laboratories, Inc., of Berkeley, Calif., later by other makers.) The report found that six batches of Cutter vaccine contained enough live polio virus to cause 103 of the reported cases.

The government admitted its own safety tests weren't adequate to detect the live virus. The report also substantiated the fact that manufacturers other than Cutter had trouble with early safety standards last spring, before USPHS drastically revised its requirements late in May.

Apparently, if the safety requirements had not been changed, a large part of the vaccine used in the program could have been as dangerous as the Cutter material. This seems especially likely in

view of the fact, not included in the USPHS report, that the government also changed its requirements on potency only a week after the program was begun, dropping the vaccine's strength by two-thirds. The six batches of Cutter vaccine were among the first to meet the government's original potency standards—three times the strength of the vaccine approved seven days later. If all vaccine had been as strong as USPHS first required, and had met only the original safety requirements, the effect could have been disastrous.

● **Good News**—On the cheerier side, New York—state and city—health authorities reported at midweek that the vaccine has been "of value." Of 519,000 children in the 6-7-year-old group who got at least one shot, 15 cases of paralytic polio turned up. Among 367,000 children of the same age and school-grade group who did not receive shots, 26 cases were reported, a rate almost twice as high.

In Massachusetts, where polio has reached near-epidemic proportions, there are currently 15 cases per 10,000 among unvaccinated 5-9-year-olds. Those receiving one Salk shot had a rate one-fifth that amount, and those with two or more, one-twentieth of it.

The USPHS report is probably the next to last action the service will take in respect to Cutter. Since it did not find Cutter guilty of negligence PHS may soon begin to clear batches of Cutter's material under its new standards. Cutter, as yet, has not requested clearance on any such material.

—*Business Week*

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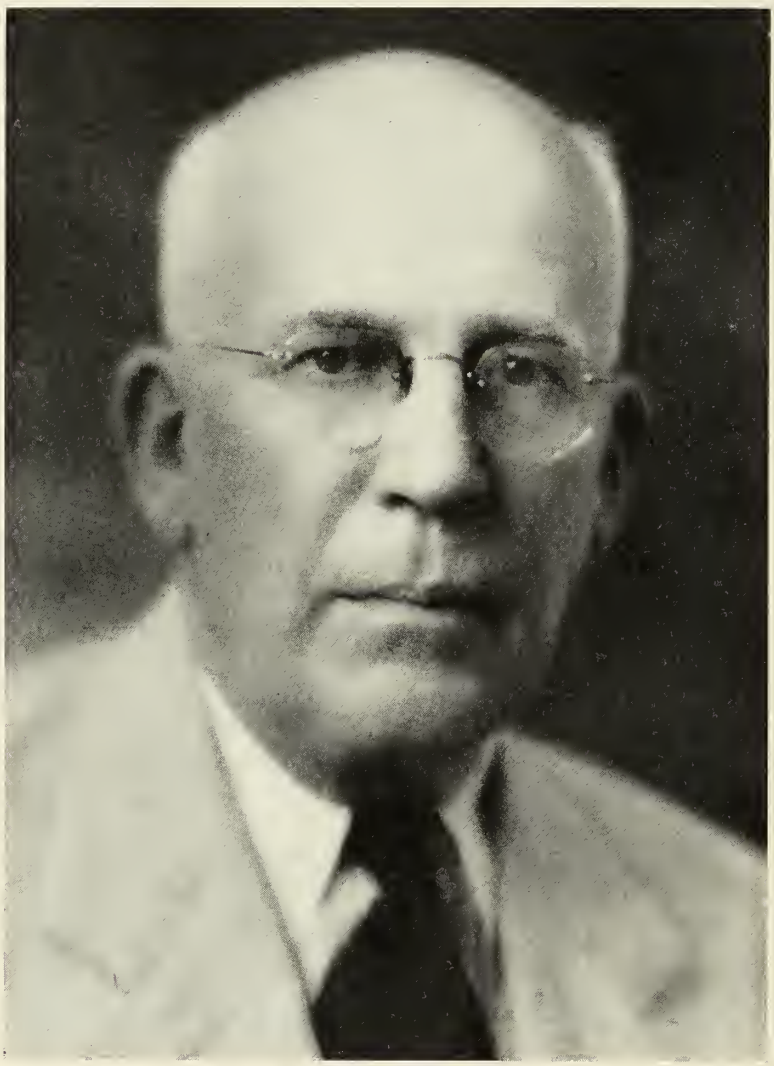
NEW GUIDE FOR MEDICAL PRACTICE UNITS

A comprehensive planning guide on medical practice units, recently developed by the Sears-Roebuck Foundation after consultation with the American Medical Association, is being distributed by the Physicians Placement Service of the Council on Medical Service. This 80-page brochure provides a handy check list for physicians or community leaders who wish to establish medical practice units. Comparative advantages and disadvantages of building, re-modeling or renting are discussed. Also included are sample floor plans and complete information on the actual management of a practice after the unit has been completed. In addition, physicians will find the sections devoted to types of organization, division of income, retirement, and sickness and death benefits of value in their practice.

Copies of the brochure will be sent to medical societies having executive secretaries, all medical schools and teaching hospitals. Because of the size and cost of the brochure, additional quantities will be made available to state and county societies for *loan* only to individual physicians.

PRESIDENT—1955-56

Indiana State Medical Association



WALTER U. KENNEDY, M.D.

New Castle

Walter U. Kennedy, M.D.
President
Indiana State Medical Association
1955-56

DOCTOR WALTER U. KENNEDY of Newcastle was installed as President of the Indiana State Medical Association during the Annual Convention at French Lick.

Installation ceremonies took place following the annual dinner on October 19. Doctor Kennedy accepted the high office with expressions of gratitude and stressed non-partisan participation in politics and increased service to the public.

Doctor Kennedy attended the University of Iowa and Barnes Medical College in St. Louis and received the M.D. degree in 1898. Following postgraduate work in the first surgical clinic in Berlin under von Bergman, and in the Gynecological Clinic in Berlin under Mackenrodt, he was appointed as Professor of Surgery at Barnes.

He also did postgraduate work later in Vienna and Heidelberg, and in this country at Johns Hopkins and Harvard. He has been engaged in the private practice of surgery in New Castle for many years.

His interest in and devotion to the medical societies to which he has belonged extend throughout his professional career. He has served as president of the North St. Louis Medical Society, the Tri-State Medical Society, the Henry County Medical Society and the Sixth District Medical Society. He has been Councilor for the Sixth District for several terms and has served as Chairman of the Council.

Doctor Kennedy's interest in community affairs is evidenced by his work as chairman of the executive committee of the Henry County Hospital, by his presidency of the New Castle Board of Health and the Henry County Welfare Board and as chairman of the visiting board of the New Castle State Hospital. He also served as chairman of the 10th District Medical Advisory Board for Selective Service.

During World War I he served with the Medical Corps of the U. S. Army, as Surgical Chief and Commanding Officer of Base Hospital 106 of the A. E. F. Since the war he has been active in the Medical Corps Reserve, holding the grade of Colonel and having as his assignment Division Surgeon of the 84th Division. He was president of the Indiana Reserve Officers Association in 1939-40.

He has for over forty years been a close student of governmental medical care plans in Europe and elsewhere. The one activity which characterizes his work of recent years has been his participation in the organization and administration of Mutual Medical Insurance—the Blue Shield plan for Indiana.

Doctor Kennedy has become known as the "Father of Indiana Blue Shield". In 1935 he was a member of the committee to study health insurance. His interest continued year by year and resulted in his frequent trips over the world for the purpose of studying medical care plans. He was instrumental in the founding of Blue Shield for Indiana, and has been president of Mutual Medical Insurance since its organization in 1946.

The President's Page

TO ASSUME THE POST OF TITULAR LEADER of a century old organization with its long observed traditions, based on the experience of thousands of men devoted to their work imposes a responsibility, not lightly to be regarded. No one man is given sufficient competence and judgment to estimate the future when long and proven policies must be adjusted to meet new and different conditions. The ideas, the loyal support of many men are a necessity.

There must be a judicial weighing of past and future values, trying to hold on to proven methods and yet being ready to acknowledge the impact of changing social and economic trends. It often has been charged against our profession that we are slow and dilatory, failing to adopt newer conditions in a smug contented continuation of what has proved efficient and comfortable. But in every other phase of life, we observe willingness and eagerness to discard excellent operative machinery for still better methods. Our profession has witnessed more changes in the last 50 years than in 500 preceding, and more in the last 5 than in the last 50.

We cannot maintain our old aloofness, we cannot simply insist that our long experience best qualifies us to make decisions. The great social changes, and with them, corresponding economic readjustments, were ignored and disregarded too long, nearly resulting in our losing our ancient status of an individualistic group by being so immersed in our individual work that we did not recognize the rising of a great tide.

Our narrow escape from regimentation and loss of individuality shocked us into previously unheard of political activity and a radical change of adjustment. We escaped by good fortune from the economic and professional disaster, but it was only an escape. Continuing in strength, these disasters still confront us.

We learned the hard way that a good deal of the old time public confidence and affection had left us. Those who are not so immersed in profiting by the current inflationary prosperity, largely maintained by war or the fear of it, must soberly look to the future with continued apprehension. We must so use the very considerable influence remaining to us, to maintain a strong line of defense and protect that line by aggressive forays into untried, but promising ventures.

We have certain basic strengths which protect us in aggressive actions. Unity of action is a basic need. We need, primarily, a non-partisan political organization, capable of throwing decisive weight for or against political waves; for-

getting our usual partisan leanings. The A.M.A. makes a desirable leader, but simply as a name it is impotent. It has been too conservative, too unwilling to lead forcefully. Our basic strength depends on the individual doctor's relations with individual patients. Good public relations cannot be purchased, nor will lavish expenditure in advertising be of much help. The A.M.A. should have two divisions, differently staffed, with one devoted solely to political matters. It is my long time observation that most men selected for leadership and ability in one division are not highly capable in the other.

It is not enough to be known as usually "agin", even if it is only partially true and even most of the Commandments say "Thou shalt not".

The A.M.A. has had a long and honorable record made by distinguished physicians, but most of it has been scientific.

Perhaps the greatest failure has been to permit splinter sections of the body of physicians to acquire a disproportionate authority. We all recognize the tremendous value of the progress along special lines, but the ultimate rate of progress depends on whether the mass of physicians use or can use new methods in their daily contact with the public, for the public largely judges the professions by its most frequent contact.

In my own judgment, based on a half century of daily medical and surgical contacts, the profession cannot afford "splinters"; it must primarily be a compact whole, the principal controlling element being that group, numerically overwhelming, which represents medicine to the public. Current trends indicate that there is a sensible surge toward that viewpoint.

We must have strength and that strength can be attained only by unity of effort and by a leadership which will not permit a dispersal of authority, directive and action. We need over all fewer doctors and more physicians, a term wide enough to include all. A characteristic of medical men is their homogenity, their common ideals, their close brotherhood. . . . "Birds of a feather flock together."

Desirable as that attitude is in maintaining a constant progress, a unity of action and a comfortable life, are we not overlooking possibilities of widening our influence, and are we failing to fully exploit our justified claim to superior knowledge in health matters, and missing opportunities to be of real service to the public?

W. C. Kennedy



AC

(you probably know every answer!)

Q. Which is today's most widely prescribed broad-spectrum antibiotic?

A. ACHROMYCIN — it's first by many thousands of prescriptions.

Q. What are some of the advantages of ACHROMYCIN?

A. Wide spectrum of effectiveness.
Rapid diffusion and penetration.
Negligible side effects.

Q. Exactly how broad is the spectrum of ACHROMYCIN?

A. It has proved effective against a wide variety of infections, caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa.

Q. In what way are ACHROMYCIN Capsules advantageous?

A. For rapid and complete absorption they are dry-filled, sealed capsules (a Lederle exclusive!) No oils, no paste...tamperproof.

Q. Who makes ACHROMYCIN?

A. It is produced — every gram — under rigid quality control in Lederle's own laboratories and is available only under the Lederle label.

HROMYCIN*

Hydrochloride
Tetracycline HCl Lederle

Lederle

LEDERLE LABORATORIES DIVISION *AMERICAN Cyanamid COMPANY* PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, if there be any virtue and if there be any praise, think on these things.

—Phillippians 4:8

The President's Address—1955*

WALTER L. PORTTEUS, M.D.

Franklin

TO HAVE SERVED AS PRESIDENT of the Indiana State Medical Association for the past year has been a stimulating experience, colossal and even stupendous, to use Hollywoodian expressions, and an honor I shall never forget. I now come to the fate of all presidents and I will say with all humility I hope my term of office has added one very small mite to the solutions of the problems we face today. May God continue to grant us the infinite wisdom, tolerance and loyalty to our profession to continue to go forward with confidence in providing unfettered care for the peoples of our state. I would be amiss not to take this opportunity to thank you as individuals, as members of state and local committees, and as officers, both local and state, for your very cooperative efforts in making my term of office a year of pleasure and, I hope, of accomplishment. To the Headquarters' Staff I should like to give special thanks for its counsel and help during my year as president. You might say this is a kind of report to our members on the affairs of the state, coupled with some observations and a few suggestions which are the fruits of experience.



I quote a passage from Phillippians, four and eight, as follows: "Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, if there be any

* Delivered October 18, 1955 at the 106th Annual Convention of the Indiana State Medical Association at the French Lick-Sheraton Hotel, French Lick, Indiana.

virtue and if there be any praise, think on these things".

I should like to enumerate briefly what I believe we, as an organization, have accomplished during the past year. Early in my term of office all chairmen of standing and special committees were invited to a meeting at which time I attempted to suggest a positive program for each committee. The purpose was to discuss the tangible problems we faced and to suggest plans of action. This idea, I believe, might be considered a first in such an endeavor.

The ever present welfare program was attacked by the age old method of meeting with state leaders of welfare to discuss our mutual problems and to offer the services of medicine in fulfilling the adage, "We are our brothers keepers". A statewide questionnaire was sent to each county to elicit information on the problem from physicians on the community level. From the results of this survey and our willingness to see both sides of the problem will come solutions, fair to all concerned. Here, again, is an area in which we must exert constructive leadership.

If we are to maintain our position of leadership in the field of health, one of our major responsibilities is to lead in the development of constructive legislation. I am happy to report that our association, through the efforts of our legislative committee, gained for us during the last year the reputation of being a helpful source of factual information on all health legislative matters affecting the people of our state.

Our headquarters staff and legislative committee placed themselves in an enviable position during the last session of the legislature by again maintaining headquarters where legislators could meet and get information regarding our position on bills relating to health. Our field men did, and are doing, yeomen service in keeping up contact with lawmakers in their home communities. We have attempted to set up a more rapid means of communications with our component societies, to permit you, as individuals, to assist in the over-all effort in legislative matters and to make your desires known to the appropriate committees.

I was permitted to accompany the first delegation from the Indiana State Medical Association to visit with our Washington Congressmen on Indiana Day, a trip sponsored by the State Chamber of Commerce. The mere presence of physicians seemed to be a novelty to our Congressmen who stated it was the first time we had ever shown enough interest in our national government to take time for such a trip.

Meetings were held on the state level with labor and have helped to enlarge our islands of understanding which will lead to a better relationship if they are continued. Unless we can come to some agreement with labor concerning their desires for medical coverage under existing insurance contracts I am fearful the union health center will become a bone of contention. We must remember labor represents a large percent of the market for our services and its problems cannot be disregarded.

The Indiana State Medical Association-Legion relationships were improved remarkably after a rather inauspicious start. Here again, joint meetings held for the purpose of listening to both sides of the question usually result in a solution when men of good-will sit down together. Indiana has the distinction of being the first state to have a liaison committee working between the State Association and the Legion. This past month this committee in cooperation with the liaison committees of the dental and hospital associations and the American Legion were hosts for an 11-state meeting of similar committees. This was attended by top level leaders in all groups involved.

Medical Forums and workshops sponsored by county societies and the auxiliary are playing a leading part in making the public aware of our teaching potentialities. We are fast leaving the archaic idea that to tell our story is unethical.

The auxiliary, that strong right arm of organ-

ized medicine, has been encouraged to continue contacts with lay groups to assist in bringing about a better understanding of community health. They have done a remarkable job on AMEF, an institution designed for your benefit and mine, to prevent governmental control of the fount of medical knowledge.

The idea of preceptorship has been advanced in the past year by your association with the thought of aiding our younger men in being indoctrinated in the art of medicine, a subject, I am sure is conspicuous by its absence in the formal scientific training in our medical schools.

We have tried to awaken interest in traffic safety so the phrase "the life you save may be your own" will not be a hollow one. If we, as medical men, do not lend our experienced hand to the problem, how can this terrible carnage be stopped?

The headquarters office has become a veritable beehive of activity in gathering and supplying our members with pertinent facts of importance. The tape recording library maintained for individual and county use has provided postgraduate education to the extent of approximately 100 releases a month. Our field men are ever increasing their usefulness to you in arranging programs and acting as a liaison between the physician and his state society.

Our Rural Health Committee again has done an unusual bit of work in encouraging the placement of physicians in small communities. They have entertained the junior and senior medical students, with their wives and sweethearts, at a meeting in which the merits of country practice were extolled. Their brochure on localities needing physicians has won national recognition in this field.

Blue Shield has a more democratic representation on its governing board with the districts nominating eligible members. Along with this closer association must come a responsibility which should prevent abuses of the plan.

The aforementioned accomplishments and the work of many other committees too numerous to mention have kept our organization alive and dynamic. These are things of good report. The credit for these accomplishments is yours, and mine is only the honor of being your president during their consummation.

With this report I might offer a few suggestions as to what might be done to keep organized medicine and the individual physician in high esteem in the eyes of the public.

I would suggest a positive program for Indiana State Medical Association in all its facets. Medicine has too long been on the defensive and is often accused of being opposed to so-called progressive ideas. Part of this stems from the lack of imagination and planning and part from the complacency of all of us as individuals. Therefore, join all lay health organizations in a cooperative spirit and help guide their working principles to the betterment of all. Be citizens first and doctors second and you will be interested in more than the scientific practice of medicine. Be patient with and helpful to your legislators as they, too, are being subjected to terrific pressures beyond their control. To know your congressman better, I would urge that the annual trip to Washington be maintained so that our own congressmen will be aware of our thinking. Remember, you as a physician, along with allied sciences, have created this condition of longer life with all of its attendant socio-economic problems. To close your eyes to the end results of your skills in a social field is indeed shortsighted.

As individuals remember your obligation to voluntary insurance programs; do not abuse or over use its potentials. Learn to work with and understand its basic philosophy.

Meet with representatives of all professions, labor, legal, farm, and veterans organizations. You will be astounded when you see both sides of the questions involved. As an example, medicine and law should smooth out areas of mis-

understanding concerning medical expert witnesses, workmen's compensation cases and other relationships which should obviate delays for all concerned.

Be willing to discuss fees on a prior basis and give advice as to insurance coverage when necessary. As you know, so-called overcharging is a fertile field for malpractice suits. A patient can comprehend medical costs and is likely to be disgruntled unless he has received an explanation beforehand. We as doctors are the only ones who are trained to judge the necessity and skills employed in treatment.

Hence, we as physicians must exert our influence over the small percentage of our colleagues who give us a bad reputation, to the end that they will be conscious of their obligations as men of medicine. This to be done efficiently and quietly so that we do not hang our dirty linen on the line for public view.

As physicians and parents be alive to the health needs and mental attitudes of our future citizens and try to improve their knowledge of their own bodies and minds. Give more attention to improvements in teaching health and the American concept in our schools.

A recent report by Opinion Research Corporation of a survey made of senior students in 86 high schools scattered across the nation, of attitudes of today's students toward the free enterprise system, should shock medicine, the other professions and business into positive action in the field of education. The report states the following:

1. 82% do not believe there is competition in business.
2. 60% said owners get too much of the profit.
3. 76% said owners get most of the gains from new machinery.
4. 60% said a worker should not produce all he can.

The following two items should be of especial interest to men of medicine as they have a direct bearing on the practice of medicine as we know it today.

5. 61% reject the private incentive as a need to the survival of our economic system—and I might add—I interpret this to mean these students do not believe in exerting private incentive to provide health services for themselves and their families.
6. 55% support the communist theory "from each according to ability, to each according to needs."

I ask—if our future citizens and our future medical students are developing thoughts such as these—what is the future? We have a tremendous challenge in the field of education. If we are to counteract these philosophies—and accomplish an attitude supporting our teachings, active participation is essential—both as individuals and as medical organizations.

Our moral fiber will be definitely weakened if we submit to the idea of individual weakness.

As a group strive for unity in our ranks and be the service organization we were intended to be. Teach the art of medicine in our meetings along with the scientific. Devote more time to the creation of social consciousness of our members so we as a profession will be as well thought of as we are as individuals. Do not underestimate your power as an individual and then add to it the sin of complacency.

To illustrate this I should like for you to cooperate with me in a little demonstration. Each of you will find a package of matches at your plate, please pick it up so you will have it in your hand. (*Lights out*) I will light one match. Notice that while each of you can see the light it has little effect in illuminating the entire room. Now I am going to count to three and when I say "three" will each of you strike one match? There. This gives you concrete evidence that

while your own effort may be small—yet when added to that of others the results are startling.

In closing I should like to say—our overall public relations is the sum total of our individual efforts, of which none are too small or insignificant. Would each and every one of us apply the principles of the golden rule in our daily living—our problems would all be solved.

These are things of good report. If there be any virtue, and if there be any praise, think on these things.

Thank you and God bless you one and all.

CONVENTION REPORTS

The official report of the 106th annual convention of Indiana State Medical Association will be published in the December issue of The Journal.

News stories of convention happenings and many additional photographs will be carried in December.

Due to unavoidable circumstances your November Journal is reaching you somewhat later than the usual mailing date.

Watch for your December Journal.

The Woman's Auxiliary

REPORTS TO I. S. M. A.

November 1955

Dear Auxiliary Members:

After the inspiration of our meeting at French Lick I am sure you are all full of plans to carry out the requests of the Medical Association for help in its projects.

We are in the midst of the annual drive for Christmas gift subscriptions and for renewing our own subscriptions to "Today's Health". It is hoped that every doctor and his wife will be subscribers and will give at least one gift subscription. We can get this attractive little magazine for $1.50, regular price to the laity $3.00, so you can give a gift for very little which will be appreciated far beyond its cost to you. Remember as many friends as you can at a cost ot $1.50 each!

Contact your County Medical Society about setting a date for the Health Day in your county, then get in touch with either Dr. Joseph E. Dudding or Mrs. Dudding at Hope, Indiana for detailed help.

Remember the Auxiliary is interested in Mental Health and is working to better the care of those patients in the state. We are proud of the many Auxiliaries which are preparing Christmas gifts for the patients at mental hospitals. It would be wonderful if all Auxiliary members would take this project to heart at this season.

As for the American Medical Education Fund, I am sure you who attended the luncheon at French Lick and heard Doctor VanNuys speak know the need and the goal of $8.00 per member in Indiana. Many of you are planning programs, and other projects to raise the money needed,

It was an inspiration meeting with you and talking over plans, projects and means this past month. I enjoyed seeing so many personally and realize what an energetic, loyal and friendly group we have in Indiana. No wonder Indiana stands near the top among the states on "doing things"! I am proud to work with you to make this a year when *everyone* strives to accomplish the goals set.

Sincerely,

Helen W. Mather

Mrs. J. Winford Mather, President

New England Physicians Cooperating to Make Boston Clinical Session Largest Ever

THIS YEAR'S American Medical Association clinical meeting in Boston November 29 through December 2 is expected to be the largest ever held, the A.M.A. has announced.

The postgraduate education meeting, aimed at helping to solve the daily practice problems of the family physician, is expected to be attended by some 4,000 persons, a large increase over last year's meeting. About 200 scientific papers and exhibits have been scheduled for presentation, according to Dr. Thomas G. Hull, secretary of the A.M.A.'s Council on Scientific Assembly.

Meetings will be held in Mechanics Hall and at the Statler Hotel where the House of Delegates, the A.M.A's policy-making body, will hold sessions. Papers will be given in three lecture halls, offering the physician a wide variety of choice in subjects.

This ninth clinical session has been planned with the cooperation of organized medicine throughout all the New England states. Area medical societies have relinquished many meetings this year in order to give more time to the clinical session. General chairman for the meeting is Dr. Frank P. Foster, and Dr. Theodore L. Badger is program chairman. Both are from Boston.

Among the 100-plus scientific exhibits scheduled will be displays on fractures and deliveries. The obstetrical section will include manikin demonstrations of deliveries. Leading surgeons and obstetricians will be available for individual problem discussions.

Closed circuit television programs, originating in New England Deaconess hospital, will bring live operations in color to the lecture hall. The program is again being sponsored by Smith, Kline and French Laboratories of Philadelphia.

More than 50 motion pictures will be shown during the meeting, in the Paul Revere Annex of Mechanics Hall. A new medical film will be premiered at a special program at 8 p.m. Wednesday, November 30, in the Georgian Room of the Statler Hotel. Following the premiere will be a special film and discussion on "Total Right Hepatic Lobotomy" by Drs. George T. Pack and Richard D. Brasfield, Memorial Hospital, New York City.

The technical exhibit will have more than 150 displays by medical equipment and pharmaceutical manufacturers, food processors, medical book publishers and other commercial organizations.

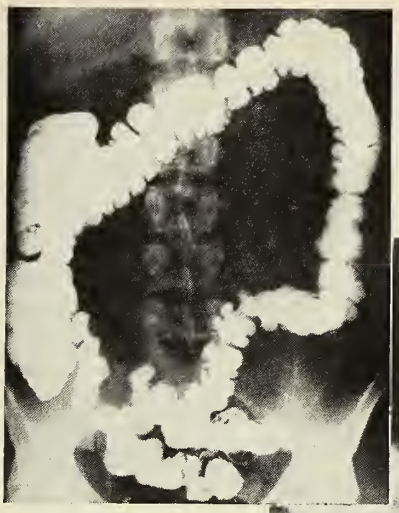
The General Practitioner of the Year will be named during the meeting. Last recipient of the award, chosen in Miami, was Dr. Karl Pace of Greenville, S. C.

An entertainment sidelight of the meeting will be a special concert for registrants by the Boston Symphony on Thursday, December 1. Tickets will be given at the registration desk in Mechanics Hall, courtesy of Winthrop-Stearns, Inc., New York pharmaceutical house.

83 MEDICAL FILMS AVAILABLE FROM A.M.A.

A revised list of films available through the A.M.A. motion picture library has been prepared and copies are available upon request from the Committee on Motion Pictures and Medical Television of the American Medical Association. This catalog lists 83 medical films suitable for showing to medical societies, hospital staff meetings and other scientific groups. The catalog also includes 36 health films of interest to physicians who may be called upon to speak before lay audiences such as service organizations, Parent-Teachers' Associations, etc.

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Normal Colon



Ulcerative Colitis



Atonic Colon

Smoothage in Correction of Colon Stasis

To initiate the normal defecation reflex, the "smoothage" and bulk of Metamucil provide the needed gentle rectal distention.

Once the habit of constipation has been established, due to any of a large number of causes, it becomes a major problem. Self-medication with irritant or chemical laxatives, or repeated enemas, usually causes a decreased, sluggish defecation reflex and may result in its complete loss.

Rectal distention is a vital factor in initiating the normal defecation reflex, and sufficient bulk is thus of obvious importance in restoring this reflex. Metamucil provides this bulk in the form of a smooth, nonirritating, soft, hydrophilic colloid which gently distends the rectum and initiates the desire to evacuate. Metamucil demands extra fluid, imparting even greater smoothage to the intestinal contents.

It is indicated in chronic constipation of various types—including distal colon stasis of the "irritable colon" syndrome, the atonic colon following abdominal operations, repressions of defecation after anorectal surgery and in special conditions such as the management of a permanent ileostomy. Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent.

The average adult dose is one rounded teaspoonful of Metamucil powder in a glass of cool water, milk or fruit juice, followed by an additional glass of fluid if indicated.

Metamucil is supplied in containers of 4, 8 and 16 ounces. G. D. Searle & Co., Research in the Service of Medicine.

SEARLE

A Reappraisal of Medico-Economic Problems with Some Suggestions*

CHARLES L. FARRELL, M.D.†

Pawtucket, Rhode Island

THIS CONFERENCE, and the meetings of the Reference Committees of the House of Delegates of the American Medical Association, are the only occasions that afford the medical profession an opportunity to discuss the socio-economic aspects of medical care at the national level.

The socio-economic factors affecting Medicine are growing in importance—size and urgency with each passing year and they require increasing attention from every member of the profession.

It is to be regretted, therefore, that so little time and effort is expended in appraising, analyzing, and solving these problems at state and county levels.

For several years I have advocated the abolition of the scientific meeting of the county society in favor of a socio-economic one. I have urged more attention to socio-economic aspects at the semi-annual and annual meetings of the *State* Society.

Time was when the local and the State Society meetings—plus a few medical Journals—offered the chief source of current medical experience and post-graduate information. The speaker's presentation, case discussion. question and answer period, and the occasion for personal contact, gave the busy doctor an opportunity to keep abreast of the ever changing medical scene.

With the passing years, however, this situation no longer obtains! Everyone in Medicine belongs to some group, whether he is a specialist or a general practitioner—an industrial physician or a public health administrator. Each has several good medical Journals readily available to him and devoted to his special interest.

Tape recordings—library loan services—closed circuit television — clinico-pathological conferences and study groups, obviate the need for many scientific meetings at the county level.

Surely we are capable of organizing study committees in our county societies whose task it would be to investigate—correlate—evaluate and summarize the pros and cons of all the various aspects of our socio-economic problems, and develop material for the regular county meetings.

Such committees could prepare panel discussions, or make such reports as to enable the rank and file of the profession to develop properly a truly realistic and objective attitude on the various aspects of any subjects discussed.

Too often we find, in staff room discussions, an abysmal ignorance of important issues. The opinions expressed frequently result in compounding the misinterpretations and eventually develop unjustified criticism of the actions of organized Medicine.

When, on occasion, I have been told by a physician "The A.M.A. doesn't speak for me in this instance" I usually inquire if my colleague had made a study of the question, and whether or not he had ever discussed it objectively at a district society meeting. The answer, invariably was "No". He and a few of his friends were basing their opinions on hearsay, inadequate information and, influenced by their emotional reactions, frequently came to an entirely different

* Presented at the Conference of Presidents and Other Officers of State Medical Associations in Atlantic City, New Jersey, June 5, 1955.

† President-elect, Conference of Presidents, and President-elect, Rhode Island Medical Society. Doctor Farrell is a surgeon.

conclusion than they would have reached if they were in possession of more specific information.

The Delegates to the American Medical Association do their very best to interpret the attitude of their constituents, but until the county societies give adequate attention to the questions before us—develop an official attitude which, in turn, can be communicated to the State Society and through them to their Delegates to the American Medical Association—we cannot hope for complete assurance that we truly speak for Medicine.

The *solution* for Medicine's problems should emanate from the grass roots. No pronouncement of principle, no code of ethics or basic philosophies nor official attitude developed at the national level can be effective without implementation down the line.

The A.M.A. cannot dictate—it can merely point the way. The authority comes from the membership. Hence it is imperative that all physicians become thoroughly and completely informed as to all facets of all problems.

This requires a degree of effort which so far too few physicians have been willing to give. Many tell me they are "too busy." They imply that they are busy with that first duty of every physician, i.e., care of the patient. They are not too busy, however, to do all the things necessary for their own economic welfare. They manage to find time to buy a car—arrange for a vacation —pay their taxes and do all the things which, if neglected, would result in their own economic chaos. When it comes to Medicine's economic welfare—they "let George do it" until something occurs that they don't like. They then speedily and indignantly demand to know what happened and what is to be done about it.

Many of our state associations sponsor an annual conference of secretaries and other officers of their constituent county societies. Such meetings are only a step in the direction to which I point. It is as impossible to absorb all the nonscientific problems of Medicine in a one day session as it is to assimilate all knowledge of Medicine by attending one meeting of the American Medical Association.

Our task is one of continuous education. We cannot leave the task to the county society without offering aid to enable each such society to really tackle the problems and come up with some worthwhile ideas.

The state associations are organized with central offices and usually with full-time staffs of trained workers. County societies are for the most part not organized with similar facilities. Therefore our state associations have an opportunity to render greater service to their district groups, and thereby to all Medicine, by lending a helping hand to the county societies, and particularly in the formation of study committees.

I would like to enumerate at *this time* some of the subjects that could well be the basis for attention by study committees of the County Society. In some areas, no doubt, these questions have been solved—in others they may not be germane—but in many areas they are and will remain serious issues.

I make no pretense of knowing the correct answers and, in some cases, any answer at all, but I am convinced that with proper attention many of these issues can be speedily and effectively settled.

1. Voluntary Health Insurance:

How well do the members of your constituent society understand the functions and modus operandi of Voluntary Health Insurance? Do they realize and appreciate their obligation and that of their patients to properly utilize but not to *over-utilize* these plans? Is it realized that double coverage, excess coverage and the utilization of several plans for the same procedure constitute a serious problem in the insurance field?

Is it fully appreciated that this type of insurance is based upon the "reimbursement" principle and that the patient is to be reimbursed only to the extent of his actual loss? These problems require immediate attention.

2. Social Security:

How do your colleagues really feel about Social Security? Are they *fully* informed as to what it does and does not do? Is it appreciated that benefits apply only after 65 and that one may not earn more than $1200.00 a year in order to qualify?

What will be the probable moves in Congress to extend and develop further coverage under Social Security?

3. Re-Insurance:

Just what is re-insurance? Will it do what its proponents expect? Are there unsound experimental practices advocated which may eventuate

the development of government subsidy and Compulsory Health Insurance? How can re-insurance provide a means for making insurable what otherwise would be an uninsurable risk? Can you appreciate the effect such re-insurance will have upon the retardation of and/or the expansion of present Voluntary Health Insurance Plans?

4. Temporary Disability Compensation:

Four states have laws that permit a worker while unemployed through illness to collect cash benefits for specified periods of time. Do your members know how these laws operate, and the medical problems involved in them? If such legislation is proposed in your state how well would your members be informed to discuss the advantages and disadvantages of a monopolistic state program versus a competitive program between the state and the insurance industry?

5. Workmen's Compensation:

Most of the medical profession should be and in most cases are fully cognizant of the operation of Workmen's Compensation laws in each state. However, it is well to remember that constant vigilance is needed to guard against abuses by both patients and doctors.

Some years ago it was the not-too-successful physician in the community who found means to keep an injured patient under treatment for his own and the patient's benefit. Now we find that even some able and prominent men will, on occasion, rely on their acceptable background in the hope that their activities would thus be free from suspicion. These men compound the problem of the proper adjudication of workmen's compensation claims. Abuses under the Workmen's Compensation law require as much attention from the profession as fee splitting, ghost surgery or any other questionable practice. The insurance industry has the right to expect full cooperation from the medical profession.

6. Public Relations:

Public Relations committees have been organized at the state level but the county societies can well implement more effective techniques in *their* localities. The root of all physicians' bad public relations rests squarely on the individual M. D. In this connection, it should be noted that the doctor is all too often missing from Committees of the Chamber of Commerce and other civic bodies. Doctors should remember that they have duties as *citizens* and that their community needs the help and guidance that physicians are so well equipped by education and training to give. Why are we so deficient in this field?

7. Malpractice:

Recently we have seen attempts to develop the group coverage technique for protection against malpractice suits in an effort to reduce the *cost.* Malpractice protection will always be costly until the cause of the excessive cost is corrected at its source, i.e., better conduct and less loose talk among local doctors.

Local committees can and should do much in this regard in cooperation with the grievance committees of a state society as we have done in Rhode Island.

8. Financing Hospital Care:

The Commission on Financing Hospital Care has just issued a three volume report which should be required reading for a special committee of every county society. This committee should not only prepare a digest of the findings and recommendations but assess the result in terms of their local situation.

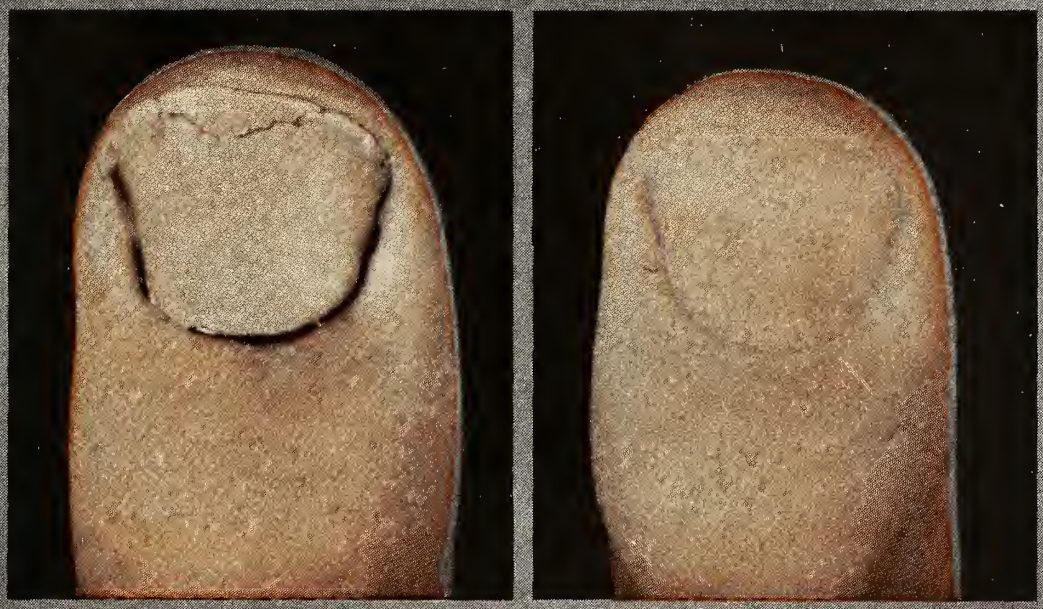
Only by this method can the local physicians appreciate the extent and the direction of the forces at work around them and recognize the trend of the times. It may be found desirable to implement and support *certain* objectives; to modify and compromise in *other* objectives not in conformity with medical opinion and judgment. Too often we belatedly discover well advanced plans to which we cannot acquiesce and which have been developed while we were busy elsewhere.

One of the recommendations of the Commission on Financing Hospital Care was the development of diagnostic and therapeutic facilities for ambulatory patients at the hospital. Another was that the hospital encourage the inclusion of outpatient service in the prepayment plans.

I can well envision areas where such recommendations might necessarily be applicable, but I can equally well envision areas where they would not.

It would be extremely helpful for the doctors in general to be cognizant of these trends and to know wherein these recommendations would be *necessary and acceptable* and thus develop

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1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Dept. SJ-11
Johnstown, N. Y.

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YOUR NAME AND ADDRESS

cooperation; on the other hand it is mandatory to know equally well the areas in which they are *inapplicable* and by early participation help modify the plans *to a degree acceptable.*

It is important for us all to recognize that financing hospital care has become a major problem in this country. Many of our voluntary hospitals are private corporations and operate with an ever increasing deficit. These corporations turn to the people of the community, to business and industry for financial support, and then in addition expect the state government to meet their deficit.

How long will state governments continue to pay for increasing hospital deficits without some voice in the direction and control of hospital operation? We in Medicine oppose state and government control but we had best give this matter some thought.

9. Hospital-Physician Relationship:

A few years ago the American Medical Association adopted a policy toward hospital-physician relationships and suggested to the state societies that they, in turn, form committees to consider these relationships. Some state societies have had little success with such committees which again goes to prove that no statement of purpose—no matter how nobly phrased or loftily conceived—can substitute for an activity by men of purpose acting honestly and fearlessly to evaluate and adjudicate local issues.

The American Hospital Association publishes a booklet for the governing boards of the hospitals called "TRUSTEE." In the March, 1954, issue an article is entitled, "The Search for Trustees" and says in part "Changes make desirable a review of the characteristics to be sought by a hospital in the person it elects to the Board of Trustees. It is entirely reasonable that the people who are the main financial support of an organization should be represented on its governing board. In the past this has meant that the members of the hospital Board of Trustees were frequently chosen from wealthy families of the community and were apt to hold their position on the Board indefinitely. Also they frequently considered trusteeship simply as a social distinction and contributed little except attendance at meetings and help in meeting annual deficits.

"The membership on the Board should be sufficiently diversified to be representative in the area it serves. Provisions should be made for bringing new persons and ideas into it at regular intervals."

How well do the hospitals in your areas subscribe to the above?

In another issue of TRUSTEE the hospital's duty to the staff physician is discussed and I quote in part. "Protection from discrimination on the grounds of race, creed or color should be afforded by the hospital Trustees. Nor should the physician have to go about in fear of arbitrary or capricious action by the medical staff or the Trustees of the hospital that might terminate his appointment or curtail his privileges without cause."

Again "Neither the administration nor the medical staff has any right to interfere with his (the doctor's) management of his patient. So long as he does not exceed his privileges or violate proper practice, the physician has the right to practice his profession as he sees fit in the hospital. The physician has a *moral* though *no legal* right to security of tenure on the medical staff of a hospital if he has abided by the rules and regulations of the hospital, practiced good medicine and maintained exemplary conduct."

These are presumed to be sincere and honest statements and are indeed welcome. They should be observed to the letter. Whether or not they are *truly* observed is the responsibility of the local physicians.

10. Fee Splitting:

The existence of evil in a given community does not necessarily bring its citizens in general into disrepute but the whole profession of Medicine is so easily maligned that rascality in the profession should be dealt with where found. There would then be no need for national action with its inevitable reflected onus on the entire profession and universal castigation by press and periodicals.

Too often local action which should and could be taken is deferred because of a lack of courage and unwillingness to face the issue boldly and honestly.

Social — economic — political or professional factors deter some who *could* act and the same conditions protect others *from* local action.

All the pronouncements from the profession at the national level and all the codes of ethics

of the hospital and the profession are valueless until implemented locally.

11. Specialization and Hospital Privileges:

Dr. E. J. McCormick, Past President of the American Medical Association, addressing the Academy of General Practice in Cleveland in March, 1954, said: "Hospitals should not be centers for specialists and it never was the ideal of the American Medical Association or the American College of Surgeons or any of the Boards to establish a system whereby qualified physicians would be denied the facilities necessary to give good medical care to the people."

MEDICAL ECONOMICS quoted Dr. George M. Lewis of New York as follows: "It is true that the onus of proof might well be on a non-certified applicant for a hospital position to demonstrate his competence. However, once that competence has been proved—either through long service or otherwise—discrimination against him as non-certified cannot be justified. The Board certificate should never be used as a weapon." Let us make that a reality—not just a statement!

The Joint Commission on Accreditation of Hospitals in Bulletin No. 7 states, "Formal resident training, College of Surgeons Fellowship or Board certification are all excellent criteria and the physician desiring to do surgery should be encouraged to set them as his goals. Recognition of the worthwhileness of the above criteria cannot be over-emphasized. The frank, brutal truth remains, however, that sometimes, though not often, they are only a piece of paper; that time can warp a man's judgment and poor health can slow the facilities of a surgeon's hands.

"Merit alone is the only criteria for judging a physician's surgical ability."

The above quotations all reflect sincere honest opinion and, if properly applied, would obviate a great many of the present day inequities in hospital staff appointments.

How often, however, have the very criteria designed to protect doctor, hospital and patient been subverted at the local level by various selfish forces acting under the guise of "elevating standards."

12. Internships:

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Ref.: J. Ind. St. Med. Assoc. 48:1163 (Oct.) 1955.

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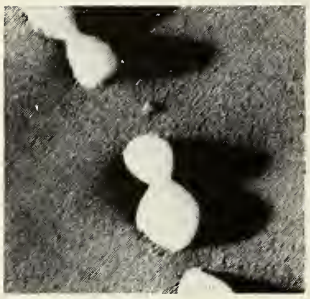
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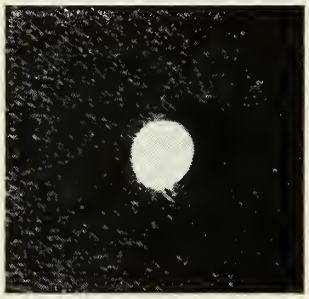
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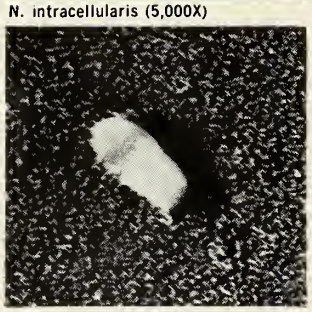
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Center or university hospital get an inordinate number? What can you do to make your hospital attractive for intern training? What about the problems of attracting young men to rural areas under general practice?

These issues need attention not only from state licensure boards and hospital trustees but from the profession itself. It is the profession's responsibility to develop an adequate supply of medical men available for the smaller communities.

13. Economics:

Probably no one knows less about economics and business practice than the doctor. Medical schools and hospitals have been slow to stress ethics and economics.

New doctors in the community could profit by contact with the local committee offering indoctrination and instruction in the social-economic environment.

14. Osteopathy:

IF osteopathy has discovered that the original concept of osteopathy was based on a false premise and that the "*osteopathic lesion*" does not now, and never did exist should not the House of Delegates of the *osteopathic* association promulgate this fact and not the House of Delegates of AMA?

IF the cultist label is to be discarded should not the *osteopathic* association correct their college catalogues and disavow their current text books which continue to expound the "*lesion*" concept?

Should the state and county *medical* societies interpet the principles of medical ethics to suit their convenience or should the Judicial Council interpret for all? These questions require serious consideration.

15. United Nations and National Legislation:

The charter of the United Nations is due for revision very soon. Powerful forces will be at work. It is imperative, therefore, that we as members of the medical profession be aware of the activities of the various agencies of the United Nations. The International Labor Organization and The World Health Organization merit special attention. Why?

Because Socialized Medicine is not a dead issue with the I.L.O. Issues which we have been able to defeat nationally may still threaten us internationally.

We are fortunate in having Senator Bricker with us today, and I hope you will work for the enactment of the Bricker Amendment on your return home.

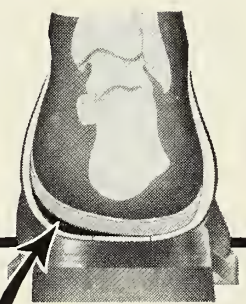
What about the Bricker Amendment? Though the American Medical Association supported it when it was introduced, I have heard much adverse criticism from doctors who, though poorly informed on the issues, were ready to take an opposite stand.

It would be exceedingly fortuitous for the House of Delegates of the A.M.A. and its Board of Trustees to know that their attitude, as result of intensive study and careful consideration of all factors involved, has the intelligent and wholehearted support of an informed profession behind them.

Unless every physician becomes fully informed, and equipped with enough background to reach a clear decision on these issues, our efforts and our abilities are wasted.

A former secretary of this Conference once said to me, "If the doctors were briefed one

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(1) Poyne, R. W.; Shetlor, M. R.; Forr, C. H.; Hellbaum, A. A., and Ishmael, W. K.: J. Lab. & Clin. Med. *45*:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. *1*:168, 1955. (3) Holbroak, W. P.: M. Clin. North Americo *39*:405, 1955.

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tenth as much with such issues as government problems as they are with scientific matters, they would wield a terrific influence."

The American medical profession is well and ably represented at the national level. Attendance at the meetings of the House of Delegates is about one hundred per cent at every session. The Reference Committee Meetings really thrash out their problems; but far too often this sincerity of purpose, this appreciation of all facets of medical care, does not extend down the line to the place where it is needed most—the grass roots.

I urge in conclusion, therefore, that all state societies take the initiative in formulating committees to consider the various problems affecting Medicine; and, in turn, promote the study and analysis of these problems. Development of similar study groups at the county level should follow so that all in Medicine will be conversant with the problems affecting it. Only by this method can the profession most effectively serve our patients, our community and our country.

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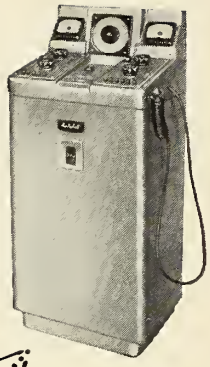
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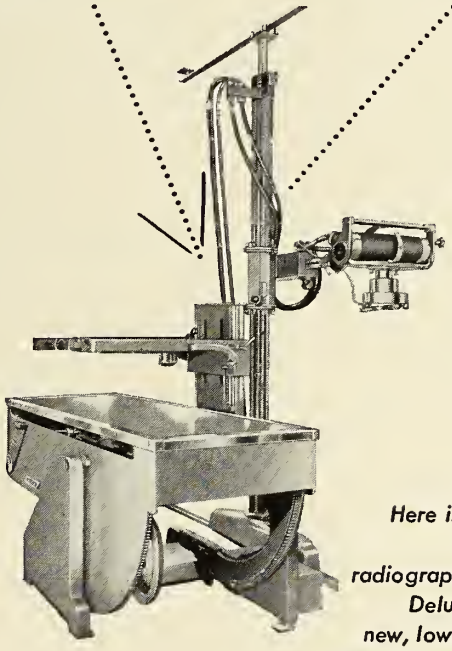
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Two Letters on Reporting of Cases of Epilepsy, Loss of Driver's Licenses

August 16, 1955

Mr. Morris J. Carter
Commissioner, Bureau of Motor Vehicles
State House
Indianapolis, Indiana

Dear Mr. Carter:

According to the Indianapolis Star of August 14, 1955 it is reported that you are planning to ask the Indiana State Medical Association to publicize the 1947 law with respect to the requirement that physicians report cases of epilepsy to the State Board of Health. While the purpose of this law is laudable, it is my opinion that it defeats itself in that it tends to drive epileptics underground rather than encouraging them to report to their physicians for adequate medical management of the seizures. Obviously, if a patient knows that his condition is going to be reported and that he will lose his driver's license, he will not go to a doctor for treatment. As a result, I am sure there are many noncontrolled epileptics driving on our highways and being traffic hazards. While this law is on the books, of course it should be enforced; however, I would suggest that Indiana emulate the State of Wisconsin which is considered to have the most advanced laws pertaining to the issuance of drivers' licenses to patients with epilepsy. I do not recall all the legal niceties of this law, but in essence it requires that epileptics be free of seizures for two to three years, that they continue under medical supervision and that they be issued licenses renewable every six months. Thus, they are given temporary licenses providing they remain under medical care and their seizures are controlled. It is my understanding that since the passage of this law many more epileptics have reported themselves to their doctors and that the incidence of accidents directly attributable to seizures is practically nil. In this way the patient remains under some sort of medical and legal control. A number of other states are undertaking to change their laws to resemble the Wisconsin laws.

I believe the Indiana law requires physicians report not only epilepsy but "lapses of consciousness". This covers a broad field and can conceivably include diabetics who are uncontrolled or who are receiving insulin and may get insulin reactions, people with heart disease, irregular heart beats, high blood pressure or arteriosclerosis of the brain, subject to momentary lack of oxygen and blackouts, individuals subject to episodes of low blood sugar and other metabolic diseases which could implicate brain function, ordinary fainting attacks in nervous individuals, persons taking certain medicines, and a host of other conditions. I rather doubt that physicians would report all such cases and I wonder whether the administrative burden would be such that you would want them to.

Furthermore, the Indiana law does not define epilepsy which even from a medical standpoint is a very difficult condition to define. Technically,

one could even say that adults who as children had fever convulsions are epileptic, or a person with high blood pressure who might have occasional convulsive attacks might be so designated. I grant that the Indiana law does have some latitude in that a person whose seizures have been controlled may with medical certification be issued a driver's license; however, the basic law making it mandatory that physicians report cases of epilepsy and lapses of consciousness tends to keep patients away from medical supervision so necessary for their personal, social and economic welfare.

I am sending a copy of this letter to Dr. Frank Ramsey, Editor of the Indiana State Medical Association JOURNAL. I do this not to be contentious but rather to supplement your reported request that the law be publicized in THE JOURNAL.

Sincerely yours,

Alexander T. Ross, M.D.
Chairman, Department of Neurology
Indiana University Medical Center

ATR:af

CC: Dr. Frank Ramsey

Alexander T. Ross, M.D.
Chairman, Department of Neurology
Indiana University Medical Center
1100 West Michigan Street
Indianapolis 7, Indiana

Dear Dr. Ross:

This is to acknowledge receipt of your recent letter concerning the newspaper article on epilepsy. I certainly would have to agree with you that this publicity might very well cause some persons to refrain from seeing their doctor whenever there was a suspicion of epilepsy, and I was in hopes that this would not be publicized in the local papers; but would be left to the Medical Association's magazine.

I am not familiar with the law in Wisconsin, but if it is as you state, it seems to me to contain many necessary corrections for our present law. It is our sincere hope that between now and the time of convening of our next General Assembly in 1957, we will be able to meet with men in your profession to discuss this mutual problem, whereby we may be able to draft corrective legislation for the consideration of the next General Assembly.

Should you have any other thoughts or suggestions on this, I would certainly appreciate your keeping me advised.

Yours truly,

Morris J. Carter, Commissioner
State of Indiana Bureau of Motor Vehicles

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PHOTOGRAPHS: 1955 Convention . . .









. . . French Lick, Indiana



Officers and councilors are seen in top photographs, pages 1332 and 1333. Picture was taken on President's Night, October 18, in the French Lick-Sheraton hotel.

Seen on page 1332 are the three speakers for the annual banquet of Indiana State Medical Association. Principal speaker of the evening was Dwight H. Murray, M.D., president-elect of American Medical Association (center). Left is Dr. R. L. Sensenich, South Bend, former president of ISMA and AMA. On the right is U. S. Senator Homer E. Capehart (Indiana) who addressed Fifty Year Club and spoke briefly at the banquet.

A Woman's Auxiliary luncheon view is also shown on opposite page.

Annual banquet speakers' and guest table photographs are at bottom of facing pages. Officers and distinguished speakers are at head table. Special guests at second table represent many allied professional organizations.

Below are two lobby scenes showing several of the 83 technical displays.









Groups of Indiana physicians listen attentively as speakers address special meetings held during the 1955 Annual Convention of Indiana State Medical Association at French Lick. Above are random photographs taken at luncheon meetings and round table programs.

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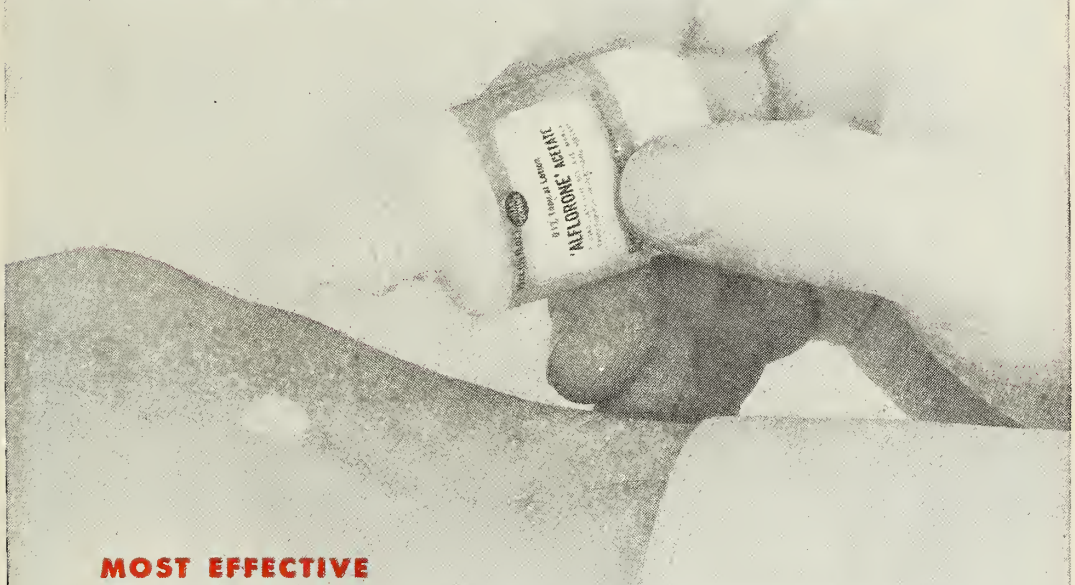
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1955's most illegal, unethical, funniest baseball game (?) was played August 17 before 5,000 spectators at the Junedale Little League Park in Gary. During the two-hour mirthful melee, about 100 players saw action.

This was the second annual game between the Gary branch of the Lake County Medical Society and the Gary Bar Association. The 1954 contest ended with the medics holding the stainless steel home plate trophy despite a 30-30 tie score.

After 7 innings—if the umpires counted right—the score was 14-10 in favor of the "Laws" this year.

The set-up at the ball park looked official. Newspaper reporters and photographers, recorded music (Dragnet theme song, funeral marches, Who's Afraid of the Big Bad Wolf), and a WWCA radio announcer created the proper atmosphere. The Little League Association furnished the park, the umpires, public address facilities, flags and other accouterments.

"Play ball" rang out after the medical men, stethoscopes in hand, examined the lawyers and found them unfit to play and the barristers retaliated with remonstrances. The umpires' eyes were carefully examined; a restraining order was obtained when medics stretched fish and tennis nets from third to second base; the medics returned fire by feeding players into the outfield; finding 29 outfielders with M.D.'s brazenly blazoned on their shirts, the Laws staged a mock riot quelled by use of a fire hose. A live duck quacked around the field, placed there by a witty legal beagle. Baseballs were fed out to unsuspecting batters filled with water, flour and helium.

Burial services for a skeleton lawyer were held, complete with casket and pallbearers. "Dead on arrival" the M.D.'s said but later found old John Law was only in a state of suspended animation. Attorneys vowed a good lawyer never strikes out and suggested the doctors might face court action for implying their opponents were dead. Malicious slander, they said.

If you're still in the game—this was all for a mutual charity. The Crippled Children's Society received the gate—$694.49.

* The latter half of the title was stolen—even as the bases. The photographs were legitimately obtained through the courtesy of the Gary Post-Tribune.



Student nurses from Gary hospitals acted as cheerleaders from the rooting section for the M.D.'s. Between innings they held pep sessions and even staged a "most beautiful gams" contest. Three students from St. Mary's Mercy hospital are shown here outclassing a leading contender from the enemy team.



Gary medics cheer as the 1954 pennant is hoisted on their dugout in celebration of their 30-30 victory. George Young raises the triangle as Drs. Dierolf, Lewis, Pruitt, Stimson, Jahns, and Trinosky display champion smiles.



Lower photograph is of the funeral procession which opened the 1955 game with proper solemnity. Leading the procession is Dr. George N. Lewis. Head pallbearers for John Law were Drs. Minczewski and Ornelas.
Plans for the 1956 contest are still top secret.



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The organisms commonly involved in

Pneumonia



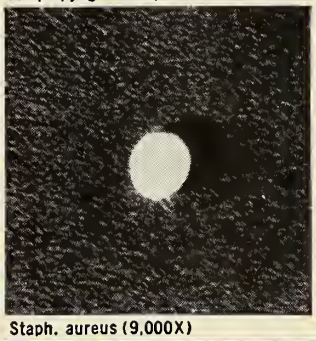
D. pneumoniae (10,000X)



K. pneumoniae (6,500X)



Strep. pyogenes (8,500X)



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*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN BRAND OF TETRACYCLINE

Deaths . . .

Lillian Crockett Lowder, M.D., retired Indianapolis physician, died September 19 in an Indianapolis nursing home. She had been ill for six years.

Doctor Lowder was born in Newark, Green county, in 1869 and was a graduate of the Central College of Physicians and Surgeons, Indianapolis. She received her degree in medicine in 1898 and practiced in Indianapolis for 45 years. During that time she took postgraduate work in Berlin.

Doctor Lowder was a member of the Fifty Year Club of the Indiana State Medical Association.

Richard Ray Downing, M.D., 31, practicing physician in Fort Wayne, died September 19 in St. Joseph's Hospital after an illness of one month.

Doctor Downing, a veteran of the U. S. Navy, was a native of Iowa Falls, Iowa. He received his medical degree from Indiana University School of Medicine in 1953, served his internship at St. Joseph's Hospital, Fort Wayne, and had been in practice in that city since July, 1954. He was a member of the Fort Wayne (Allen County) Medical Society, Indiana State and American Medical Associations.

Harvey R. Rosenkrans, M.D., retired Red Key physician, died September 22 in a Portland nursing home following a long illness. He had not been in practice for 20 years.

Doctor Rosenkrans, 84, was a graduate of the Cincinnati College of Medicine and Surgery where he received his degree in 1898. He was in practice in Red Key for 30 years.

William H. Spieth, M.D., 58, died September 27 in his home in Lebanon.

Doctor Spieth was a native of Clark county. He was graduated in 1921 from Indiana University School of Medicine and had been in practice in Lebanon for 33 years. He was a physician and surgeon. Doctor Spieth was a member of Boone County Medical Society, the Indiana State and American Medical Associations.

Thomas Allen O'Dell, M.D., who retired in 1947 after 47 years practice in the Brightwood area of Indianapolis. died October 9 while visiting in Greencastle. He was 90 years old.

Doctor O'Dell was a native of Tippecanoe county. He had lived in Indianapolis for 55 years. He received his medical degree in 1894 from Southern Medical College at Atlanta. During World War II, when almost 80, he was the only physician in the Brightwood community. In addition to his membership in Indianapolis Medical Society, Doctor O'Dell was a Fifty Year Club member of Indiana State Medical Association and a member of American Medical Association. He also had lodge and church affiliations.

Harry Leo Kahan, M.D., 60, former Gary physician, died July 1 in Tucson, Arizona where he had lived since his retirement.

Doctor Kahan was a graduate in 1919 of Indiana University School of Medicine and had specialized in obstetrics and gynecology. He served as a major during World War II. He was a member of Lake County Medical Society, the Indiana State and American Medical Associations.

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in anxiety and tension states
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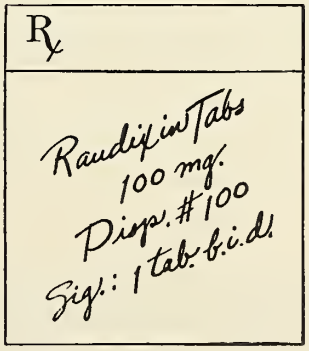
In hypertension, Raudixin produces a gradual, sustained lowering of blood pressure. In addition, its mild bradycardic effect helps reduce the work load of the heart.

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*Ataractic, from ataraxia: calmness untroubled by mental or emotional excitation. (Use of term suggested by Dr. Howard Fabing at a recent meeting of the American Psychiatric Association.)



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NEWS NOTES — from State and Nation

Indiana Physicians Speakers on Illinois Program

Four Indianapolis specialists appeared on the program at the Eighth Annual Scientific Assembly of the Illinois Academy of General Practice in Springfield October 25, 26 and 27.

On Wednesday morning October 26 Dr. John F. Spahr, Jr., Indianapolis, was the opening speaker. His presentation was a manikin demonstration lecture covering the common obstetrical maneuvers and the use of forceps.

Second speaker was Dr. C. O. McCormick, Jr., Indianapolis, who spoke on "A Study of the Infertile Couple".

The morning session was concluded by a panel discussion with C. O. McCormick, Sr., acting as moderator. Drs. Spahr and McCormick, Jr. and Dr. Robert M. Myers of Kansas City were participants.

On Thursday afternoon, October 27, Dr. A. D. Dennison, Jr., Indianapolis, spoke on "Drugs of Choice in the Treatment of Hypertension Associated with Heart Disease and Impaired Renal Function". His talk was part of a 3-member panel discussion of drug treatment of hypertension. Others participating in the discussion were Drs. Charles W. Crumpton, Madison, Wisconsin, and Dr. James H. Currens, Boston, Massachusetts.

Dr. Dudley H. Lonngren has been appointed to the staff of the Davis Clinic, Marion, as a specialist in radiology. Dr. Lonngren was engaged in private practice as roentgenologist at Jordan Hospital, Plymouth, Massachusetts. He is a graduate of Long Island College of Medicine, Brooklyn, served internship at St. John's Hospital, and residency at Methodist Hospital, both in Brooklyn. He also took a residency at Keifer Hospital, Detroit, and was assistant roentgenologist at Millard Fillmore Hospital in Buffalo. He is certified by the American Board of Radiology.

Dr. and Mrs. Lonngren and their two children are living at 804 West Sixth Street, Marion.



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MEMBER AMERICAN HOSPITAL ASSOCIATION.

Dr. Allen H. Holt, who has held a fellowship in radiology at Mayo Clinic since 1950, is the new associate to Dr. Harold C. Ochsner, chief radiologist at Methodist Hospital, Indianapolis. Dr. Holt had previously served a residency at U. S. Veterans Hospital at West Haven, Connecticut, and interned at Barnes Hospital, St. Louis. He is a graduate of Syracuse University College of Medicine.

Dr. and Mrs. Holt and their three sons live at 5727 Broadway Terrace, Indianapolis.

Dr. Carl P. Huber, professor and chairman of the Department of Obstetrics and Gynecology, Indiana University School of Medicine, and Dr. Edward B. Smith, professor and chairman of the Department of Pathology at I. U., were guest lecturers at the twenty-fifth annual conference of the Oklahoma City Clinical Society October 24-27.

Dr. J. Neill Garber, Indianapolis, assistant professor at I. U. School of Medicine, was the guest speaker at the first fall meeting of the Muncie Academy of Medicine on September 9. He discussed "Injuries of the Neck".

Germany to Be Site of 1956 Congress on Diseases of the Chest

The Fourth International Congress on Diseases of the Chest will be held in Cologne, Germany from August 19 through August 23, 1956.

Professor Gerhard Domagk, discoverer of the sulfonamides and Nobel Prize winner, will act as president of the congress and Chancellor Konrad Adenauer will be honorary president.

The most recent scientific developments in pulmonary and cardiovascular disease will be discussed by eminent scientists from all over the world.

The American College of Chest Physicians with members in 86 countries is expected to have representatives from each of these countries present.

Dr. James H. Stygall, Indianapolis, president of the A.C.C.P. is a member of the Board of Regents for the international meeting.

Requests for places on the program will be considered by the Committee on Scientific Program. Such requests, together with abstracts of papers on original work should be addressed to Professor Andrew L. Banyai, Chairman, Council on International Affairs, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.



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Industrial Medicine Fellowships Available

The University of Cincinnati's Institute of Industrial Health is offering graduate fellowships in Industrial Medicine. The Institute, which is in the College of Medicine, provides professional training for graduates of approved medical schools who have completed at least one year of internship.

The three-year course of instruction, leading to the degree of Doctor of Science in Industrial Medicine, satisfies the requirements for certification in Occupational Medicine by the American Board of Preventive Medicine. Two years are devoted to intensive academic and clinical study in the field of industrial medicine. A final year is spent in residency in an industrial medical department or in some comparable organization.

Stipends for the first two years vary from $3,000 to $4,000 depending on marital status. In the final or residency year a fellow is compensated by the organization in which he is completing his training.

A one-year certificate course, without stipend, is also offered to qualified applicants.

Requests for additional information should be addressed to Secretary, Institute of Industrial Health, College of Medicine, Eden and Bethesda, Cincinnati 19, Ohio.

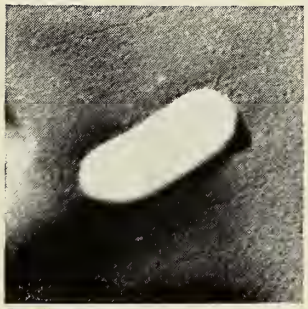
Dr. E. E. Shrock, who has been in practice in Amboy for 21 years, moved his office from his residence to his newly constructed brick building on South Main Street in Amboy September 19, the anniversity of establishment of his practice in Miami county.

Dr. H. S. Shina, of the Goodman Clinic staff at Charlestown, was injured in an automobile crash near Otisco September 16. He was given emergency treatment at the Charlestown clinic and then removed to Jewish Hospital, Louisville. He has been returned to his home.

Dr. John R. Brayton, Indianapolis, and Dr. John H. Green, North Vernon, have been appointed to the medical advisory committee of the Indiana Department of Health. Dr. Brayton succeeds Dr. Bert E. Ellis, whose death occurred June 3, and Dr. Green succeeds Dr. Joseph Sibbitt, Bloomington, who resigned.

The organisms commonly involved in

Pyelitis



E. coli (8,000X)



Aerobacter aerogenes (12,500X)



Salmonella paratyphi A (8,000X)



Salmonella paratyphi B (6,500X)



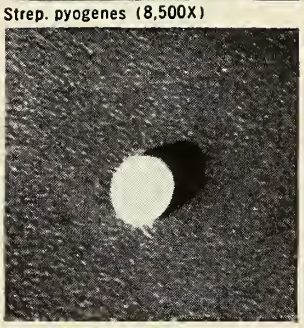
Strep. pyogenes (8,500X)



Strep. faecalis (10,000X)



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STARTING DATES—WINTER, 1955-1956

SURGERY—Surgical Technic, Two Weeks, November 28, January 23
Surgical Anatomy & Clinical Surgery, Two Weeks, March 5
Surgery of Colon & Rectum, One Week, November 28, February 27
General Surgery, One Week, February 13; Two Weeks, April 23
Basic Principles in General Surgery, Two Weeks, April 9
Gallbladder Surgery, Ten Hours, April 9
Fractures & Traumatic Surgery, Two Weeks, March 12

GYNECOLOGY—Office & Operative Gynecology, Two Weeks, November 28, February 13
Vaginal Approach to Pelvic Surgery, One Week, December 12, February 6

OBSTETRICS—General & Surgical Obstetrics, Two Weeks, February 27

MEDICINE—Internal Medicine, Two Weeks, May 7
Electrocardiography & Heart Disease, Two-Weeks Basic Course, March 12
Gastroscopy, Forty-Hour Basic Course, March 19
Dermatology, Two Weeks, May 7

RADIOLOGY—Diagnostic X-Ray, Two Weeks, January 9
Clinical Use of Radioactive Iodine, One Week, April 2
Clinical Uses of Radioisotopes, Two Weeks, May 7

PEDIATRICS—Intensive Review Course, Two Weeks, April 9

UROLOGY—Two Weeks Course, April 16
Cystoscopy, Ten Days, by appointment

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Dr. John A. Larson is now associated with the Wabash Valley Sanitarium at Lafayette where he is a psychiatric consulant, director of research and treatment of alcoholism and tranquillizing drugs. Dr. Larson is a graduate of Rush Medical College, Chicago, and served for several years as superintendent of the Logansport State Hospital. He is a fellow of the American Psychiatric Association.

Dr. Martha B. Strickland, Lafayette, left October 1 for Rochester, Minnesota, where she has accepted a fellowship in pediatrics at Mayo Clinic. Her Lafayette office will be closed during her absence. She has been in private practice in pediatrics, has served as Lafayette school physician for three years and has been active in establishing the Tippecanoe County Association for Education of the Mentally Retarded.

Friends have arranged a memorial for **Dr. Raymond A. Voisinet** in the lobby of Union City Memorial Hospital. A register has been placed under a large portrait of Dr. Voisinet who died suddenly last year while calling on a patient. Sponsors of the movement announce funds received from those registering will be used to furnish rooms in the hospital. Dr. Voisinet had been in practice in Union City since World War I.

Dr. Rodger D. Saylors, a native of Swayzee and 1954 graduate of the University of Cincinnati College of Medicine, has opened an office for the general practice of medicine at the Gerber Haus, Parnell Avenue, Fort Wayne. Dr. Saylors served his internship at Cincinnati General Hospital. He is an Air Force veteran of World War II.

Dr. Willard S. Krabill, formerly of North Liberty, has left the United States to become a medical missionary in Viet Nam, French Indo-China. His address will be: Willard S. Krabill, M.D., M. C. C. LeVieux, Moulin, Cite Belle Vue, P. M. S. Salat, Viet Nam.

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

September 7, 1955

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D; Kenneth L. Olson, M.D.; Roy V. Myers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Albert Stump and Robert Hollowell, attorneys; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Guests: Cleon A. Nafe, M.D., AMA delegate; following members of Indiana Pharmaceutical Association: Orgle Myers, Boonville, president; Ivan Holder, chairman, Executive Committee; Dean Kaufman, Butler University College of Pharmacy; Herbert Gerding, president, Indiana Board of Pharmacy, member, Resolutions Committee; W. J. Ullrich, past president and member Resolutions Committee; Henry W. Heine, executive secretary, and Frank Lobraico, immediate past president.

Statements of Receipts and Expenditures for July and August for the Association were approved.

Membership Report

Number of members September 7, 1955	3,917*
Number of members September 7, 1954	3,839
Gain over last year	78
Number of members December 31, 1954	3,904

* Includes 120 in military service (gratis)

115—$10.00 members (residents and interns)
268—senior members
62—members, dues remitted by Council
2—honorary members

Number who have paid AMA dues:

August, 1955	3,320
August, 1954	3,208
Gain	112

Headquarters Office

Mr. Amick and Mr. Bush reported on their activities in the field for the month.

The secretary read a letter from the American Medical Association calling attention to actions of the A.M.A. House of Delegates which the Association was asked to implement, as follows:

a. Supplementary report of the Board of Trustees "I" on Guides for Grievance or Mediation Committees, in which it was asked that the state associations lend their support to the study and assist the committee in developing a practical set of guides.

b. Supplementary report of the Board of Trustees "H" on Civil Defense which asks that the state and county medical associations be urged to participate aggressively in civil defense programs.

c. Resolution No. 21 on Automotive Safety in which it was requested that the transcript of this resolution be forwarded to the appropriate authorities of the State of Indiana.

d. Resolution No. 55 on Civil Defense in which constituent associations are urged to develop a practical program for carrying out its medical civil defense responsibilities.

The secretary asked permission to purchase duplicating equipment for the office. This was approved on motion of Drs. Kennedy and Clauser.

Upon motion of Drs. Clauser and Kennedy, the Committee is to recommend to the Council that an adequate rotating loan fund be established for medical students by the Association, and instructed the legal counsel to draw up a plan for implementing such a fund.

Treasurer's Office

On motion of Drs. Olson and Kennedy the treasurer is to be asked to appear before the council at its next meeting to discuss the investment of surplus funds.

Annual Convention, French Lick, October 17, 18 and 19, 1955

The secretary reported that he had contacted other associations that had held meetings at French Lick regarding the matter of including gratuities in the daily room charge, and the report had been that they were satisfied with this arrangement and felt it was a good one. Also, that the Arrangements Committee had asked the committee to reconsider its previous action and permit the adding of $1.25 per person per day to cover all the gratuities in the dining rooms and room maids. The addition of this sum was approved on motion of Drs. Myers and Olson.

Organization Matters

The secretary presented a questionnaire from the Council on Medical Service of the American Medical Association relating to private practice of absolute and geographic full-time faculty in Indiana University School of Medicine. This was referred to the Committee on Medical Education and Hospitals on motion of Drs. Portteus and Clauser.

Letter from the Kansas Medical Assistants Society was read in which the Association was notified of a National Medical Assistants Society meeting in Kansas City on November 5 and 6. By consent, it was agreed that this letter should be referred to the president of the Indianapolis Medical Assistants Society.

Letter from the Indiana Society of Medical Technologists and Laboratory Technicians, Inc., in which

they asked approval for the inclusion of the name of the Indiana State Medical Association as one of the sponsoring groups and a contribution of $20.00 to defray expenses of publishing the booklet, "Medical Service Professions," was read. This was approved on motion of Drs. Olson and Portteus.

Statement for the annual membership fee in the Indiana State Conference on Social Work in the amount of $10.00 was presented, and payment was approved on motion of Drs. Clauser and Kennedy.

The secretary reported that Frank G. Dickinson, Ph. D., director of the Bureau of Medical Economic Research of the American Medical Association, had agreed to participate in the forum at the Unitarian Church on January 6.

The attention of the committee was called to the promotion of Farm-City Week, being sponsored by the American Medical Association in cooperation with Kiwanis Clubs.

The secretary reported that he had contacted the American Medical Association, as requested, concerning the ethics of state medical journals carrying professional card ads. The American Medical Association had ruled that they are considered ethical by them so long as they are considered ethical at the state and county level. Eight states carry this type of advertising.

Upon motion of Drs. Olson and Portteus the matter of the state Journal continuing to carry professional cards is to be referred to the Council.

Request from the Association Argentina Bureau Information, asking to be placed on the mailing list to receive THE JOURNAL of the Indiana State Medical Association, was read. The secretary was instructed to check with the American Medical Association and if the organization in question is legitimate, to send them THE JOURNAL.

A letter from the Indiana Heart Foundation was read, in which they sought approval of the Association in the rheumatic fever control program in which it is proposed that the State Board of Health would underwrite the cost of penicillin treatment for medically indigent rheumatic fever patients in their prophylaxis program. It was pointed out that the family physician is to make the individual requests and he alone will certify that the patient is medically indigent. This was approved on motion of Drs. Olson and Kennedy.

President Portteus reviewed the matter of the Federal immunization program with polio vaccine, which had come before the Governor's Advisory Committee, and upon motion of Drs. Myers and Kennedy, the Committee felt that the physicians of Indiana should go along with the program on a limited basis.

President Portteus brought up the matter in which the State Nurses Association and the Nursing Registration Board had requested the Association to approve the inclusion in nursing training schools the teaching of the techniques of doing venipuncture. Upon motion of Drs. Olson and Clauser, the committee approved the request to include in nursing training schools the teaching of the technique of venipunctures, with the under-

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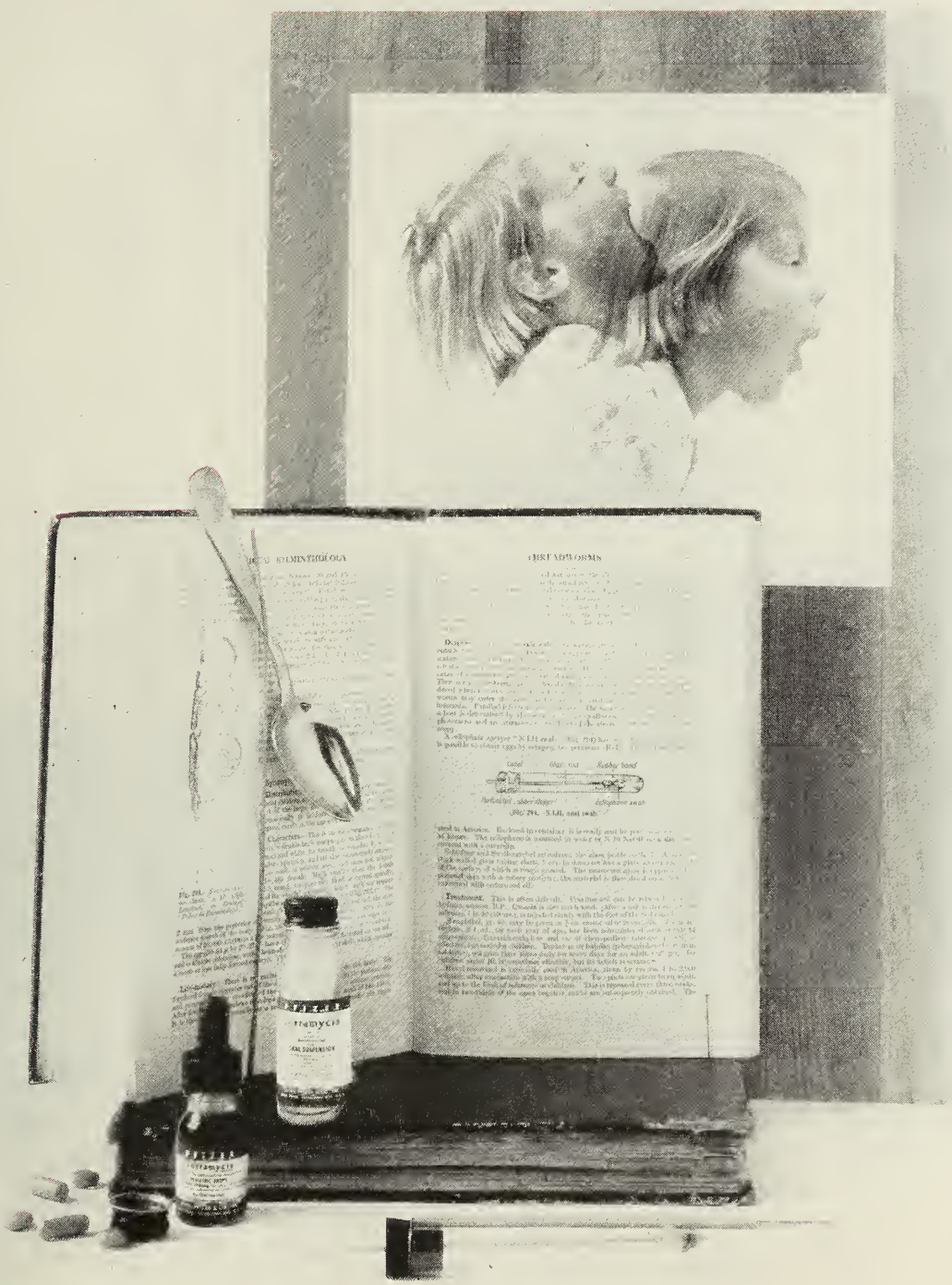
D. A. JOHNSTON, M.D. . . *Medical Director*
W. N. WRIGHT, M.D. *Resident Psychiatrist*
HENRY GRUENER, M.D. *Resident Physician*
ELLIOTT OTTE. . . . *Business Administrotor*

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The Journal

The secretary read a letter from the C. E. Pauley & Company, Inc., publishers of THE JOURNAL of the Indiana State Medical Association, informing the Association that the cost of publication would be increased 25¢ per page effective with the September issue. This was approved by consent.

Report on advertising in THE JOURNAL was approved by consent.

Future Meetings

By consent it was agreed that Dr. Kennedy and the secretary were to find two physicians to represent the Association to attend the Fourth Annual Conference on Medical Care, September 30 to October 2, at Charleston, West Virginia.

Upon motion of Drs. Kennedy and Clauser it was agreed to send the co-chairmen of the Legislative Committee to the Regional Legislative Conference in Chicago, October 8.

Both Mr. Stump and Mr. Hollowell stated that they had made reservations to attend the Medicolegal Conference in Chicago October 9.

An invitation was read inviting the Association to be represented at the Conference on the Atom Bomb and Emergency Medical Service Related Thereto at Washington, D. C., November 7 to 9. Inasmuch as this is not an A. M. A. sponsored meeting, it was determined that no one should represent the Association.

By consent it was agreed that the chairman of the 1956 Committee on Mental Health should represent the Association at the Second Annual Conference of Mental Health Representatives of State Medical Associations, to be held in Chicago on November 18 and 19.

An invitation was read for representation of the Association at the A.M.A. State Journal Conference, to be held at Chicago, November 7 and 8. Inasmuch as the Editor's and Business Manager's ways are paid by the A.M.A., it was voted to send Mrs. Grover at Association expense.

There being no further business, the committee adjourned to meet again at 12 noon, central standard time, in the Blue Room at the French Lick Springs Hotel, French Lick, October 16, 1955.



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T. N. KENDE, M.D., Neuropsychiatric, Medical Director

T. J. SMITH, M.D., Associate

District Meeting Reports

FIRST COUNCILOR DISTRICT

Dr. C. Curtis Young, Jr., M.D., Evansville, was elected president of the First Councilor District Medical Society at the annual district meeting September 15 in the Princeton Country Club. Other officers are Dr. James F. Peck, Princeton, vice-president, and Dr. William C. Fisher, Evansville, secretary-treasurer. Dr. William L. Daves, Evansville, was nominated to represent the district on the Blue Shield board and the 1956 meeting date, September 20 in Mount Vernon, was selected.

Dr. Walter U. Kennedy, president-elect of Indiana State Medical Association, was a special guest and spoke following the buffet supper. Other speakers were L. E. Converse, Blue Shield representative, and James A. Waggener, executive secretary of ISMA.

A number of physicians from throughout the district played golf during the afternoon.

Thirty-one members and four guests attended the meeting.

SEVENTH COUNCILOR DISTRICT

The fall meeting of the Seventh Councilor District Medical Society was held October 5 in the Indianapolis Athletic Club with 497 physicians and their wives enjoying the hospitality of Eli Lilly and Company at a cocktail hour and dinner-dance.

Dr. Maurice G. Murphy, Morgantown, presided at the business meeting when new officers were elected; Dr. Lester D. Bibler, district councilor, made his report; and resolutions to be presented to the House of Delegates at the annual convention of Indiana State Medical Association were discussed.

Officers for 1955-56 are: President-elect, Dr. T. V. Petranoff, Indianapolis, who will assume office in 1957; Dr. Joseph F. Ferrara, Franklin, who assumed the presidency; Dr. Arthur W. Records, Franklin, secretary-treasurer; and Dr. Charles A. Jones, Franklin, alternate councilor for 1956-57.

The next district meeting will be held in Indianapolis in May, 1956.

ELEVENTH COUNCILOR DISTRICT

A record attendance of 154 physicians and their wives was registered at the Eleventh District Medical Society meeting September 21 in Logansport Country Club.

Publicized as a "9 to 9" affair, the morning program opened with golf and other sports while other physicians formed discussion groups on public relations. A buffet lunch was served at noon.

Official welcome to doctors from Huntington, Wabash, Miami, Howard, Grant, Cass and Carroll counties was extended at 2 p.m. by Dr. Earl W. Bailey, president of Cass County Medical Society.

Dr. Fred R. Malott, Converse, district president, presided at the business meeting when reports were presented by the district necrologist, the committee on attendance, and the public relations delegate to the AMA meeting.

At 4 p.m., Dr. H. Carter Dunstone, Fort Wayne psychiatrist, spoke on "Coming In Clear with Our Patients—or, Let's Get On The Same Channel", discussing the necessity of using understandable terms when talking with patients about their illnesses.

A social hour at 5:30 featured the music of John Lautzenhiser and his ensemble.

The district banquet at 7 was followed by the introduction of special guests, Dr. Walter L. Portteus, Franklin, president of Indiana State Medical Association, and James A. Waggener, ISMA executive secretary. Dr. Portteus spoke briefly, praising the district for its active medical organization.

The Cass County Medical Society Little Symphony furnished entertainment during the evening. Guest conductors were Drs. William Dannacher, Wabash, and Max Long, Marion.

Officers elected at the business meeting were Dr. T. W. Omstead, Huntington, president; Dr. Charles L. Wise, Camden, secretary-treasurer; and Dr. Elton R. Clarke, Kokomo, reelected district councilor. Dr. Clarke also was given unanimous support for the presidency of the State Association.

The 1956 meeting will be held in Delphi on May 16.

News from the County Societies

Bartholomew-Brown County Medical Society members heard Dr. Donald W. Close, Indianapolis, speak on "Rheumatic Fever" September 14 in the Harrison Lake Country Club. Dr. Close spoke following the 7 o'clock dinner meeting. He discussed activities of the Indiana Heart Foundation with special reference to work in connection with the diagnosis of rheumatic fever. Twenty-eight members were present.

Fifteen members of **Boone County Medical Society** attended an evening meeting October 4 in the Witham Memorial Hospital, Lebanon.

Their guest speaker was Dr. Robert J. Marvel, Indianapolis, who presented a paper on "Rheumatic Fever Prophylaxis and Treatment".

The next meeting of the society was scheduled for November 1.

The **Decatur County Medical Society** met at 11:30 a.m. September 20 in Decatur County Memorial Hospital, Greensburg, where members saw a film symposium on streptococcal infections. Nine members of the society attended the luncheon meeting and were to meet again at the same time and place on October 18.

Floyd County Medical Society members held their first fall meeting in the New Albany Country Club September 17 with 28 members present for the dinner meeting.

A general discussion of the local emergency service followed the dinner and the problem, a local one, was to be solved by improving the Physicians' Exchange. Dr. Herbert P. Sloan was welcomed at his first meeting after returning from military service; applications for memberships of Drs. John Baker and William Ruoff were approved and two new applications were read.

Announcement was made that the Indiana Academy of General Practice Road Show with scientific lectures and a dinner meeting would be in New Albany November 16. A Wyeth film on penicillin therapy for streptococcic infection was viewed.

Special meetings of the society were held on September 14 and 20 to investigate and consider charges made regarding welfare cases and fees. The committee, under the chairmanship of Dr. John M. Paris, reported that difficulties had been resolved and that newspaper publicity had clarified the situation and no further action was necessary at the time.

"Virus Pneumonias" was the title of a paper presented by Dr. Malcolm Bawell, St. Louis, at a meeting of **Gibson County Medical Society** in the Emerson Hotel, Princeton. Eight members and four guests attended the September 14 dinner meeting and scheduled their next meeting for October 12 at the Emerson.

Hendricks County Medical Society members made final plans for the second round of Salk vaccine shots at a meeting held October 4 at noon in the O. K. Restaurant in Danville. Dr. Lloyd Terry, Danville, county health officer, said the inoculations were to start October 10 and be concluded before October 27.

Dr. Herbert M. Rhorer, Kokomo, related anecdotes from his trip around the world to 39 members of **Howard County Medical Society** at a dinner meeting October 4 in the Hotel Frances, Kokomo.

The next meeting of the society was scheduled for November 1 at the same time and place.

The **Huntington County Medical Society** met for dinner and a scientific session October 4 in the Moose Lodge, Huntington.

Dr. Theodore V. Beutler, Fort Wayne, was the guest speaker. His topic was "Stones in the Urinary Tract".

Sixteen members and two guest physicians who have recently begun practice in the county were present. The guests were Dr. Ed Plasterer, Huntington, and Dr. B. T. Cooper, Roanoke.

The next meeting of the society was set for November 8 at the Moose Lodge, Huntington.

A panel discussion on tuberculosis was presented at the scientific meeting of **Knox County**



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Medical Society September 19 in the Orchard Room of the Grand Hotel in Vincennes. Twenty-five members attended the dinner meeting.

Dr. J. Frank Stewart served as moderator and discussed "Present Treatment of Tuberculosis". Other panelists were Dr. Charles E. Hendrix, "Pathogenesis of Tuberculosis and Its Diagnosis"; Dr. DuMoff, bacteriologist at Good Samaritan Hospital, "Bacteriology of Tuberculosis"; Dr. Thomas L. Barrett, "Tuberculosis in Children"; Dr. W. Roscoe Vaughn, "Tuberculosis of the G. U. Tract"; and Dr. William von der Lieth, "Surgery of the Lung in Tuberculosis".

LaPorte County Medical Society members held the first meeting of the 1955-56 series September 15 in the Kingsbury Ordnance Plant. Dinner was served to 40 members who then heard Dr. John A. Shively, pathologist at Indianapolis General Hospital, speak on "Maintenance of Body Fluid Balance".

At a short business meeting transfer of the membership of Dr. Louis T. Warren, Doctors Hospital, Michigan City, from the Manistee, Michigan Medical Society was approved, and it was voted to invite Auxiliary members to the October meeting in the Hotel Spaulding, Michigan City.

"Fractures of the Elbow and Their Treatment" was the subject of the paper presented to the **Miami County Medical Society** September 30 by Dr. William B. Ferguson, Lafayette. Members reported the scientific paper and discussion were greatly appreciated and instructive.

Dr. Elton R. Clarke, district councilor, was a special guest. Eleven members and four guests were present. The meeting was held in Veach's Steak House, Peru. A routine business meeting followed the dinner and program.

Thirty members of **Montgomery County Medical Society** met at 8 p.m. September 15 in Culver Union Hospital, Crawfordsville, and then made a tour of Mid-States Steel and Wire Company plant to observe manufacturing processes and safety devices.

A business meeting of **Owen-Monroe County Medical Society** was held following dinner in the Bloomington Country Club September 29.

Three new members were accepted by the society; resolutions were reviewed and delegates to the annual convention of ISMA were instructed. Twenty-one members of the society were present.

Date for the next meeting was announced as November 24.

The first fall meeting of **Vanderburgh County Medical Society** was held September 13 in the Hotel McCurdy, Evansville, with the usual 6:30 o'clock dinner preceding the scientific session.

Guest speaker was Dr. Andrew Lawrence Chute, Toronto, Canada. Dr. Chute spoke on "Hiatus Hernia in Infancy". He serves as Chief of Pediatrics, Hospital for Sick Children, Toronto; as part time professor of pediatrics, University of Toronto; and as professor in the Department of Banting and Best Medical Research, University of Toronto.

The October 11 meeting of Vanderburgh County Society was held at Boehne Hospital with Dr. Joseph Moody and the Board of Managers as hosts. Dinner was served at 6:30.

Robert Thuerbach of the National Cylinder Gas Company gave a demonstration of liquid oxygen.

New members accepted into the society include Drs. Charles M. Sinn, Melvin Faw, and Martin G. Bender.

Date for the November meeting was changed from November 8 (Election Day) to November 15 at the Hotel McCurdy and the date was announced for the annual Christmas dinner-dance at the Evansville Country Club. The party will be on December 8.

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Wells County Society Presents Ninth Clinical Conference

The Ninth Clinical Conference presented under the auspices of Wells County Medical Society was held in the Bluffton Country Club October 5 with 50 physicians from throughout northeastern Indiana attending.

The meeting opened at 11 a.m. with Dr. E. Grey Dimond, professor of medicine, University of Kansas, speaking on "Clinical Pathological Conference." A buffet luncheon was served at noon.

First speaker on the afternoon program at 1:30 was Dr. Frank L. Jennings, clinical professor of medicine, Indiana University School of Medicine, and chief of professional services at Cold Springs Road Veterans Hospital, Indianapolis. He spoke on "Changing Concepts in the Treatment of Tuberculosis".

At 2:15 Dr. Henry K. Ransom, professor of surgery, University of Michigan, gave a paper on "Surgical Management of Diverticulosis of the Colon". Dr. David A. Boyd, Jr., professor in psychiatry, University of Minnesota and Mayo Clinic, spoke at 3:15 on "Emotional Needs of the Medically and Surgically Ill Patient". He was followed at 4:15 by Dr. John Rukavina, instructor, department of dermatology, University of Michigan, who discussed "Familial Primary Systemic Amyloidosis". Dr. Arthur H. Svedberg, instructor at Western Reserve Medical School and director of the cardiovascular laboratory at Huron Road Hospital, was the final speaker on the afternoon program. He outlined "Fundamentals and Technique of Cardiac Catherization".

A cocktail hour at 5:30 was followed by dinner at 6:30 with Dr. Walter L. Portteus, president of Indiana State Medical Association, as the speaker. He spoke on "Affairs of the State Association."

Dr. Dimond spoke again at 8 p.m., when he presented a paper on "Intramuscular Reserpine in the Management of Hypertension."

Dr. Jack L. Eisaman, Bluffton, society president, presided at the conference. Other officers are Dr. Richard P. Yoder, vice-president, and Dr. Robert G. Cook, secretary.

Special guests were Doctor Portteus and James A. Waggener, ISMA executive secretary.



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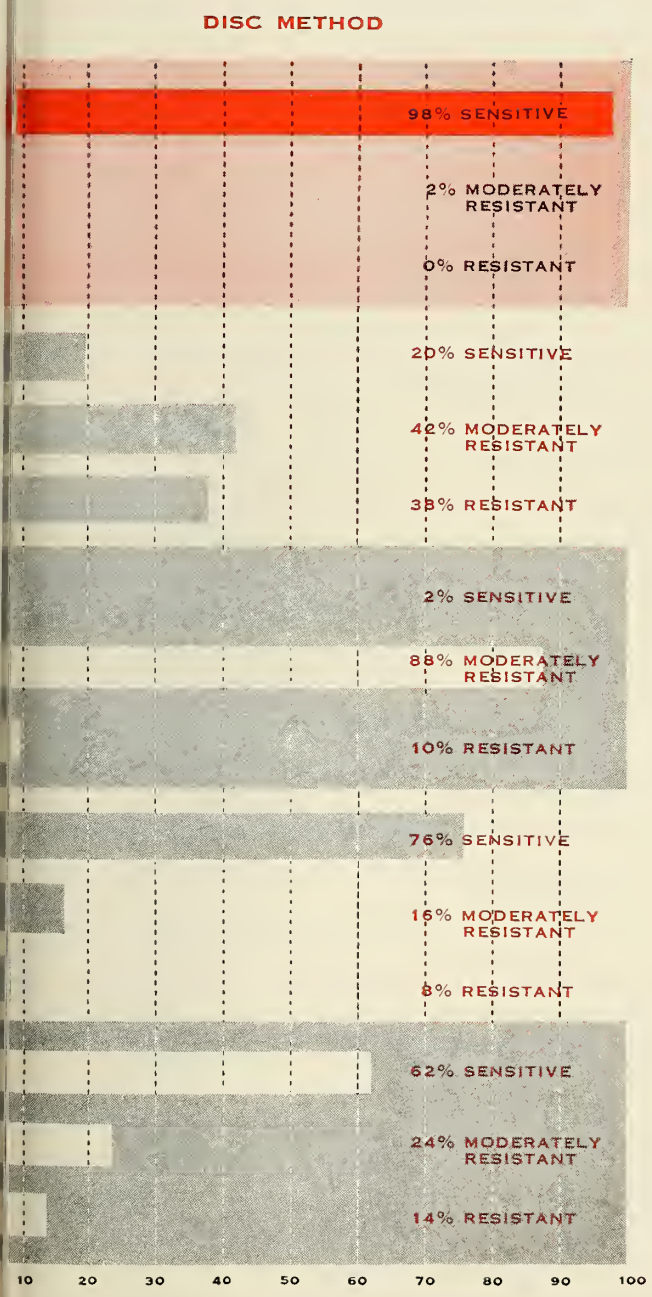
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References: (1) Spink, W. W.: *Arch. Int. Med.* 94:167, 1954. (2) Finland, M.: *J.A.M.A.* **158**:188, 1955. (3) Tebrock, H. E., & Young, W. N.: *New York J. Med.* 55:1159, 1955. (4) LeMaistre, C.: *M. Clin. North America* 39:899, 1955. (5) Kagan, B. M.: *J.M.A. Georgia* 44:210, 1955. (6) Branch, A.; Starkey, D. H.; Rodgers, K. C., & Power, E. E., *in* Welch, H., & Marti-Ibañez, F.: Antibiotics Annual, 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 1125. (7) Kutscher, A. H.; Seguin, L.; Lewis, S.; Piro, J. D.; Zegarelli, E. V.; Rankow, R., & Segall, R.: *Antibiotics & Chemother.* 4:1023, 1954. (8) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (9) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955.

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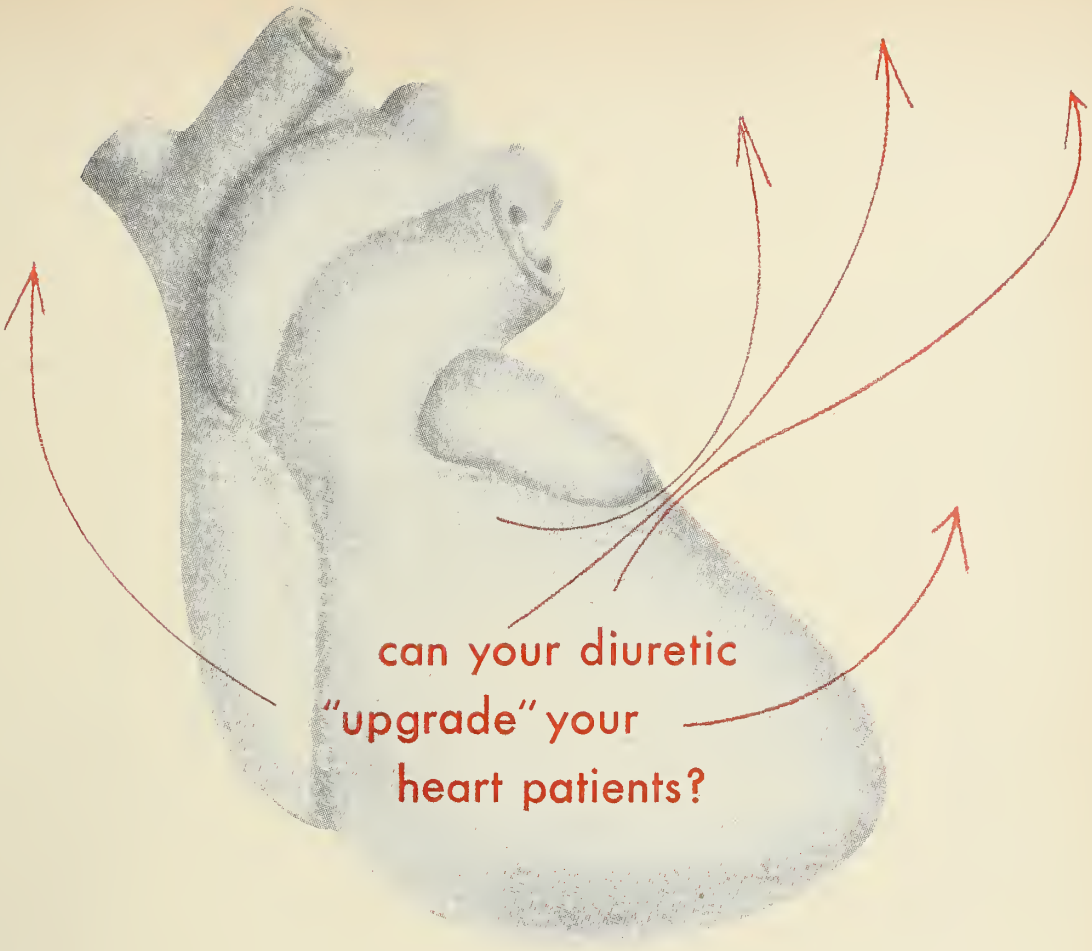
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4	Joseph E. Dudding, Hope	Dec. 31, 1956
5	M. C. Topping, Terre Haute	Dec. 31, 1957
6	Harry P. Ross, Richmond	Dec. 31, 1958
7	Lester D. Bibler, Indianapolis	Dec. 31, 1956
8	Guy Owsley, Hartford City	Dec. 31, 1957
9	Wemple Dodds, Crawfordsville	Dec. 31, 1955
10	J. P. Vye, Gary	Dec. 31, 1956
11	Max R. Adams, Flora	Dec. 31, 1957
12	Maurice E. Glock, Fort Wayne	Dec. 31, 1958
13	Kenneth L. Olson, South Bend (Chairman)	Dec. 31, 1956

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2.	Robert H. Rang, M.D., Washington	J. S. Brown, M.D., Carlisle	Washington, 1956
3.	B. E. Sugarman, M.D., French Lick	Eli Goodman, M.D., Charlestown	
4.	J. K. Jackson, M.D., Aurora	George A. Vail, M.D., Lawrenceburg	
5.	C. M. Schauwecker, M.D., Greencastle	James B. Johnson, M.D., Greencastle	Greencastle, May, 1956
6.	William R. Tindall, M.D., Shelbyville	H. N. Smith, M.D., Brookville	Richmond, April 19, 1956
7.	Joseph F. Ferrara, M.D., Franklin	Arthur W. Records, M.D., Franklin	Indianapolis, May, 1956
8.	Roger R. Reed, M.D., Anderson	Warren E. Fischer, M.D., Anderson	Anderson, May 9, 1956
9.	L. S. Bailey, M.D., Zionsville	Jack Porter, M.D., Lebanon	Frankfort, 1956
10.	H. M. Baitinger, M.D., Gary	S. J. Brady, M.D., Gary	
11.	T. W. Omstead, M.D., Huntington	Charles L. Wise, M.D., Camden	Delphi, May 16, 1956
12.	Jack L. Eisaman, M.D., Bluffton	A. N. Ferguson, Fort Wayne	
13.	John C. Richter, M.D., LaPorte	O. E. Wilson, M.D., Elkhart	Nov. 14, 1956

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EXECUTIVE (1955-56)—James W. Denny, Indianapolis, chairman; E. H. Clauser, Muncie; Walter U. Kennedy, New Castle, president; Elton R. Clarke, Kokomo, president-elect; Okla W. Sicks, Indianapolis, treasurer; Kenneth L. Olson, South Bend, chairman of the Council.

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SCIENTIFIC WORK—Jack E. Pilcher, Indianapolis, chairman (1957); Harold C. Ochsner, Indianapolis (1957); J. L. Arbogast, Indianapolis (1957); David L. Adler, Columbus (1956); Harold D. Caylor, Bluffton (1956).

SCIENTIFIC EXHIBITS—J. L. Arbogast, Indianapolis, chairman (1957); Jack E. Pilcher, Indianapolis (1957); A. W. Ratcliffe, Evansville (1957); Joseph L. Haymond, Indianapolis (1957).

PUBLIC POLICY AND LEGISLATION—J. William Wright, Sr., Indianapolis, co-chairman (1956); Donald E. Wood, Indianapolis, co-chairman (1956); John M. Paris, New Albany (1956); G. O. Larson, LaPorte (1956); J. L. Wyatt, Sr., Fort Wayne (1957); C. V. Rozelle, Anderson (1957); Harry Murphy, Franklin (1957).

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INDUSTRIAL HEALTH—E. S. Jones, Hammond, chairman (1956); Allan K. Harcourt, Indianapolis (1956); J. H. Clevenger, Muncie (1956); Emmett B. Lamb, Indianapolis (1956); Ray T. Foster, New Castle (1957); Louis W. Spolyer, Indianapolis (1957); L. S. McKeeman, Fort Wayne (1957).

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PUBLIC RELATIONS—Earl W. Mericle, Indianapolis, chairman (1956); F. B. Mountain, Connersville (1956); Harry R. Stimson, Gary (1956); C. H. Jinks, Indianapolis (1956); J. H. Crowder, Sullivan (1957); Harold C. Ochsner, Indianapolis (1957); Norman R. Booher, Indianapolis (1957); Phillip T. Holland, Bloomington (1957).

CONSTITUTION AND BY-LAWS—E. H. Clauser, Muncie, chairman (1956); W. Harry Howard, Hammond (1956); C. Philip Fox, Washington (1957); I. C. Barclay, Evansville (1957).

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RURAL HEALTH—Joseph E. Dudding, Hope, chairman (1956); Louis E. How, Lakeville (1956); Eli S. Goodman, Charlestown (1956); H. N. Smith, Brookville (1957); Stewart D. Brown, Albany (1957); John A. Davis, Flat Rock (1957); Forrest J. Babb, Stockwell (1957).

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CONSERVATION OF VISION—Donald I. Dean, Rushville, chairman (1957); E. O. Alvis, Indianapolis (1957); Joseph L. Larmore, Anderson (1957); W. Burleigh Matthew, Indianapolis (1956); H. S. Hepner, Bloomington (1956).

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DIABETES—John H. Warvel, Indianapolis, chairman (1956); D. D. Dickson, Greensburg (1956); Philip E. Yunker, Howe (1956); Robert Davies, New Castle (1957); B. W. Thayer, North Vernon (1957); Wm. M. Dugan, Indianapolis (1957).

ESSAY—A. G. Blazey, Washington, chairman (1957); Rex W. Dixon, Anderson (1957); Hugh Ramsey, Bloomington (1956); Ralph C. Eades, Gary (1956).

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INSTRUCTIONAL COURSES—W. M. Browning, Indianapolis, chairman (1957); E. W. Bailey, Logansport (1957); L. J. Maris, Attica (1957); E. A. Lawrence, Indianapolis (1956); C. A. Jones, Franklin (1956); W. R. Tindall, Shelbyville (1956).

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LIAISON COMMITTEE WITH LABOR—Wm. Harry Howard, Hammond, chairman (1957); Walter L. Portteus, Franklin (1957); Arthur J. Roser, Fort Wayne (1956); R. L. Kleindorfer, Evansville (1956).

LIAISON COMMITTEE WITH STATE DEPARTMENT OF PUBLIC WELFARE—H. T. Goodman, Terre Haute, chairman (1957); Jack E. Shields, Brownstown (1957); Ralph W. Bruner, Jeffersonville (1957); D. L. Adler, Columbus (1956); R. P. Good, Kokomo (1956).

MATERNAL AND CHILD HEALTH—C. O. McCormick, Sr., Indianapolis, chairman (1956); C. C. Young, Evansville (1956); J. E. Simmons, Indianapolis (1956); R. W. Lavengood, Marion (1957); G. F. Held, Jasper (1957); O. T. Scamahorn, Pittsboro (1957).

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MENTAL HEALTH AND ALCOHOLICS STUDY—D. D. Gill, Greenfield, chairman (1957); Jack Mosier, New Castle (1957); R. M. LaSalle, Wabash (1957) G. S. Fessler, Rising Sun (1957); Murray DeArmond, Indianapolis (1956); F. M. Gastineau, Indianapolis (1956); L. F. Beggs, Columbus (1956).

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—If advance signs mean anything, the Eisenhower Administration next year can be expected to ask Congress for substantially more money for medical research, both direct research by scientists on the U. S. payroll and grants to others.

Currently the federal government is spending more money on medical research than at any time in history—almost $98 million through the National Institutes of Health alone. In addition, other millions are being spent on medical research in the Department of Defense, Veterans Administration and other agencies. Much of it is difficult to isolate in the federal budget.

A special committee named by the National Science Foundation at the request of former Secretary Hobby has been at work for some time on an appraisal of HEW's medical research programs. Its report, due before the reconvening of Congress, should be valuable to both the administration and the appropriations committees.

WHAT IS BEING SPENT

A few examples of what is happening this year:

National Cancer Institute has $24.8 million to spend, about three million more than last year, with two-thirds going out in grants to non-federal researchers. National Heart Institute also is working on a much more liberal budget, $18.7 million in contrast to last year's $16.6 million. Because of the spectacular publicity now being given to heart research as a consequence of President Eisenhower's illness, it is a foregone conclusion that next year this institute will get a great deal more money.

The Mental Health Institute is profiting by the largest single increase of any research operation, almost $4 million, from $14.1 to $18 million. Here again the prospects are for a substantial increase next year; problems of mental health are receiving much public attention, a situation that will not be ignored by Congress. Furthermore, the nationwide survey of mental health problems now about to get under way will point up the shortcomings in mental health research, and be an additional argument for more U. S. dollars.

All the other research institutes also shared in last session's Congressional generosity. The Institute of Arthritis and Metabolic Diseases has about $2.5 million more, $10.7 million instead of the $8.2 million of last year. The Institute for Neurological Diseases and Blindness went from $7.6 million to $9.86 million, the Microbiological Institute from $6.1 million to $7.5 million, and the Dental Health Institute from $1.9 to $2.1.

As has been customary with recent Congresses, Senate and House this year actually voted more money for medical research than the Bureau of the Budget permitted Public Health Service to request. That may not be the situation when appropriation bills come up next session. Secretary Folsom of the Department of Health, Education, and Welfare did not take office until Congress was about to adjourn last summer, but since then he has repeatedly gone on the record in favor of even greater U. S. expenditures for research. In October Mr. Folsom declared:

". . . AS A NATION"

". . . Today we find new problems and new opportunities. We find that heart disease, and cancer and arthritis, are taking an increasing toll. And so today as a nation we are changing our lines of battle to fight this increase in chronic and major diseases. All the facts point to one great need. It is the need for more research—to learn how these chronic diseases are started, so they can be prevented; to learn to detect them in the early stages, so they can be cured . . ."

Again in November, addressing a conference on antibiotics, Mr. Folsom struck the same key,

When little patients balk at scary, disquieting examinations (before you've begun) . . .

When they're frightened and tense (and growing more fearful by the minute) . . .

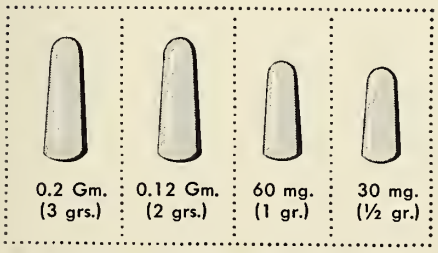
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only this time more firmly. After noting that the U. S. now is spending over 12 times more on medical research than it was spending in 1946, he declared: "We must seriously consider making even more funds available for medical research to bring even greater benefits to humanity."

NOTES

The Joint Congressional Committee on the Economic Report may have some health legislation to offer next year as a result of a study of the problems of the low-income family, including methods of paying hospital, physician and drug bills.

The medical and criminal problems connected with narcotic addiction have occupied the attention of two Congressional groups between sessions, subcommittees of the Senate Judiciary Committee and the House Ways and Means Committee. The latter is particularly worried over abuses it claims to have discovered in the use of barbiturates and amphetamines.

Dr. Frank B. Berry, assistant Defense Secretary for Health and Medical matters, in his annual report warns that the doctor procurement problem again may become acute, despite last summer's two-year extension of the act. He said the Department may not be able to obtain all the older physicians it needs because of the amendment barring the drafting of men over 35 if they have applied for a medical commission and been rejected on purely physical grounds. Also, Dr. Berry thinks the ratio of 3 physicians per 1,000 of troops may be too narrow a margin for safety.

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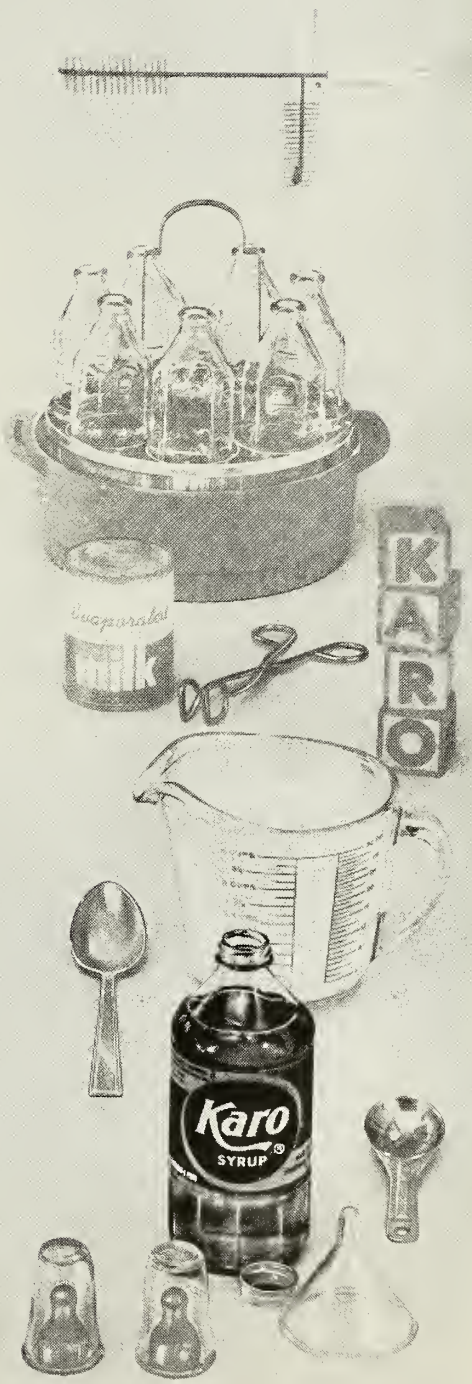
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The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

KEEP THE FACTS COMING

New atomic tests are scheduled to begin next November 1. The announced purpose of these United States tests is to discover whether atomic explosions can be set off by accident. Presumably the experts also want to know whether atom bombs can be stored safely and what sort of precautions must be taken to make sure no mishap can occur.

No doubt there will be some Americans who will worry over the possible effects of these continuing tests upon the people of the world, including themselves. It will be recalled that not long ago Indiana University's famed geneticist, Dr. Hermann J. Muller, warned of potential dangers from atomic radiation to future generations of human beings. Changes in man's physical makeup might be wrought by too much and too prolonged exposure to atomic radiation released from atomic explosions. Dr. Muller said that we must recognize these dangers in all our future planning in the field of atomic energy.

Dr. Muller's paper on the effects of atomic radiation on humans was suppressed for a time by Atomic Energy Commission under its powers of censorship. But from what has been released we have learned that changes in human genes by radioactivity could cause changes in physical and perhaps mental makeup of newborn children. This is something we cannot simply dismiss on the grounds of "national defense."

Dr. Muller recently stated that "Information to be gained by atom bomb tests is a military necessity in the present world situation, and we must continue the tests in spite of the genetic dangers until a sound agreement on disarmament can be reached." So apparently he feels that the genetic dangers may not be either immediate or widespread.

But nevertheless, as Dr. Muller has said, "Let us admit the dangers. A head in the sand attitude will only give ammunition to our country's enemies, enabling them to say, 'Look—the United States sets off bombs and then says there is no genetic danger, when every good geneticist knows there is danger.'"

As long as scientists like Dr. Muller are working on these problems—*and as long as the truth about their discoveries is not suppressed by the government, as was attempted with Dr. Muller's paper*—we will be able to plan properly for both military security and genetic safety. Only if the truth is suppressed, as it has been and still is being in some departments of government, will the people be unable to reach the proper solutions to the tremendous problems involved in atomic power.

It is a fact that only by atomic weapons is the United States currently able to be confident of preventing war through superior power. It is also a fact that prolonged release of radioactive materials through atomic explosions could change the character of the entire human race. Let us face up to these facts, not hide them. Only then can we plan the proper course to follow next.

—*Indianapolis Star.*



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As part of the Physician Placement Service of the Indiana State Medical Association the following list of physicians who made inquiry during October concerning locations for practice in Indiana has been forwarded to all communities which are now in need of a physician. Copies of the placement booklet have been mailed to the individual physicians.

An urgent appeal is made to communities which have secured the services of a physician to so inform the Physician Placement Service, Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana.

The following men have indicated interest in Indiana locations:

Wayne B. Zook, M.D. (general practice), 8094 Maple Street, Fairchild, Washington.

Donald W. Tharp, M.D. (general practice), U. S. Public Health Service Hospital, Windmill Pointe, Detroit 15, Michigan.

Capt. Edward M. Johnson, M.C. (general practice), Camp Gordon Army Hospital, Camp Gordon, Georgia.

Eugene C. Hensler, M.D. (general practice), 2015 North Seventh Street, Colorado Springs, Colorado.

Donald L. Hall, M.D. (available 7/56) (general practice), 3221 West Main Street, Kalamazoo, Michigan.

Charles J. Kramer, M.D. (available 8/56) (general practice), 1517 Avondale Avenue, Amarillo, Texas.

Frederick Wood, Jr., M.D., (internal medicine), 1439 South Michigan Avenue, Chicago 5, Illinois.

Henry Gall, M.D. (pediatrics), 2421 Avenue P, Brooklyn 29, New York.

H. L. Tung, M.D. (thoracic surgery), Box 20, Ray Brook, New York.

Cecil Ward, M.D. (available 7/56) (radiology), 185-07 Galway Avenue, St. Albans 12, Long Island, New York.

Anthony D. Intriere, M.D. (available 7/56) (internal medicine and gastroenterology), 30 Hayes Street, Arlington 74, Massachusetts.

Robert F. Landstra, M.D. (available 7/56) (orthopedics), 2350 Lakeview Avenue South, St. Petersburg, Florida.

James W. Hurley, M.D. (available 7/56) (internal medicine, especially gastroenterology), 5899 Nina Place, St. Louis, Missouri.

Sheldon R. Newcomer, M.D., (surgery), 29 Washington Street, Monroe, Michigan.

Alex S. Edwards, M.D. (internal medicine), 2714 Netherland Avenue, Riverdale 63, New York.

William L. Veach, M.D., (urology), 232 East Pearson Street, Chicago, Illinois.

Thomas J. Durkin, M.D. (Ob-Gyn), 408 Ridge Avenue, Evanston, Illinois.

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OBSTETRICS—General & Surgical Obstetrics, Two Weeks, February 27, March 26

MEDICINE—Internal Medicine, Two Weeks, May 7
Electrocardiography & Heart Disease, Two Week Basic Course, March 12
Gastroscopy, Forty-Hour Basic Course, March 19
Dermatology, Two Weeks, May 7

RADIOLOGY—Diagnostic X-Ray, Two Weeks, February 6
Clinical Use of Radioactive Iodine, One Week, April 2
Clinical Uses of Radioisotopes, Two Weeks, May 7

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J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.:
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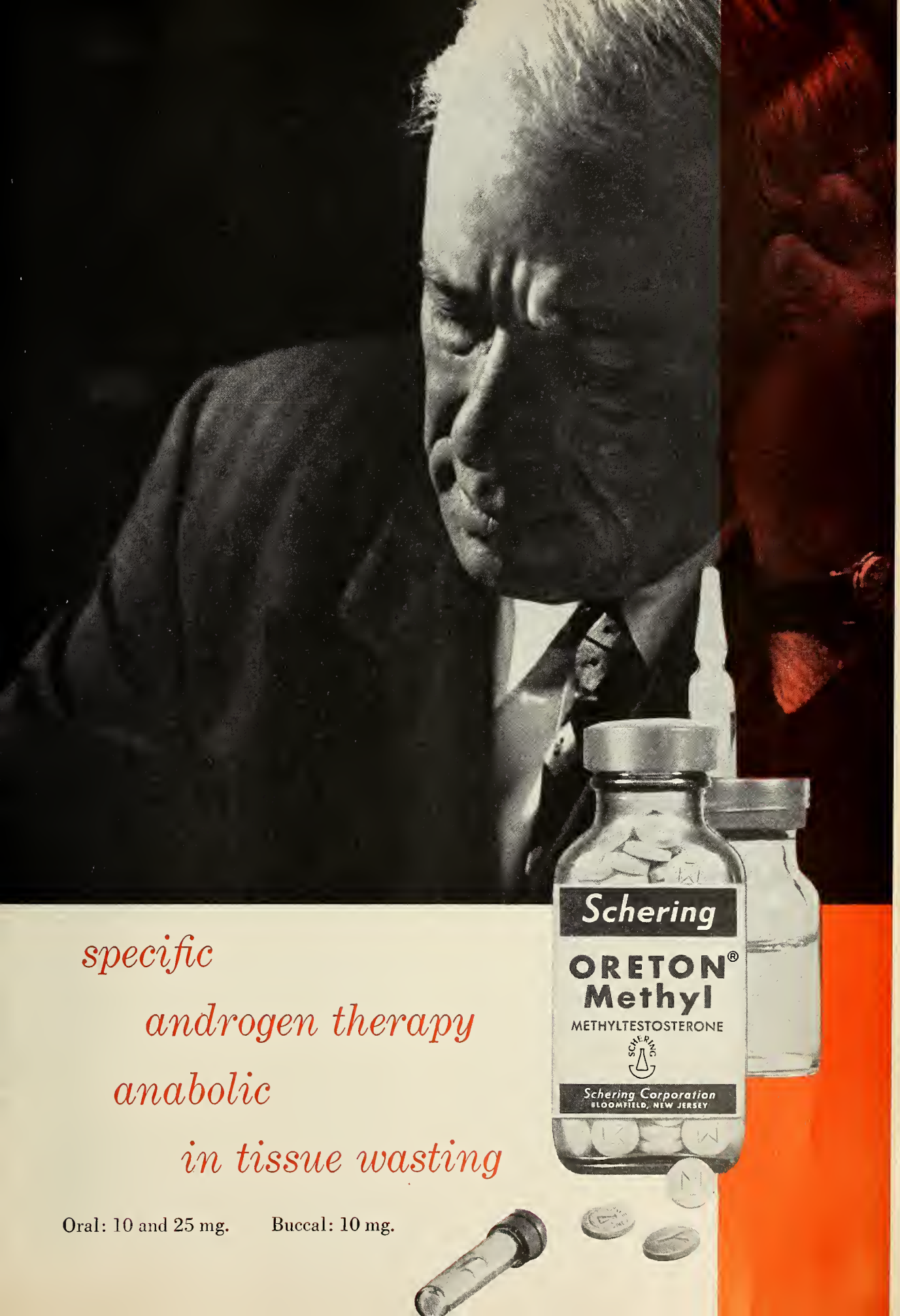
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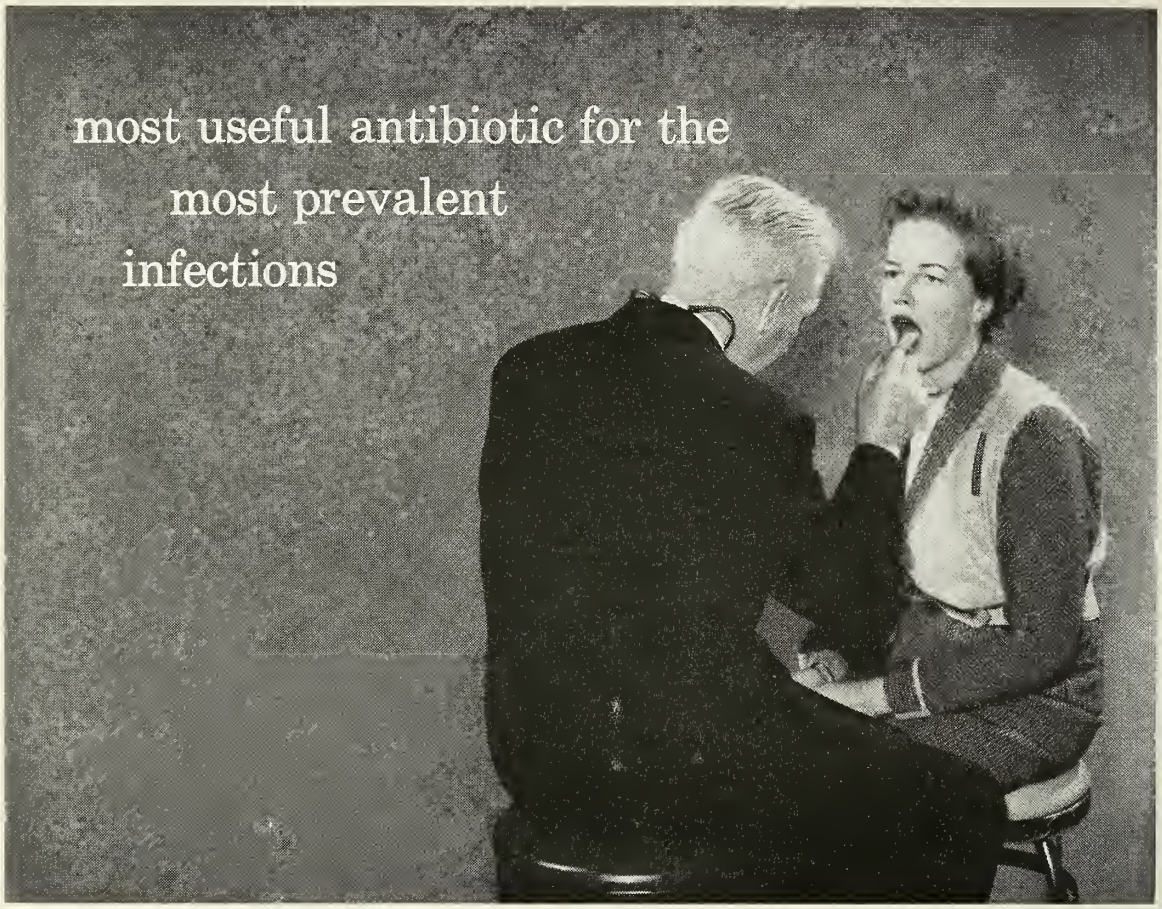
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 48 — December 1955 — Number 12

Four original scientific papers are presented in this issue of The JOURNAL. All are on the same general subject—diabetes mellitus. Each paper treats a different phase of the disease and therapeutic procedures.

Diabetes in General Practice

J. W. WILKENS, M.D.*

Indianapolis

DIABETES MELLITUS is probably easier to diagnose than any disease seen in general office routine. There is no other disease whose treatment is on such firm scientific foundation, and in addition, which can be treated in such a simple manner, yet responds so quantitatively. Between 50,000 and 60,000 new cases of diabetes are recognized annually, bringing the total to about one and one-half million known diabetic patients in this country. An estimated equal number are undiagnosed and the screening of the population falls within the realm of the general practitioner.

At least 70% of all diabetic patients are considered mild cases and can be controlled with diet only, or with one small dose of insulin daily. About 25% of the cases are considered moderate and require a larger single dose daily or two smaller injections of insulin without any difficulty in regulating. This leaves only 5% of all cases that require special attention from somebody particularly interested in diabetes. I mention these figures to bring out the fact that with a little effort a greater portion of diabetic patients can be controlled in average routine office practice. The majority of the 5% considered severe cases need hospitalization either for stabilization, treatment of disabling complication, and includes children recently diagnosed and all surgical procedures.

The diagnosis of diabetes is usually fairly simple. The classic symptoms of the disease are known to all physicians and are often recognized by the laity, especially well-trained patients with diabetes. Any evidence of sugar in the urine must be considered diabetic in origin,

* Member of the Editorial Board of THE JOURNAL of the Indiana State Medical Association. Doctor Wilkens made all arrangements for papers for this issue.

unless proven otherwise. The most common conditions other than diabetes which present glycosuria are: (1) true renal glycosuria; (2) physiologic lactosuria during lactation; (3) glycosuria of pregnancy; (4) glycosuria during acute infection, hyperthyroidism, malignancy, hyperpituitarism, carbon monoxide poisoning, brain injuries, chemical poisonings, and alimentary glycosuria following carbohydrate stuffing. When a positive urine specimen is discovered another specimen should be obtained within three or four days. The second specimen of urine should be collected two hours after a meal consisting of meat, potato, three slices of bread, dessert, and coffee with sugar. This procedure will rule out or establish a diagnosis of diabetes in approximately 95% of patients; but to be entirely certain a blood sugar should be obtained. A fasting blood sugar of 130 mgs.% or more is diagnostic of diabetes but since in early diabetes this procedure may be normal it is far better to get a blood sugar three to three and one-half hours after a full meal. A result of 170 mgs.% or more is diagnostic of diabetes. If either a fasting or post-prandial blood sugar is borderline a dextrose tolerance test should be considered. By this means a definite diagnosis can be made. A sugar tolerance test does not show the capacity of the patient to utilize his food. It does not indicate accurately the severity of diabetes. It is not a good guide to treatment. Few therapeutic procedures can be used with such assurance of benefit and with such precision as the modern treatment of diabetes mellitus. The principles are diet, insulin, and activity. With what is known today, deaths from diabetes often indicate neglect. Both to the physician and the patient comes an unusual amount of satisfaction, because of the prompt favorable results when the prescribed routine is followed. The adequately treated person with diabetes can recognize tangible evidence of his improvement.

Diet is still the basic element of treatment. Other than the fact that diets now are more liberal than the pre-insulin starvation diets the treatment has not changed. The management of each diabetic patient is necessarily an individual problem, but the goal which physicians and patients alike should strive to achieve is similar in each case, mainly the maintenance of the patient at, or slightly below, his ideal weight and the maintenance of the blood sugar within the normal zone and to accomplish this with as little discomfort to the patient as possible. Any diabetic patient is unhappy if the diet is inadequate.

An uncomplicated adult with diabetes, with or without the cardinal symptoms, should be given a "trial run" on diet only. A list of foods given to a patient designating "certain foods to avoid" should not be used. A weighed diet is more accurate but a measured diet, if conscientiously adhered to, is equally successful and I believe will in time create greater patient cooperation. To estimate the basal calorie expenditure for 24 hours, multiply the ideal weight in pounds by ten. After the basal requirement is established provide extra calories for activity as follows:

For bedrest add 10%

For very light work add 20%

For sedentary work add 30%

For moderately heavy work add 40%

For manual labor add 50%

For growing children add 50 to 70%

In patients who are grossly overweight, loss of weight should be accelerated by prescribing 20 to 30% fewer calories than the basal requirement. Having determined the caloric requirement of the patient the next step is translation into the proper proportions of carbohydrate, protein and fat. It is recommended that the general diet consist of approximately 50% carbohydrate, 20 to 25% protein, 25 to 30% fat. Many diet lists are available now from pharmaceutical houses and from the American Diabetes Association. The recent "exchange diets" will aid in the patient's opportunity to vary the diet.

The patient should be instructed that diet adherence is important in his treatment and "cheating" will hinder his improvement and cloud the picture for the physician. He should also be taught how to test his own urine for sugar and the chart of these examinations should be given to the physician at the next visit. If, after the "trial run" with diet only, the symptoms have not subsided or the glycosuria shows no improvement the addition of insulin to the treatment must be considered.

Insulin is an aqueous solution of the active antidiabetic principle derived from the islands of Langerhans of the pancreas. Since various prep-

arations are available the physician may use his own discretion as to the type used.

Unmodified insulin "Regular" can be used in the milder cases and is given 15 to 20 minutes before the meal. Because of the short duration of activity most patients on this insulin require a dose of insulin before breakfast and supper with the morning dose being the larger; that is 10 units before breakfast and 6 units before supper or 14 units and 10 units, etc. This is not too satisfactory insofar as the control of the patient is concerned.

Protamine zinc insulin, a mixture of insulin, protamine and zinc with a buffered solution, has proven more satisfactory in routine treatment of mild or moderate diabetes. As with regular insulin, P.Z.I. is given before breakfast as a single dose starting with 10 to 20 units if the disease appears mild and 20 to 30 units if it appears more severe. The patient is instructed to check the fasting urine specimen each morning and the dose of P.Z.I. can be raised or lowered as indicated; however, care must be taken in changing the dosage. Whereas regular insulin can be changed daily the P.Z.I. should not be changed except at four to five day intervals to allow for the accumulative effect. If the fasting urine sugar and the post-prandial blood sugar do not become normal in spite of the increased dosage of P.Z.I. (up to 35 units), regular insulin will be necessary. This is given at the same time as the P.Z.I.; that is before breakfast and in *separate* doses. Usually 10 to 15 units of regular insulin with 30 to 35 units P.Z.I. will control moderate diabetes. If the blood sugar before supper does not fall below 190 mgs.% or the urine specimen remains positive before supper a small dose of regular insulin will be necessary; 35 units P.Z.I. and 15 units regular before breakfast and 10 units of regular insulin before supper. This can be changed according to the tests taken at various times of the day. It is important to give a bedtime feeding whenever P.Z.I. is used; such as five ounces of milk and two saltine crackers.

Occasionally a patient objects to the need of two doses of insulin separately before breakfast and a mixture is suggested. This procedure can be followed but only if the patient understands the routine thoroughly. When the established dosage to control the diabetes is determined the dose of P.Z.I. and regular insulin are reversed. If the doses are 30 P.Z.I. and 15 regular, reverse the figures; 30 regular insulin and 15 P.Z.I. and mix in the syringe. Always fill the syringe with the regular first. This procedure is not recommended, however, because of the human element of carelessness.

NPH insulin has an improved time action which is intermediate between that of regular and P.Z.I. In general, its effects are manifested over a period of about 28 to 30 hours and are considerably more rapid in onset than those of P.Z.I. NPH is a mixed insulin in the ratio of two parts of unmodified and one part of protamine insulin. Single doses of NPH may be elevated higher than the previously mentioned dose of P.Z.I. with seemingly good control. Doses up to 60 units before breakfast can be given without any ill effects and with good control of the diabetes. (I personally do not believe it is the choice in the treatment of the juvenile or the aged diabetic patient. The very stable persons with diabetes between the ages of 45 and 65 years and requiring 25 to 40 units daily seem to do quite well with NPH insulin.)

Lente insulin, the most recent to be used in clinical medicine, is similar in action to P.Z.I. It has an inherent advantage of being free of foreign modifying protein and reduces the local irritation seen occasionally with other precipitated insulins. It is suggested that a mid-afternoon feeding be allowed with lente insulin instead of the night feeding as with P.Z.I. and NPH insulin.

Globin insulin has a rate of action intermediate between unmodified and protamine zinc insulin and is given before breakfast. Its action is similar to lente insulin.

Regardless of the type of insulin used, general indications for its use are:

1. All diabetic children.
2. Complications; e.g. infections, surgery, pregnancy, and coma.
3. Inability to maintain normal weight and strength without hyperglycemia and glycosuria.

COMPLICATIONS

Very few diabetic patients now die of their disease and with what is already known, none should. However with improved treatment, these patients live longer and reach the age where

arteriosclerosis and its complications might be expected to develop. The mortality rate from diabetes is increasing and probably will become second only to that of heart disease within the next 25 to 30 years. Every diabetic patient is a potential candidate for complications due to infections, diabetic coma, gangrene, cataracts, neuritis and vascular changes.

COMA

Coma presents variations in severity and rapidity of onset with different types of diabetes. Fundamentally, this dangerous complication is due to poor control of diabetes with loss of good carbohydrate metabolism and the resultant formation of ketone bodies. Because of better education of patients and increased knowledge diabetic comas have been reduced greatly in the past 15 years. Coma is a first-rank medical emergency. It represents an acute insulin deficiency and insulin administration in large doses early, associated with the other therapeutic agents, will greatly reduce the mortality rate. Hospitalization of these patients is almost a necessity because of the laboratory facilities and nursing care which are required.

Treatment of coma consists of insulin in doses large enough to restore normal carbohydrate metabolism; intravenous fluids to combat dehydration; electrolytes in amounts adequate to restore electrolyte balance; treatment of infection if present; gastric lavage; cleansing enemas, and shock therapy as indicated with blood, plasma, circulatory stimulants, oxygen, and dextrose.

ARTERIOSCLEROSIS

Arteriosclerosis is a constant factor in diabetes. Its development is the cause of cardiac and peripheral arterial involvement, leading to coronary artery disease and gangrene. Premature arteriosclerosis can be prevented by maintaining the blood sugar within normal limits, by controlling infection and acidosis, and by preventing too high a level of blood lipoids. Gangrene is a direct result of arteriosclerosis of the blood vessels of the extremities and not infrequently is complicated by the presence of superimposed infection. With present day knowledge gangrene can often be controlled but surgical procedure, not infrequently amputation, is necessary. The introduction of antibiotics has altered materially the course and outcome of infections of the lower extremities but obviously, no chemotherapy can be expected to restore dead tissue.

INFECTION

Infections always bring about an increase in diabetes. Such infections as carbuncles, pneumonia, upper respiratory infection and tuberculosis, require an increase in insulin. The insulin is given whether the diet is taken or not. An attempt should be made to give 100 to 200 grams of carbohydrate daily, with the protein and fat elements of the diet disregarded.

NEURITIS

Neuritis in the diabetic patient, not "diabetic neuritis" as formerly called, is probably one of the most discouraging complications frequently encountered. Many new treatments have been established but none probably is more successful than the use of aspirin or ASA Compound and large doses of thiamine chloride. Sedatives with aspirin usually are necessary at night to insure proper rest.

EYES

The most serious complications of the eyes associated with diabetes are the retinal changes. Exudation, the result of vascular destruction and actual hemorrhages, produce scarring of the retina and lead to impaired vision. Our present knowledge of the treatment of these conditions certainly is far from satisfactory. The most recent advancement has been with large doses of vitamin B_{12} and lesser doses of vitamin B_6. The true value of this therapy is questionable. Retinal complications demand excellent management of the diabetic patient.

Cataracts are seen more often in diabetes than in any other disease and require surgical intervention. It is always well if possible to determine the retinal damage before the cataract has progressed to the point where examination is not accurate. It is always a disappointment to the patient who has undergone surgical procedures and then must be informed that the eyes are damaged and vision cannot be restored.

PREGNANCY

Pregnancy occurring in diabetic women is a definite hazard, but with proper management maternal mortality can be kept under 4%. This

high death rate is due to the relative frequency of toxemia of pregnancy and other obstetrical complications and to the more frequent development of diabetic acidosis. The infant mortality, following delivery from diabetic mothers, also is quite high (40% in some series). Close observation of the mother throughout the pregnant period and of the baby immediately following delivery can do much to decrease the infant mortality.

The diet prescribed must be liberal, both in carbohydrate and protein content, but excessive weight gain must not be tolerated. Insulin is always necessary, the amount being determined in exactly the same manner as described. Changes in insulin requirements may be noted, especially during the last trimester.

The appearance of pernicious vomiting during the first trimester offers special problems. Frequent feedings and intravenous glucose are utilized to prevent the development of diabetic acidosis. Therapeutic abortion may have to be performed in cases in which the vomiting is severe.

Diabetic mothers tend to have large babies and hence difficult labors. Most physicians have advocated routine cesarean section, to be performed at about eight months, in order to avoid the late complications and difficulties of delivery. Whether section or normal delivery is suggested it is an obstetrical problem which must be solved by the evidence presented in each case. No hard and fast rules can be laid down.

CONCLUSIONS

The length of life of a diabetic person need not necessarily be shortened because of his disease. If he is intelligent, he can learn much about the handling of his own case and can freely make substitutions in his diet. The physician must be the teacher, overseer, and advisor to the patient and must always be ready to combat any unfortunate occurrence before it has an opportunity to progress to dangerous levels.

The physician with special training in the treatment of diabetes is essential in some cases, but good management is possible and should be performed by you—the general practitioner.

1743 Shelby Street

If one were to use as criteria the amount of life spoiled by disease, instead of measuring only that destroyed by death; or the number of days lost from pleasure and work because of so-called minor ailments; or merely the sums paid for drugs, hospitals, and doctors' bills, the toll exacted by microbial pathogens would seem very large indeed. Microbial diseases have not been conquered. Rather, scientists have resigned themselves to the belief that a relative protection against them can be had only at the cost of a huge ransom. Rene J. Dubos, Ph.D., J.A.M.A., April 23, 1955.

A Review of the Vascular Complications of Diabetes Mellitus

CECIL L. RUDESILL, M.D.
ROBERT L. RUDESILL, M.D.

Indianapolis

VASCULAR DISEASES, chiefly arterial, have become the most common causes of death in diabetes mellitus. In 1920 the expectancy of life after birth was 51 years, but today it has been extended to about 70 years.[1] This improved life expectancy is due to modern therapy which protects us from the hazards of acute disease and permits better control of chronic conditions. The diabetic patient has likewise enjoyed the benefits of these therapeutic advances and along with the more effective use of diet control, insulin and antibiotics now may survive to an age almost equal to that of the nondiabetic. We are seeing patients who have been receiving insulin for 33 years. This extension of life expectancy, however, brings some hardships, for with it an increasing incidence of senescent and vascular lesions is evident. In a brief editorial, Constam[2] remarks that the deaths from diabetic coma are becoming rare, while "degenerative changes in the blood vessels in the kidneys, heart, eyes, extremities and elsewhere are appearing with increasing frequency." In pre-insulin days, diabetic coma caused about 60% of deaths. During the period 1950 through May 5, 1953, cardio-vascular-renal disease accounted for 75.6% of 1,358 deaths in Joslin's Clinic.[3] The complications of diabetes consist of infections, metabolic alterations and vascular changes. This discussion will include the more important vascular changes in relation to their effect on various organs.

VASCULAR DEGENERATION

The outstanding vascular degenerations in diabetes are (1) atherosclerosis of the major arteries, (2) the formation of microaneurisms in the retina, and (3) hyalinization of the renal glomeruli. In those cases where arteriolosclerosis is present, it influences the development of hypertension, impairs tissue metabolism and aggravates the intensity of pre-existing capillary pathology.

ATHEROSCLEROSIS

It is a well recognized fact that atherosclerosis is common in everyone at some period of life unless he dies young. In diabetes there is premature and more extensive development of atheromatous lesions. Virchow's imbibition theory as presented by Aschoff[4] in his Lane Lecture formerly was accepted to be the most satisfactory explanation of atheromatous development. Atheromas begin by a loosening of the ground substance of the intima as a result of strain. Then fluid is imbibed, connective tissue proliferates, tissue swells and metamorphosis results in an atheromatous plaque. Subsequently these lesions contain cholesterol crystals and variable amounts of calcium. (Fig. 1.)

In recent years the investigations of Gofman and his associates[5, 6] have popularized the role of serum lipoproteins in the pathogenesis of atherosclerosis. Repeated studies have shown that lipoprotein levels in the density of Sf* 12-20 tend to be abnormally high in the presence of atherosclerosis and in diabetes. In 1951 Jones, Gofman et al[5] concluded that the group of lipoproteins Sf 10-20 might be atherogenic and those above Sf 40 were not associated with atheromatous formation. They questioned whether this finding in the blood represented a primary cause or a change secondary to the sclerotic process. In 1952 Gofman[6] reported that Sf

* Salt flotation units.

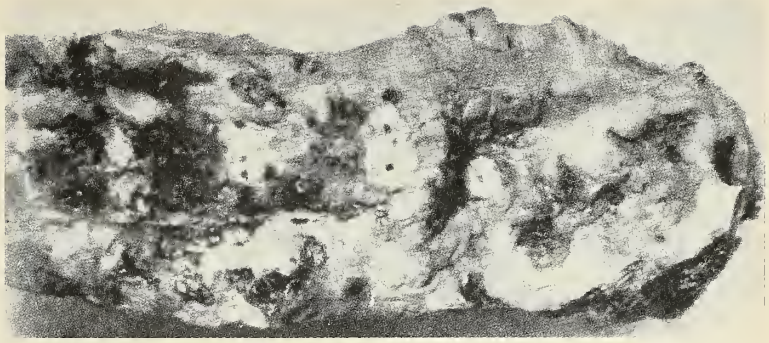


Figure 1. Portion of aorta from a diabetic male, aged sixty-seven years. Duration of diabetes unknown. Extremely marked arteriosclerosis of the atheromatous type. By courtesy of Warren and LeCompte, and Lea & Febiger, Philadelphia.[10]

12-100 was higher in the coronary disease group than in normal individuals and that the level of lipoproteins fell with weight loss and rose with obesity. Barach and Lowy[7] showed in 536 cases that duration of the diabetes caused an increase in the percentage of high Sf lipoproteins.

Table I

Incidence of high Sf 12-20 lipoprotein molecules as related to duration of the disease.

536 Cases	
0- 5 years	29% high Sf
6-10 years	38% high Sf
11-15 years	44% high Sf
Longer duration	higher Sf levels.

Hanig and Lauffer[8] found that Sf 10-20 lipoproteins were about the same in normal males and cooperating diabetic patients but were higher in most cases of non-cooperating diabetics. Keiding et al[9] studied the effect of treatment on 144 young diabetics of more than 10 years duration. "Levels of the Sf 12-20 lipoproteins exceeding 50 mg.% occurred in 32% of patients with poor control, 17% of patients with fair control and 10% of patients with good control."

With the accumulated data to date it would seem that elevations of lipoproteins are often present in both atherosclerosis and diabetes. The duration of diabetes and poor control cause an increase in Sf 12-20 lipoproteins. The question confronting us is whether elevation of lipoproteins precede or are the result of atheromatous development in atherosclerosis and in diabetes.

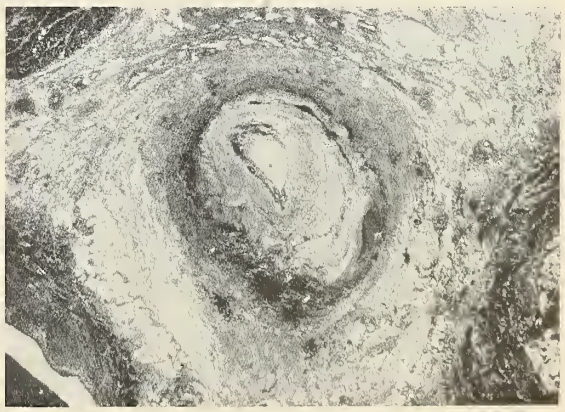
CORONARY HEART DISEASE

Coronary heart disease is the leading cause of death from arteriosclerosis in diabetes. Warren and LeCompte[10] have indicated that sclerosis is more common after 15 years of diabetes than in cases of shorter duration. After studying 50,775 autopsies, including 1,182 diabetics, Clawson and Bell[11] concluded that fatal coronary heart disease is "about twice as frequent in diabetic males as in nondiabetic males and three times as frequent in diabetic as in nondiabetic females." The Feldmans[12] confirmed this statement. Warren[3] reported on the causes of death in 1,358 autopsies on diabetics as follows: 75.1% died of arteriosclerotic lesions of all types, 33.4% died of coronary heart disease and angina, 12.3% of renal disease and 12.2% of cerebral disease.

DIABETIC GANGRENE

The causes of gangrene in the diabetic patient may be listed as ischemic, infectious, and variable mixture of the two types. Arteriosclerosis obliterans in the legs of persons with diabetes often results in ischemic gangrene. This type of vascular change is illustrated in Fig. 2. Prior

Figure 2. Arteriosclerosis involving the anterior tibial artery of the typical diabetic type. Note the marked intimal thickening. There is also a considerable degree of medial calcification. Hematoxylin-eosin stain. X 10. By courtesy of Warren & LeCompte, and Lea & Febiger, Philadelphia.[10]



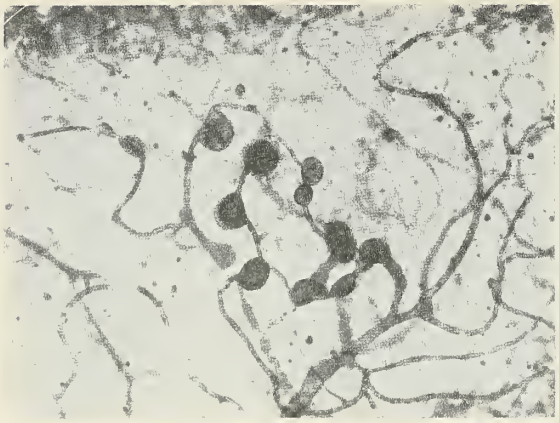


Figure 3. Flat preparation of human diabetic retina stained with periodic acid-fuchsin. Cluster of capillary aneurisms. By courtesy of Bernard Becker and Annals of Internal Medicine.[18]

to the general use of insulin the incidence of gangrene reported by Warren and LeCompte[10] from Joslin's Clinic varied between 17-21% of diabetic deaths but in recent years and with the widespread use of insulin it has gradually dropped to 4%. In 816 cases which came to autopsy, Warren and LeCompte[10] found gangrene in 9.4% of untreated diabetics and in 3.2% of treated cases. Gangrene has become predominantly a disease of those with diabetes. In a large group of post-mortem studies Bell[13] found that arteriosclerotic gangrene was 38 times as frequent in the diabetic male and 40 times as frequent in the diabetic female as in nondiabetics of the same sex.

DIABETIC RETINOPATHY

Vascular degeneration in the eye consists of changes in the wall of the capillaries which result in many minute saccular aneurisms in the retina. Scott[14] states that they are more numerous at first between the temporal region and the disk, usually involving the macula. Gradually the process becomes more general. There also are white exudates and well defined flecks. Retinopathy occurred in 41.3% of Scott's 150 cases. Retinitis proliferans complicated the retinopathy in 10% of his patients. According to Ashton[15] microaneurisms were first described by MacKenzie and Nettleship in 1879, and were rediscovered by Ballantyne and Lowenstein in 1943. Friedenwald[16, 17] refers to diabetic retinopathy as a condition having great numbers of minute saccular aneurisms in the capillary walls. He has repeatedly pointed out the close relationship between retinopathy and intercapillary glomerulosclerosis. Becker,[18] working in Friedenwald's clinic, used flat preparations of retinas and made an extensive study of retinopathy. (See Fig. 3 and Fig. 4.) The capillary aneurisms were often surrounded by exudates and hemorrhages. They were found both with and without evidence of arteriosclerosis. The aneurisms appeared in crops and later became hyalinized. In many cases the retinopathy did not advance beyond this stage. In patients where it progressed there was scarring, distortion of the capillary pattern, new capillary formation, and sometimes retinitis proliferans. In a few instances fibrous bands led to detachment of the retina.

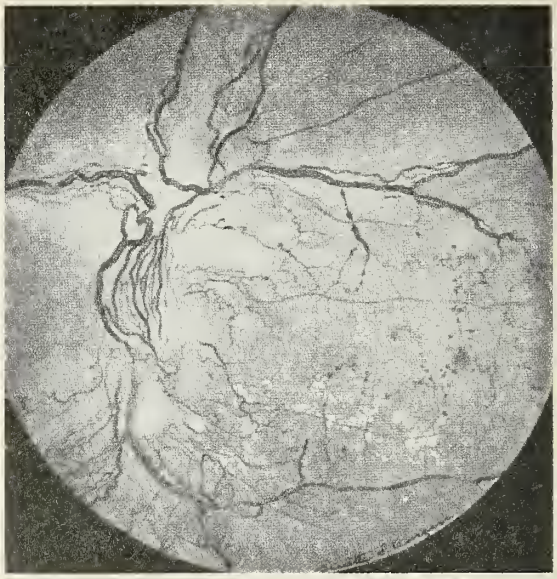


Figure 4. Marked retinitis proliferans with hemorrhages and exudates as well as capillary aneurisms. By courtesy of Bernard Becker and Annals of Internal Medicine.[18]

The onset of diabetic retinopathy seems closely related to the duration of diabetes. Scott's[14] 62 cases were found in 150 patients who had had the disease 15 to 26 years. White[19] reported retinitis in 50% and retinitis proliferans in about 19% of children who had had diabetes 15 to 19 years. When simple retinopathy progresses to retinitis proliferans, marked visual impairment ensues and may eventually lead to blindness.

INTERCAPILLARY GLOMERULOSCLEROSIS

In 1936 Kimmelstiel and Wilson[20] first reported new pathological findings in seven pa-

tients, six of whom were known diabetics. Their diabetes was of long standing and all had severe edema of the nephrotic type, albuminuria of large amount, renal decompensation and hypertension. At autopsy they all had intercapillary hyalinization and thickening of the basement membrane of the glomeruli. In 1948 Kimmelstiel and Porter[21] summarized the pertinent information about the disease that now is referred to as Kimmerstiel-Wilson's disease or as intercapillary glomerulosclerosis. They consider the nodular type of the condition to be typical of diabetes and found in 17% of diabetic patients. It is more frequent from the third to the sixth decade. It may resemble glomerulonephritis clinically and it often co-exists pathologically. It may be found either in normotensive or in hypertensive persons with diabetes. The clinical syndrome as tabulated by Kimmelstiel and Porter[21] is as follows:

Important Features	*Percent of Cases*
Diabetes of long duration	100%
Hypertension	60%
Impaired renal function	50-75%
Nephrotic edema	10%
Uremia	20%
Retinopathy	86%

They stated that there are "no definite clinical features to establish the diagnosis of intercapillary glomerulosclerosis. They are certainly not so definitive as the histological findings." Other authors[10, 22, 23] have considered the diagnosis to be presumptive until verified by necropsy. Rogers et al.[22] found Kimmelstiel-Wilson's disease in 26% of autopsies on diabetic patients. They also consider the duration of the disease important. Although they had no juveniles in their series, they found 64% of diabetics of 10-14 years duration who had the nodular type, while only 14% of patients under 4 years duration had it. Bell[23] expresses the idea held by many authors when he states that Kimmelstiel-Wilson's disease is more common in younger diabetic patients who have had the disease 10 to 20 years or more. The nodular type of the lesion is seen at 10:00 o'clock and at 11:00 o'clock in Fig. 5.

RELATION OF RETINOPATHY AND INTERCAPILLARY GLOMERULOSCLEROSIS

Diabetic retinopathy and intercapillary glomerulosclerosis result from, or in connection with, capillary injury of some sort. Both are found typically in diabetes of long duration. Friedenwald[24] considers them to be manifestations of the same vascular capillary changes. He mentions the possibility that there is increased adrenal activity in persons with diabetes, which has an influence in the development of the two conditions. Supporting evidence has been presented by both Friedenwald[24] and Becker.[18] Sherrill[25] states that diabetic retinopathy occurs in the absence of Kimmelstiel-Wilson's disease but not vice versa. In 190 autopsies on diabetics Dana[26] found 30% had Kimmelstiel-Wilson's disease and 90% of those with Kimmelstiel-Wilson's disease had retinopathy. In 110 autopsies Ashton[15] found 68% had retinopathy and 36% had Kimmelstiel-Wilson's disease. Although figures differ in various series of autopsies, it is quite evident from the reports in the literature that there is a definite relationship between these two conditions. Damaged capillary walls seem to be responsible for their development.



Figure 5. Glomerulus showing both nodular and diffuse intercapillary lesions. By courtesy of Bell, E. T., and Journal of American Diabetes Association.[23]

EFFECT OF DIABETIC CONTROL

Of great concern to physicians who treat diabetes are the best methods of prevention of vascular complications. There are two schools of

thought in diabetic control. In one, patients are permitted a free diet plus sufficient insulin to avoid acidosis. In the other measured or weighed diets are prescribed, enough insulin is given to control the level of the blood sugar, and routine exercise or work is advised. There still is controversy relative to the preferable plan of management. The advocates of free diets are typified by Tolstoi of New York and those of regulated diets by Joslin's Clinic of Boston. Brandman and Redisch[27] do not consider the degree of diabetic control a factor in the development of peripheral vascular disease, but stress its importance in the development of retinal hemorrhages. In 264 cases studied there were 3.5% of the cases with good control who had retinopathy and 12% of the cases with poor control. The figures on diabetic gangrene quoted by Warren and LeCompte[10] seem to favor more careful control of blood sugar levels. Sherrill[25] presented convincing statistics on the value of good control in the prevention of premature vascular changes. Wilson, Root, and Marble[32] and others[31] from Joslin's Clinic have published many articles that tend to support Sherrill's findings. It is interesting that Tolstoi,[28] who is an ardent believer in free diets, wrote: "Unfortunately all my results are not so favorable. Some of my young diabetics, whose diabetes is only 7 years old, and who have been treated in the fashion outlined above, have shown retinopathy and albuminuria." Larsson et al.[29] did not find any more complications in their patients who were treated with free diets than others had found in patients who had been on measured diets. Bortz[30] states "active, progressive, and uncontrolled diabetes results in premature widespread vascular degeneration." He advocates satisfactory control based on diet, insulin and exercise. Although Constam[2] feels that it can not be determined with certainty that "treatment with diet and insulin can prevent the late diabetic syndrome, I am convinced that good control of diabetes still offers the best opportunity of avoiding or at least retarding its future development."

CONCLUSION

All authors agree on the changes in the vascular system in diabetes mellitus. Atherosclerosis develops prematurely, and there are capillary changes as typified by minute saccular aneurisms in the retina and by intercapillary glomerulosclerosis. Secondary pathological changes result in (1) an increased number of cases of coronary occlusion and myocardial infarction; (2) retinal changes which impair vision or may in some individuals produce blindness; and (3) marked renal damage which may result in renal failure. While diabetic gangrene seems to be less frequent than it was 30 years ago, it still is an annoying complication. Friedenwald[24] has called attention to an accompanying increase in the function of the adrenals as a potent factor in the development of diabetic retinopathy. Ricketts[34] states that "despite encouraging advances, the cause of degenerative vascular disease in diabetes remains unknown."

REFERENCES

1. Bulletin, Metropolitan Life Insurance Company, New York.
2. Constam, G. R.: Editorial: Prognosis of Diabetes in Relation to Treatment, J. Am. Diab. A. 4:74-75 (Jan.-Feb.) 1955.
3. Warren, S.: An Interpretation of Diabetes in the Light of Its Pathology, J. Am. Diab. A. 2:257-261 (July-Aug.) 1953.
4. Aschoff, L.: Lectures on Pathology, Hoeber, Inc. Page 131, 1924.
5. Jones, H. P., Gofman, J. W., Lindgren, F. T., Lyon, T. P., Graham, D. M., Stinsower, B., Nichols, A. V.: Lipoproteins in Atherosclerosis, Am. J. Med. 11:358 (Sept.) 1951.
6. Gofman, J. W.: Diet and Lipotropic Agents in Atherosclerosis, Bull. N. Y. Acad. Med. 28:279-293 (May) 1952.
7. Barach, J. H. and Lowy, A. D.: Lipoprotein Molecules, Cholesterol, and Atherosclerosis in Diabetes Mellitus, J. Am. Diab. A. 1:441-446 (Nov.-Dec.) 1952.
8. Hanig, M. and Lauffer, M. A.: Ultra-centrifugal Studies in Lipoproteins in Diabetic Sera, J. Am. Diab. A. 1:447-448 (Nov.-Dec.) 1952.
9. Keiding, N. R., Mann, G. V., Root, H. F., Lowry, E. Y., Marble, A.: Serum Lipoproteins and Cholesterol Levels in Normal Subjects and in Young Patients with Diabetes in Relation to Vascular Complications, J. Am. Diab. A. 1:434-440 (Nov.-Dec.) 1952.
10. Warren and LeCompte: The Pathology of Diabetes Mellitus, Philadelphia, Lea & Febiger, 3rd ed., 1952.
11. Clawson, B. J. and Bell, E. T.: Incidence of Fatal Coronary Disease in Nondiabetic and in Diabetic Persons, Arch. Path. 48:105, 1949.

12. Feldman, M. and Feldman, M., Jr.: The Association of Coronary Occlusion and Infarction with Diabetes Mellitus, Am. J. Med. Sc. 228:53-56 (July) 1954.

13. Bell, E. T.: Incidence of Gangrene of the Extremities in Nondiabetic and in Diabetic Persons, Arch. Path. 49:469-473, 1950.

14. Scott, G. I.: Diabetic Retinopathy, Proc. Roy. Col. Med. 44:742, 1951.

15. Ashton, N.: Diabetic Retinopathy, Proc. Roy. Soc. Med. 44:747, 1951.

16. Friedenwald, J. S.: Diabetic Retinopathy, J. A. M. A. 150:969-971 (Nov. 8) 1952.

17. Friedenwald, J. S.: Editorial: Diabetic Retinopathy, J. Am. Diab. A. 2:237-240 (May-June) 1953.

18. Becker, B.: Diabetic Retinopathy, Ann. Int. Med. 37:273-289 (Aug.) 1952.

19. Joslin, E. P., Root, H. F., White, P., Marble, A.: The Treatment of Diabetes Mellitus, Philadelphia, Lea & Febiger, 9th ed., 1952.

20. Kimmelstiel, P. and Wilson, C.: Intercapillary Lesions in the Glomeruli of the Kidney, Am. J. Path. 12:83-98, 1936.

21. Kimmelstiel, P. and Porter, W. B.: Intercapillary Glomerulosclerosis, New England J. Med. 238:876, 908, 1948.

22. Rogers, J., Robbins, S. L. and Jeghers, H.: Intercapillary Glomerulosclerosis: I. Clinical and Pathological Study. II. Clinical Study of 100 Anatomically Proven Cases, Am. J. Med. 12:692-700, 1952.

23. Bell, E. T.: Renal Vascular Disease in Diabetes Mellitus, J. Am. Diab. A. 2:376-389 (Sept.-Oct.) 1953.

24. Friedenwald, J. S.: Diabetic Retinopathy, Am. J. Ophth. 37:953 (June) 1954.

25. Sherrill, J. W.: Diabetic Retinitis; the Relation Between Retinal Degenerative Changes and the Degree of Diabetic Control, Bull. Scripps Metabolic Clinic 2: No. 6, (Oct.) 1951.

26. Dana, G. W.: The Type of Diabetes Mellitus Associated with Diabetic Retinitis, J. Am. Diab. A. 3:210-212 (May-June) 1954.

27. Brandman, O. and Redisch, W.: Incidence of Peripheral Vascular Changes in Diabetes Mellitus, J. Am. Diab. A. 2:194-198 (May-June) 1953.

28. Tolstoi, Edw.: The Treatment of Diabetes Mellitus by the Clinical Approach, Med. Clin., N. Am. (Mar.) 1950, p. 485.

29. Larsson, Y., Licktenstein, A. and Ploman, K. G.: Degenerative Vascular Complications in Juvenile Diabetes Mellitus Treated with "Free Diet." J. Am. Diab. A. 1:449-458 (Nov.-Dec.) 1952.

30. Bortz, E. L.: Editorial: Diabetes Control, J. Am. Diab. A. 2:235-37 (May-June) 1953.

31. Keiding, J. L., Root, H. F. and Marble, A.: Importance of Control of Diabetes in Prevention of Vascular Complications, J. A. M. A. 150:964-969 (Nov. 8) 1952.

32. Wilson, J. L., Root, H. F. and Marble, A.: Prevention of Degenerative Vascular Lesions in Young Patients by Control of Diabetes, Am. J. Med. Sc., 221:479, 1951.

33. Spoont, S., Dyer, W. W., Day, R. and Blazer, H.: Incidence of Diabetic Retinopathy Relative to the Degree of Diabetic Control, Am. J. Med. Sc., 221: 490, 1951.

34. Ricketts, H. T.: Editorial: The Degenerative Complications of Diabetes, J. Am. Diab. A. 3:80-82 (Jan.-Feb.) 1954.

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Remarks on Diabetes in Relation to Juvenile Patients

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THE JUVENILE DIABETIC PATIENT is one whose diabetes began at 15 years of age or before. Of all persons with diabetes today the child has the longest life expectancy. For this reason his management and his training must be the most complete. A few days of hospitalization is extremely worth-while and almost obligatory in the case of the child. We prefer to have the mother stay with the child and they are given daily instruction and guidance. The mother is taught the calculation and preparation of weighed diets on the basis of food values. She learns to weigh the food, administer insulin and test urine for sugar and acetone. Considerable time should be given to didactic teaching by the nurses as well as by the attending physician relative to the nature of diabetes, the need for insulin, its mode of administration and time of action. The symptoms of insulin overdosage and its remedy, the symptoms of acidosis, and the precautions to be taken during infections all must be well understood before the patient leaves the hospital. This should prove to be the most important course in the child's lifetime curriculum inasmuch as with the proper attitude and understanding it will be much easier to keep his cooperation through the years to come. Such a period of training and indoctrination serves to allow for an optimum psychologic adjustment on the part of the child. For instance it is all too common to see the young diabetic patient whose disease is of several years duration become badly spoiled and dictate his own actions because of lax management or oversolicitation and indulgence by members of the family. It is preferable to teach a patient and the parents of one whose diabetes is of recent onset and who has had no treatment. Such a patient can be better molded to adopt and follow that regime which strives toward as perfect control as is possible.

STANDARDS OF CONTROL

A great deal has been written about this subject in the past several years. Perfect control, good control of diabetes, or indifferent control of glycosuria without ketosis have all been advocated for this disease. Various groups of "purists" and "free dieters" have reported on their statistical surveys with the latter claiming little difference in incidence of vascular complications after 10, 15, or 20 years of diabetes. It is quite possible that the problem of degenerative vascular complications in diabetes is not a problem of control alone. It may be there are other unknown etiologic factors inherent in the disease itself. Until these are known we shall continue to treat diabetes in the young as energetically and under as rigid specifications as may be possible in each case. Such a program is time consuming and requires the expenditure of effort but a continuous attempt toward a "physiological" control of any diabetic patient, especially a juvenile, seems to be only common sense. It is said that if the regime is not too strict and the control not too exacting it is possible for the child to lead a more normal social life and is less likely to develop psychologic disturbances and complexes. I do not feel our juvenile diabetic patients have become unsocial or are maladjusted with rare exceptions. The complete standard for control of the juvenile patient is glycosuria of less than 10% of the carbohydrate intake, freedom from ketosis, blood sugar levels normal before meals, an average gain in weight and normal energy and happiness.

NUTRITION

The diet for the juvenile patient must be adequate for growth. The need for sufficient protein in the diet both in health and disease has

come to be fully appreciated. Today there is much less tendency to feed inadequate protein, and dwarfism due to insufficient protein is uncommon. The level of control of diabetes assumes an important role in determining the growth and development of children with diabetes. Jackson[1] found a consistent tendency for growth to be normal or accelerated where there were better degrees of control and to be normal or less with fair or poor diabetic control. We have seen several children accelerate in weight and height with close control of their diabetes who were underweight and stunted when a poor or less acceptable degree of control of their diabetes prevailed.

The diet formula must be changed frequently to meet the changing demands of the growing child. The simplest of all formulas in prescribing total calories for the child is that based on age, namely 1,000 calories for age 1 year with 100 calories added for each year of age until the completion of growth. The amount of protein used ranges from 2½ to 3 grams per kilo of body weight. The amount of carbohydrate used varies widely depending chiefly on the size and age of the child, ranging from as little as 80 to 90 grams per day for an infant or younger child to 200 or 225 grams for the adolescent. Some clinicians provide 50% of the total calories from carbohydrate, 15% from protein, and 35% from fat. This seems to provide more carbohydrate and less protein than we believe is advisable. With an unusually high carbohydrate level a need for a large insulin dose is created with the threat of hypoglycemia and most important the sacrifice of good control. With regard to fat, the diet must be palatable and must contain an adequate quantity of milk and butter. If hypercholesterolemia exists the fat total should be quite low. The diet should be weighed if at all possible. Many times when inconvenient or impossible for the school child to get home at noon it is better to allow him to estimate his meal in the school cafeteria rather than to insist he carry a cold and unappetizing meal from home. The intelligent and cooperative child even may err in undereating at this meal. Children are encouraged to weigh their own food. In doing so they become more self-reliant and come to have a better knowledge of portions and exchanges.

The mother must be instructed to reduce the diet by ½ or ⅓ in the event of an acute infection and a febrile state. The question of food between meals is important with the smaller child. The allowance of 100 grams of milk in midmorning and midafternoon is almost a necessity with the preschool child and will provoke no upset in control. The taking of 15 grams of carbohydrate at bedtime is generally considered advisable with the use of protamine zinc insulin. Young people enjoy the privilege of eating such an amount of food after an evening party, dance, or game, and this has tremendous psychologic and social advantages in preventing an introversion of the diabetic youngster. The taking of extra food, preferably of a carbohydrate nature, becomes almost obligatory preceding periods of unusual strenuous exercise such as swimming and basketball.

INSULIN

All diabetic children require insulin continuously from the day of diagnosis of the disease. Protamine zinc insulin finds its greatest usefulness in juvenile diabetes. This is true because of the unfailing occurrence of hyperglycemia during the night in the child diabetic. It is common knowledge however that good control is not possible with this insulin alone. The preferred method is the use of separate injections of unmodified and PZI before breakfast and frequently unmodified insulin before supper. Our experience with the use of the so-called intermediate acting insulins such as NPH and lente and with insulin mixtures has been repeatedly disappointing in the child. In our hands the use of these has resulted in an increased instability with progressive loss of carbohydrate tolerance. Such is the impression of others.[2]

The dosages of insulin appear to depend largely upon the age and body weight of the child. It is questionable whether the disease in children is more severe, as is frequently stated, if severity can be measured by insulin requirement. Certainly it is true that the disease is more labile and brittle in the child and that without treatment it is likely to terminate fatally in a short time. As years go by the diabetic child requires more insulin and this is largely related to increase in body weight. During the years of active pubertal changes the child usually requires relatively more insulin and a diminution tends to occur during the later teen years.

It is our impression that undue importance is given by many to the desirability of reducing

the number of injections of insulin which the child may need to obtain a high level of control. It will usually require 3, and rarely 4, daily injections of insulin to maintain the more labile diabetic child to our standard of control. Every school child should be spared the use of insulin at noon but to further reduce the frequency of injections with a sacrifice of a good level of control would seem to be unwise. There is a great deal to be taught the parents about the intelligent use of insulin over and above its actual administration. Stress must be placed on the knowledge that the insulin must not be discontinued because of nausea or vomiting in the event of infection or other complication associated with fever. In such circumstances the seriousness of a mild insulin reaction may amount to nothing compared with the danger of the child's flirtation with ketosis. It is uncommon for any of our well-controlled patients to need readmission to the hospital even during relatively severe intercurrent infections. The use of more frequent small injections of insulin allows a greater degree of safety and produces a feeling of security on the part of the mother that she can control the situation.

PHYSICAL ACTIVITY

It is our objective in the management of diabetes to maintain as nearly normal physiologic conditions as is practical. In many clinics the diabetic child is permitted to maintain a mild glycosuria as an insurance against shock. We would consider this to be a level of only fair control. Exercise is essential for wholesome living and physical development of the young and we feel that it should be permitted and encouraged to that point short of extreme fatigue and physical exhaustion. When boys and girls become adolescent the differences in strenuousness of the two sexes are accentuated. After puberty girls tend to spend more time in leisure while boys frequently spend more time in greater muscular activity both in work and in leisure. The lack of exercise in many adolescent girls is no small factor for the frequent occurrence of obesity in this age group.

In general the school routine tends to maintain the activity of childern at a fairly constant level during the school months. However the change in requirements necessitated by Saturday and Sunday activity and vacation activity must be provided for. Jackson and Kelly[3] reported a study of 18 subjects ranging in age from 3 to 22 years of age on whom careful blood sugar values were observed during periods of strenuous, moderate, and minimal activity. His findings have shown what others of us have frequently observed, namely, that in well-regulated children the decrease of blood sugar was small and was not accompanied by evidence of clinical shock. Certainly it has been our experience that severe reactions occur most often in the case of the child with poorly controlled diabetes who most of the time has heavy glycosuria and who suffers reactions because of violating rules observed by the well-trained, well-controlled patient. This would tend to refute the belief that the best way to prevent hypoglycemic reactions in children is to permit them to carry a high level of blood sugar.

HYPOGLYCEMIA

It is our feeling that to attempt to avoid hypoglycemic shock at any cost is unwise and to be deprecated. We strive for a level of control which will result in a few reactions from time to time and if these are not too frequent or too severe the insulin dose is not reduced. Certainly the subject of hypoglycemic shock may need to be soft-pedaled in the instructional program to the parent. Otherwise the imaginative and oversolicitous parent may find it difficult to think of anything else other than avoiding a reaction in the child and the proper standard of control will never be achieved. It is our aim, of course, to avoid the more severe shocks which upon rare occasions may seem to occur without due cause. Parents must be made to realize that mild reactions in the child may be difficult to recognize at times. Listlessness, negativism, peevishness, circumoral pallor, and stribismus, are signs of symptoms common to the child. Rarely, convulsions with or without repeated vomiting may occur at night and for this reason it is good practice to provide each household where there is a diabetic child with one or two small ampoules of 50% dextrose which the family physician can immediately administer by vein upon his arrival in the home.

COMPLICATIONS

Coma—The overall incidence of severe acidosis and diabetic coma in the child is considerably

less than it was. A child seldom is admitted to the hospital in a state of coma whose diabetes had not been diagnosed previously. The fact that more physicians are diabetes conscious and are recognizing the disease early and the fact that parents of known diabetic children and the children themselves possibly are better trained are reducing the incidence of coma. The fact remains that it still occurs and possibly always will. The onset is more rapid in the child. The signs and symptoms are largely the same. Treatment is much as it is in the adult consisting chiefly of adequate insulin, fluids, and gastric lavage. The amount of insulin depends largely on the age and the initial blood sugar level. Circulatory collapse rarely occurs in the child. Prognosis for recovery is 100% unless complicated by severe infection or unless the patient is moribund at the beginning of treatment. Potassium administration in the recovery stage of coma in the child is relatively less important than in the adult. By reason of young and healthy cardiovascular systems they are able to better withstand upsets in electrolyte balance.

VASCULAR DISEASE

For reasons that are apparent many more juveniles with diabetes survive than did 25 years ago. As in the adult whose life expectancy is constantly being extended the child diabetic is living long enough to develop degenerative vascular disease. White[4] reported on 220 juveniles who had had the disease 20 years or more and who were studied particularly for vascular disease. This complication was demonstrated in 203 or 92%. The lesions were manifested as follows:

Cerebral vascular accidents	2%
Coronary insufficiency	7%
Albuminuria	40%
Hypertension	55%
Calcified arteries	70%
Retinal hemorrhages	75%
Retinal arteriosclerosis	85%

To correlate level of control with the severity of vascular disease complicating the diabetes this series was divided into 3 groups. Among the patients who were free from vascular lesions after 20 years of diabetes only 1 in 10 had had diabetic coma. One in 5 had hypercholesterolemia. Not one had a large liver and only 1 in 3 had had extremely high levels of blood sugar. However in those who were incapacitated by their vascular lesions there was an incidence of diabetic coma in 2 out of 3, hypercholesterolemia in 2 out of 3, enlargement of the liver in 1 out of 2, and extremes of hyperglycemia in more than 1 out of 2. Nephritis is the vascular complication that is fifth in frequency but first in clinical importance as the cause of morbidity and mortality.

While control of the diabetes is probably the greatest single factor known today in avoiding degenerative vascular disease it is only one part of the problem. It does not explain why that small group whose records show continuous poor control fails to reveal evidence of vascular disease after 15 or more years of diabetes. Perhaps there are one or more metabolic disorders operating along with or even independently of diabetes. Until more of this is known a high level of control appears to offer the best means of averting or delaying vascular changes. An optimistic rather than a pessimistic outlook is warranted.

REFERENCES

1. Jackson, Robert L.: Growth and Development of Children with Diabetes Mellitus. Diabetes 2:90-92, March-April 1953.
2. Chute, A. L.: The Management of Diabetes Mellitus in Children, Diabetes 2:268-270, July-August 1953.
3. Jackson, Robert L. and Kelly, Helen G.: A Study of Physical Activity in Juvenile Diabetic Patients, Proceedings of the American Diabetes Association, 8:273, 1948.
4. White, Priscilla and Waskow, E.: Arteriosclerosis in Childhood Diabetes, Proceedings of the American Diabetes Association, 8:141, 1948.

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Clinical Aspects of Diabetic Coma

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"DIABETES IS A STRANGE DISEASE—it consists of the flesh and bones running together into urine. It is like dropsy in that the cause of both is moisture and coldness, but in diabetes the moisture escapes through the kidneys and bladder. Emaciation increases very rapidly, the integuments of the abdomen become wrinkled, and the whole body wastes away. The existence of the patient is a sad and painful one, he is tortured by an unquenchable thirst—it's final outcome is death."

Although these words were written by Aretaeus of Cappadocia during the reign of Nero, the description of the natural course of untreated diabetes could not be stated better today. Fortunately, there now is little excuse for such a degree of finality if the disease is recognized and treated vigorously.

Diabetic acidosis and coma, inadequately treated, will invariably follow the prognostications of Aretaeus and, consequently, diabetic coma is a medical emergency of top priority, even more so than an "acute abdomen." Patients without treatment have been known to recover from a ruptured appendix. Recovery never occurs in diabetic coma without the employment of specific remedial measures.

The precise definition of the term coma is "a state of complete loss of consciousness from which the patient cannot be aroused even with the most powerful stimulation." From common usage, dating back to the pre-insulin days, plus the fact that a better term has not been devised, severe ketosis is called "coma" even though the patient may walk in for treatment and be found to have a plasma carbon dioxide concentration of 12 vol.% or less.

McCullagh[1] has proposed that the term "ketosis" be used when ketone bodies have risen to abnormal levels regardless of changes in the alkali reserve, the term "acidosis" to be reserved for use if a fall in the carbon dioxide combining power has been produced, and the term "coma" be used only when unconsciousness has developed. Root[2] has suggested "diabetic coma" be used to describe a patient in ketosis whose concentration of carbon dioxide in the blood plasma is 9 mEq. per liter (21 vol.%) or less. This standard is founded on a very practical observation, namely that prior to the use of insulin, practically no patients recovered whose carbon dioxide concentration was below this level, and it was not uncommon for recovery to occur in patients with higher values.

EVALUATION OF SEVERITY

The physician must be on guard when he judges the severity of an individual case. A number of related factors rather than the mere appearance of the patient must be considered. Children and young adults may remain mentally responsive even with marked ketosis and hyperglycemia, whereas the elderly patient may be stuporous or unconscious in spite of an acidosis of relatively mild degree.

The height of the blood sugar is unreliable as a criterion of severity. In most instances, the blood sugar exceeds 400 mg.%, but one patient in our group has confounded the house officers several times by presenting herself in profound ketosis with stupor or unconsciousness but with blood sugar values less than 100 mg.%. Overindulgence in alcohol, complete starvation, and failure to take insulin has accounted for the

* Clinical Research Division of Eli Lilly and Company, Indianapolis, Indiana.

disassociation of signs and symptoms. Prompt improvement followed administration of insulin, saline, and early glucose infusions.

On the other hand, there are patients who appear in out-patient clinic, seemingly unaffected by fasting blood sugar values of 400 mg.% or higher. Ketosis may be completely absent or very slight.

Because of the variables in laboratory and physical findings, the need for a system of rating all aspects of a case becomes apparent, especially for those who may encounter only an occasional case of coma and have little basis for making an "educated guess" from past experience. The index developed by Rabinowitch *et al.*[3] has been used successfully for the past 15 years at Indianapolis General Hospital and has proven to be practical in assessing the status of the patient. The severity index as utilized is shown in Table I.

TABLE I

CALCULATION OF SEVERITY INDEX (RABINOWITCH)

Patient's Name_____ Hospital No._____

FACTOR	1	2	3	4	5	RATED
Age (years)	0-15	16-30	31-50	51-70	71+	
Duration of coma (hours)	0-12	13-24	25-36	37-48	49+	
Degree of Unconsciousness	Drowsy	Semi-conscious	Unconscious pain response*	Completely unconscious		
Coffee ground vomitus	--	--	Present	--	--	
Infection	--	--	Present	--	--	
Systolic blood pressure	89-80	79-70	69-60	59-50	49-	
CO_2 Vol.% comb. power mEq.	20-16 (9- 7)	15-12 (6.9-5)	11- 8 (4.9-3.5)	7- 4 (3.4-2)	3- (2-)	
N.P.N. Mg.% (B.U.N.)	41-60 (15-30)	61-80 (31-50)	81-100 (51- 70)	101-130 (71-90)	130+ 90+	
Associated Conditions	Very mild	Mild	Moderately severe	Severe	Very severe	

TOTAL INDEX

Clinical State	Severity Index
Very mild	- 5
Mild	6-10
Moderately severe	11-15
Severe	16-20
Very severe	21+

*Elicited by touching conjunctivae.

+Include only acute conditions capable of causing death independent of the coma. Briefly designate the complicating factor (e.g., pneumonia).

INSULIN THERAPY

Once an evaluation of severity has been made, it is necessary to follow a systematic plan of attack which is correlated with this assessment. The dose of insulin is of most pressing importance. Table II shows the quantity of insulin suggested as an initial dose for each degree of severity. The principal utility of this schedule is to assure that at least a reasonably large dose of insulin is given as early as possible in treatment.

If the physician's natural hesitancy in administering large doses of insulin can be overcome, the greatest block to adequate therapy will be removed. Several clinics have reported that mortality rates in diabetic coma vary inversely with the amount and promptness with which insulin is given after diagnosis, and by diagnosis one does not mean total evaluation of the case. Insulin should be given as soon as possible; in the home; on the way to the hospital; or within a very few minutes after admission. Routinely, on the emergency service, unmodified insulin, 40 units subcutaneously and 40 units intravenously, are given upon arrival at the receiving ward.

Without question, the insulin of choice for treating coma is quick-acting unmodified crystalline; nevertheless, there is some advantage in using a longer-acting preparation as well. Long-acting insulin will contribute little to the acute need, but will be helpful in preventing redevelopment of acidosis after early correction has been accomplished, and it saves time in establishing routine adjustment the following day or two. It has been our practice to give long-acting insulin

TABLE II

INSULIN DOSAGE - BASED ON SEVERITY INDEX

Index	Reg. Insulin Intravenous	Reg. Insulin Intravenous	NPH or Lente Subcutaneous	Total
- 5	40	40	40	120
6-10	60	60	60	180
11-15	80	80	80	240
16-20+	120	120	80	320

Repeat subcutaneous doses hourly until blood sugar is lowered to 200 mg. or less. Insulin is given by its EFFECT. After lowering occurs, subcutaneous dosage may be guided roughly by glycosuria, testing every 1 to 4 hours (depending upon progress).

only once in coma, that being at the time the severity index is determined.

After the initial insulin, one can only judge further dosage by the clinical response of the patient. Blood sugar determinations should be obtained at regular (one-hour) intervals. If not available, urine tests must suffice, but this is a distinct handicap to efficient therapy. If insulin dosage has been insufficient to cause a fall in blood sugar within two or three hours, then doses may have to be doubled or trebled. Unless enough insulin is administered, the patient remains in as precarious an emergency as he was when treatment started and, without heroic measures, the final outcome is dubious.

Recently, a method for determination of acetone in the plasma as a guide for coma therapy has been advocated. The technique is especially helpful in situations where routine blood sugar determinations are not available. Plasma is utilized since urinary acetone may not entirely reflect the status of the patient because of variations in the state of hydration.

Duncan[4] has described the Rothera-Wishart test for ketonemia as follows:

1. Two drops of plasma or serum are placed in a Wassermann tube and supersaturated with ammonium sulfate crystals.
2. Two drops of approximately 5% sodium nitroprusside solution, and
3. Two drops of ammonia water are added. Shake the tube after each addition. Allow to stand for three minutes.

 A dark purple indicates a trace (+)

 A light blue a moderate reaction (2+), and

 A deep blue a heavy reaction (3 or 4+).

Dumm and Shipley[5] employ a more quantitative test using powdered reagents and serial dilutions of plasma. Guest[6] has adapted the test to standard reagents (namely, Acetest Tablets of The Ames Company, Inc., and Acetone Test Powder of the Denver Chemical Company).

In all patients in coma, a catheter should be anchored, and urinary sugar and ketone excretion measured at regular intervals. Urine tests are particularly helpful after therapy has progressed through the early emergency stages as a guide to additional insulin dosage. The procedure of giving 5-10-15-20 units for 1, 2, 3, and 4+ tests, while not theoretically accurate, is a highly practical expedient if you are away from a laboratory.

FLUIDS AND ELECTROLYTES

Of equal importance to insulin in therapy is the administration of water and electrolytes, especially sodium. Intravenous infusions are always necessary early in treatment of coma because of the presence of vomiting and gastric retention

if not as a result of the patient's actual inability to swallow because of coma.

The time-honored intravenous solution of choice has been 0.9% sodium chloride, and its obvious utility is evidenced by the thousands of cases of recovery from coma following treatment with this solution only. "Normal" salt is not normal, however, since there is an excess of chloride ion. A normally functioning kidney can remove the excess by forming ammonia, but if such extra work can be avoided, it seems reasonable to do so. Blood plasma contains 142 mEq./1. of sodium and 103 mEq./1. of chloride. Isotonic saline has 154 mEq./1. each of sodium and chloride and is physiologic only in so far as it does not cause shrinkage or swelling of red blood cells.

Lactate-Ringer's Solution (USP) probably is a much more acceptable solution from the standpoint of electrolyte ratio (sodium 130 mEq., potassium 4 mEq., and chloride 109 mEq.). Butler[7] warns against the use of solutions containing potassium in the initial parenteral therapy, however, on account of impairment of the patient's circulation and renal function which may result in marked elevation of serum potassium with serious toxic effects.

Since it would be desirable to lower the concentration of chloride, another expedient has been to prepare a mixture of sodium chloride solution and some other sodium salt such as lactate which can be metabolized, leaving the sodium. A mixture of approximately one part 1/6 molar sodium lactate and three parts normal salt provides a satisfactory ratio.

Sodium-r-lactate is supplied in 40 cc. ampoules and is a one-molar solution. To make a 1/6 molar solution, it is diluted with 200 cc. of distilled water, giving a total volume of 240 cc. To make the mixture, discard 240 cc. of a liter of normal salt and refill with the 1/6 molar sodium lactate. The final concentration will be 157 mEq. of sodium and 117 mEq. of chloride which compares closely with the plasma ratio of 142 mEq. of sodium and 103 mEq. of chloride.

Potassium deficiency rarely occurs much before 4 to 6 hours after initiation of therapy. Usually, the patient in coma shows an elevation in serum potassium before treatment as the result of mobilization of intracellular cations to counteract the acidosis. With insulin and fluid therapy, potassium values diminish, since with the re-establishment of carbohydrate metabolism glucose will carry potassium with it as it is transferred into the cell, and replacement of potassium will need to be considered. It is usually preferable to give potassium salt by mouth when possible. Frequently, sufficient potassium can be given in the form of orange juice and meat broth. Preparations of three potassium salts (acetate, carbonate, and citrate) in a suitable vehicle for oral administration are available. Each 5 cc. of the solution contains approximately 15 mEq. of potassium. If it is considered necessary to supply potassium by vein, one should be sure of good kidney function with adequate output.

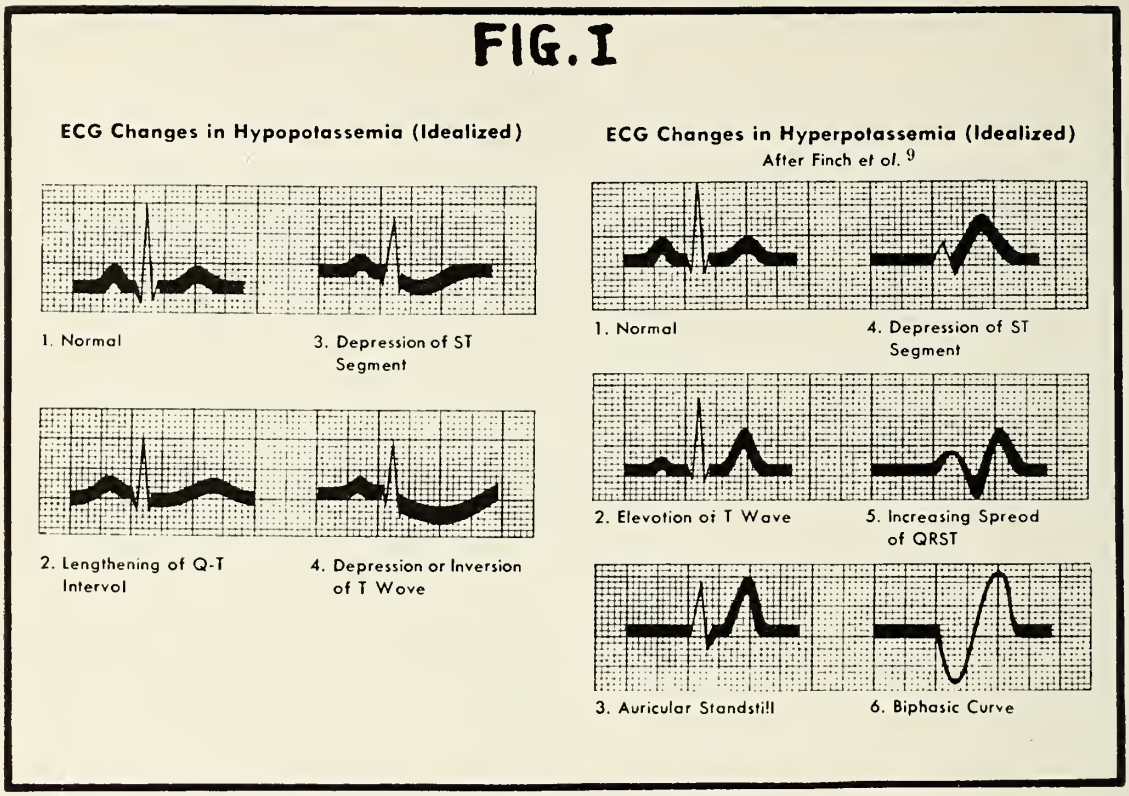
The addition of ampoules of potassium chloride to the solution in amounts of 45 or 60 mEq. per liter may be desirable as long as indications of potassium deficiency are present. One gram of potassium chloride supplies 15 mEq. of potassium. A better combination of salts of potassium has been suggested which will not add chloride and will furnish phosphate as well. The combination to be added to the intravenous solution consists of potassium phosphate di-basic 2.0 gm., and potassium phosphate monobasic 0.4 gm. which will supply 25.89 mEq. of potassium.

The electrocardiogram can be used effectively in adjudging the degree of hyper- or hypopotassemia, and a control tracing should be taken early in the course of treatment to be used as a base line later on. Changes in the tracing which may occur are shown in Fig. 1. Severe hypopotassemia may result in peripheral muscle paralysis, shallow gasping respiration, weak rapid pulse, and pallor, and, ultimately, death unless potassium is supplied. Rapid and gratifying improvement occurs sometimes in a matter of minutes after potassium is given.

Total volume of fluid administered may cause some concern, particularly as to the amount that can be safely given. Indications are that total water deficit in diabetic acidosis seldom exceeds three liters extracellular and 6 liters intracellular, totalling 9 liters. This maximum should be surpassed only with caution, and then only when good kidney function is re-established.

GLUCOSE AND FRUCTOSE SOLUTIONS

That the patient in diabetic coma is deficient in glycogen is unquestioned; the deficiency has



been estimated as being more than 3 gm./kg. body weight.[8] Some have argued that this carbohydrate must be replaced immediately and fluid therapy started with glucose solutions. Glucose can have no action until phosphorylation is initiated by the action of insulin, and the hyperglycemia associated with diabetic coma, if supported by intravenously supplied glucose, may hide the fact that the patient is resistant to the action of insulin. In the instructions given at Indianapolis General Hospital, glucose is withheld until the blood sugar has fallen to an arbitrary level of 200 mg.%. This usually means that a response has been obtained and, commonly, glucose in the form of orange juice can be given by mouth to the awakened patient.

Fructose, according to the enzyme chemists, can be metabolized without the need for insulin. Evidence has been presented[10] indicating that diabetic patients can metabolize fructose as efficiently as the nondiabetic; therefore, its possible place in coma therapy would be its ability to eliminate ketone production. Its position has not been firmly established, and more work needs to be done, particularly in relationship to coma therapy itself.

COMPLICATIONS

The complications of diabetic coma can be placed in two chronological groups, those occurring with the coma and those which may develop days or months after the acidosis is corrected.

One complication seen occasionally is the "acute acidotic abdomen" which can lead to the mistaken diagnosis of acute appendicitis or perforated ulcer.

The patient complains of nausea and vomiting and, upon examination, board-like rigidity of the abdomen and, frequently, localized tenderness will be found. Leukocytosis will also be present as the result of hemoconcentration. The presence of sugar and acetone in the urine, and perhaps the odor of acetone on the breath, and the history of diabetes, if available, will underscore the need for vigorous treatment of the acidosis. Usually, all abdominal symptoms disappear in a few hours with vigorous treatment. If they do not, then the patient is in better condition to undergo surgery and his chances of recovery are increased many times because of the few hours of therapy.

Circulatory collapse is definitely indicative of a terminal state of diabetic coma. Blood volume

must be restored immediately, and blood pressure supported. Without question, patients' lives have been saved by the prompt use of pressor agents such as Levophed.* The use of whole blood or plasma in such cases is also indicated.

Hypoglycemia rarely occurs as the result of coma therapy, although this possibility is frequently given as an argument against large doses of insulin. Usually, it can be prevented by giving glucose or orange juice when the patient awakens.

Lipemia, with the patient's plasma having the appearance of thick cream and with cholesterol values up to 1000 mg.%, is a rather awesome spectacle, but apparently it does not interfere with the patient's ability to respond to administered insulin. McCullagh[1] indicates that such changes have no clinical importance, either in the prognosis or the treatment of the coma.

Chronic effects of coma are more difficult to evaluate ,yet statisticaily, the incidence of neuropathy, nephropathy, and even tuberculosis, have been found to be higher in patients who have been in coma than in those patients who have been better controlled.

SUMMARY

Diabetic coma must be evaluated from several different aspects to determine the true degree of severity. A severity index is helpful in assessing the status of the patient.

Regular insulin is the therapeutic agent of choice, although early administration of a long-acting insulin, such as lente or NPH, is helpful in establishing control of the diabetes the next day.

Insulin and intravenous fluids must be started as soon as the diagnosis is made. A delay of only a few hours may result in irreparable damage.

The most commonly employed solution for intravenous administration has been 0.9% sodium chloride. A modification of this solution with 1/6M sodium lactate is perhaps more physiological.

Potassium deficiency must be kept in mind as a possibility a few hours after the start of therapy. Replacement of potassium should be made by the oral route where possible, although intravenous administration is not to be overlooked.

Glucose should be withheld until a satisfactory insulin effect has been shown to have occurred. Fructose probably falls in the same general category as glucose.

* Brand of Levarterenol (norepinephrine) Winthrop-Stearns Inc., New York.

REFERENCES

1. McCullagh, E. P.: Clinical Features of Diabetic Acidosis and Coma; Diabetes, 2:171, 1953.
2. Root, H. F.: Treatment of Diabetic Coma; J. Chronic Dis., 2:121, 1955.
3. Rabinowitch, I. M.; Fowler, A. F.; and Bensley, E. H.: An Investigation of Mortalities and Report of Severity Index for Comparative Studies; Ann. Int. Med. 12:1403, 1939.
4. Duncan, G. G.; and Gill, R. J.: Clinical Value of a Simple Qualitative Test for Plasma Acetone in Diabetic Coma; Diabetes, 2:353, 1953.
5. Dumm, R. M.; and Shipley, R. A.: The Simple Estimation of Blood Ketones in Diabetic Acidosis; J. Lab. & Clin. Med., 31:1162, 1946.
6. Personal communication. To be published.
7. Butler, A. M.: Diabetic Coma; New England J. Med., 243:648, 1950.
8. Soskin, S.; and Levine, R.: Physiological and Chemical Aspects of Ketosis; Am. J. Digest. Dis., 11:305, 1944.
9. Finch, C. A.; Sawyer, C. G.; and Flynn, J. M.: Clinical Syndrome of Potassium Intoxication; Am. J. Med., 1:337, 1946.
10. Craig, J. W.; Miller, Max; Woodard, Hiram, Jr., and Drucker, W. R.: Studies of Fructose Metabolism in Insulin Resistant Diabetes; Am. J. Med., 14; 500, April, 1953.

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MUTATION BY RADIATION

WITHOUT DOUBT one of the most difficult problems in science is to predict the long range biological effect of radiation.

Dr. Hermann J. Muller of Indiana University is a world renowned authority and Nobel Prize winner in this field. He has been engaged in the pure research of this subject since long before the atomic bomb. Since the atomic age has been launched, his researches have assumed a place of practical importance.

His demonstrations of the genetic mutations which occur in the radiated fruit fly do not, of course, indicate that similar effects can of a certainty be expected in man. No one can foretell on the basis of present knowledge the genetic effects on man, and even if some effect could be predicted no one could venture even a guess as to the amount of radiation which could be considered harmless.

The short term effects of radiant energy are fairely well understood. All the work on nuclear fission has been done under a most meticulous safety program. Short term consequences have been avoided by setting reasonable tolerance levels, and by measuring accurately the amount of exposure to which personnel are subjected. This part of the safety program has been a success because the basic knowledge is at hand to make it work.

In the realm of long term genetic effects the going is not so easy. We only know of the possibility of disaster. The necessary information for the setting of safety limits is not available, and may not be available for many generations. It is in this field that Dr. Muller raises the word of caution in relation to the testing of military weapons and the expansion of atomic energy in industry.

He realizes that continued research into the military uses of atomic energy is necessary in the interest of national security and world peace. He realizes that continued research into the peacetime industrial uses of atomic energy is

necessary in the interest of good for mankind and world peace. His only desire is that this all be done with due regard to the possible genetic effects on the human race.

His great contribution to mankind lies in his quiet insistence that the one aspect of one of the problems of atomic science be given reasonable and continuing consideration.

JOINT BLOOD COUNCIL

SINCE BEFORE WORLD WAR II, groups interested in the collection, processing, preservation and use of blood, and in blood research, have seen the need for a permanent national organization that could coordinate their activities. It has been their objective to insure that an adequate supply of blood and blood derivatives will be on hand at all times for civilian and military use, maintained and dispensed in a safe, orderly, efficient and equitable manner.

These organizations now believe they have found the answer in the newly-formed Joint Blood Council, which has come into being through the cooperative action of the American Association of Blood Banks, the American National Red Cross, the American Medical Association, the American Hospital Association and the American Society of Clinical Pathologists.

The purposes of the Council are as follows:

1. To develop ways and means to make blood and its derivatives available to all persons in the United States.

2. To stimulate and advise on areas of research in the collection, preservation, and use of blood and its derivatives.

3. To collect, study and disseminate information on blood and blood derivatives.

4. To establish minimal standards for voluntary accreditation of blood banks and to establish a means of inspection for accreditation.

5. To coordinate existing systems and encourage and institute plans where necessary for the exchange of blood or blood credits between accredited banks on a state, regional or national basis.

6. To encourage the public through appropriate means to donate blood for civilian and defense requirements and to assist in the establishment of uniform national publicity policies.

7. To disseminate annually a list of blood banks accredited by this organization.

8. To serve upon invitation as a fact-finding and arbitration body in disputes arising from the collection and use of blood and its derivatives.

9. To serve upon invitation as an advisory group to federal and military agencies having to deal with blood and its derivatives.

The Council itself will not engage in the procuring, the processing or the distribution of blood or in direct research. It will function only through member associations and organizations.

The Council's headquarters have been established in Washington, D. C. Dr. Frank E. Wilson, former director of the A.M.A. Washington Office, will serve as executive vice president and secretary.

The President's Page

THE GREAT INCREASE in public interest in health matters of every form is shown by the numerous societies devoted to special matters, ordinarily organized by laymen and women with skimpy knowledge but much enthusiasm. Too many of these laity become emotional and even hysterical in their self-assumed efforts. They believe in what they propose and resent disapproval, especially if they become leaders, obsessed by their conception of public need.

We have seen lay control of worthy objectives make catastrophic failures simply because of lack of elemental knowledge and pride of opinion.

And those who decry or oppose (after a certain time) are denounced and blasted with such uncomplimentary appellations as "ultra conservatives," "obstructionists," "old fogies," "hidebound" and charged with lack of sympathy or motivated by selfishness.

The profession has an opportunity, even a public duty, to become a part of every such movement. Not as a critic or an advocate, but as an informed and unselfish advisor. Each of these movements begins in a small way. They are then most susceptible to advice which, ordinarily, they are quite willing to accept.

Every medical society should have an active committee, preferably of some size, and whenever any member reports the beginning of any movement or effort which, conceivably, affects the health of the public, the society should immediately offer its services by sending a committee member to sit with the organizers; not as a member, not as a controller or even as a direct supporter, but as an advisor on medical questions only.

The society should offer its services through an official delegate, with the declared intention of being of help and as a reporter to the whole society of the purposes and methods, expressing the concern of the society in anything that might be of public good to the community. The society should seek to have a representative sitting in on every matter concerning the public welfare, especially in questions involving water supply, drainage, housing, sanitation, schools, recreation and, of course, in such matters as the various organizations specializing in specific diseases.

Such action will ordinarily result in controlling advice and identify the profession with everything concerning the public welfare. It cannot help favorably impressing the community with the real humanitarian aspect of medicine. It will be the most effective form of improved public relations.

By so doing, unwise public movements will be diminished and the full strength of society approval be directed in favor of justifiable causes.

Such a continuing procedure cannot fail to reestablish the nearly extinct public interest which our forefathers in the profession enjoyed, and which had much to do with the great influence they exerted.

I think physicians should seek appointments to public groups, such as city councils, school boards, welfare boards and zoning committees, and the societies should designate a suitable member as a candidate for such activities and then, as a body, try to place the designate.

It is imperative for us, a profession devoted primarily to the public good, to demonstrate our good faith. It is imperative because otherwise we become tradesmen interested solely in profit, and we lose that standing which protects us and the public from the bizarre popularity-gaining proposals by fanatics, and politicians, concerned only in selfish gain.

It is imperative that we regain that real affection which so long was bestowed on our profession as a whole and as individuals, so we may retain that individualistic method which our experience has proven to be ultimately for the public good.

If we do not continue to justify our position by positive acts, we ought not complain if we lose in our battle against socialistic controls.

I have watched the medical professions of European states become impoverished servants of the government, largely because they were complacent and ignored the ever present social, economic and political changes until, when they woke up, they had lost the splendid heritage which preceding generations had enjoyed.

It could happen here.

The President wishes for every doctor and his family a very happy Christmas and a prosperous New Year.

W. L. Kennedy

AN EXPLANATION

Because Proceedings of the House of Delegates were not received in the office of The JOURNAL until Friday, November 18, eight days beyond the deadline for copy, the December issue has been delayed and may not reach you before Christmas.

In an effort to gain time we are holding the Index to Volume 48 until January when it will be mailed together with the regular issue of The JOURNAL.

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The Woman's Auxiliary

REPORTS TO I. S. M. A.

December 1955

Dear Auxiliary Members:

We have had a good time together at French Lick, a chance to talk, a chance to evaluate the tasks ahead, to see how other groups are working toward the same goals, and an opportunity to know each other better and become personal friends. What a worthwhile meeting it was!

Then it was my privilege the first week in November to meet with the National leaders of the Auxiliary in conference in Chicago. It is always fun to take part in one of the panels when Ethel Gastineau is the moderator. She, as you know, is the National Auxiliary Chairman for the American Medical Education Foundation. I was very proud to represent you and tell how Indiana, among all the states, rates the top spot in interest and support of our medical schools. There were five states represented on the panel—California, South Dakota, Alabama, Nevada and Indiana. Ethel had a gimmick which made everyone sit up and take notice—she had made beaded felt tote-bags with the A.M.E.F. emblem embroidered on them, from which each state pulled out an attention attracting item. I was delighted to pull out a beautiful beaded hat (made and presented by that Indiana county Auxiliary which gave $2,500 to the American Medical Education Foundation last year) and give it to Mona Lawson, our National Auxiliary President. They also made and sent a similar hat to Mrs. Dwight Eisenhower, honorary chairman of the Woman's Division of the A.M.E.F.

Julia Tindall, your President-Elect, and I roomed together, learned all we could at the meetings, and thoroughly enjoyed everything. We hope to pass our knowledge on to the counties to make Indiana one of the best informed Auxiliaries in the country.

And now I wish for each one—a season of good cheer, a time for Thanksgiving, a feeling of closeness and love within your family, and goodwill in your heart toward all the world. May this Christmas mean a deeper, more sincere desire to follow in the footsteps of Him whose birthday we celebrate.

Sincerely,

Helen W. Mather

Mrs. J. Winford Mather, President

Discussion of a Previously Published Paper on Malathion Intoxication

In a letter to the editor, manufacturers of a product referred to in a report of a case of illness in a young girl disagree with the diagnosis of the authors of the paper published in this Journal. The authors offer a rebuttal.

Both communications are printed.

THE LETTER

AMERICAN CYANAMID COMPANY
Central Medical Department
30 Rockefeller Plaza
New York 20, N. Y.

August 5, 1955

The Editor
The Journal of the Indiana
State Medical Association
1017 Hume Mansur Building
Indianapolis, Indiana

Dear Sir:

The May, 1955, issue of THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION carried an article by Parker and Chattin entitled, "A Case of Malathion Intoxication in a Ten-Year-Old Girl". In this case the authors have made a *post hoc ergo propter hoc* diagnosis and, on the basis of a diagnosis unsupported by the facts, have made certain accusations against manufacturers of insecticides which require refutation.

In the circumstances described, their patient could not have had malathion intoxication for the simple reason that the combined *known* exposure (shoes) and the maximum possible *assumed* exposure (to her bare feet in the grass and from holding contaminated plywood sheets over her head) were far below the amount required to produce effects in any of a number of species of experimental animals. Had she had malathion poisoning, she would have had to absorb very close to an LD_{50} to exhibit signs and symptoms of the gravity described. Fly Flakes contains 1% malathion, technical grade, and 99% inert materials. The malathion is adsorbed upon inert matter of very large particle size. In our toxicological investigations we were not able to elicit signs of poisoning in guinea pigs with doses as large as 12.3 gm/kg of 95% technical malathion applied to the skin under dam. On a basis of equal susceptibility, the child, assuming her weight to have been 30 kg, would have had to absorb through the skin, mainly of the feet, all of the malathion contained in something more than 80 pounds of Fly Flakes. It may be argued that there is a great uncertainty in the extrapolation of results of animal experimentation to a prediction of human hazard. However, in justification of this it must be pointed out that there is little species difference in susceptibility to the acute toxic action of cholinergic organic phosphates.

We believe that most physicians, who have had any experience with phosphate ester poisoning, would agree that the clinical picture described by the authors is something totally different. The pharmacological action of malathion is qualitatively similar to that of other cholinesterase inhibiting insecticides, such as parathion. The onset of illness is immediate and abrupt and it reaches its maximum severity within a few hours after the exposure. The symptoms and signs are those of intense parasympathetic stimulation. Meningeal signs do not occur and fever is seen only in terminal stages. Vomiting and abdominal cramps are seldom absent in the initial stages of illness and are soon followed by marked sweating, salivation, lacrimation and other cholinergic signs, as well as muscular fasciculations and often convulsions. The course is short, with or without treatment. By the end of the first 24 hours the patient is either dead or substantially recovered.

Inhibition of erythrocyte and plasma cholinesterase activity is pathognomonic. It is regrettable that the authors did not request assistance in having cholinesterase tests done, for blood can be shipped long distances without appreciable loss of activity and in cases of poisoning erythrocytes will show depressed activity for weeks.

The authors state that "most manufacturers have acute oral toxicity tests carried out prior to submitting their products" and they go on to say, quite correctly, that acute oral toxicity tests are not adequate to evaluate the hazard to the user. Their authority for this quotation is Dr. Kingsley Kay, an official of the Canadian Government. The inference that acute oral toxicity tests are the *only* tests that are done is a gross misrepresentation of fact, and the authors would have done well to have familiarized themselves with regulatory procedures in this country. The Federal Insecticide, Fungicide and Rodenticide Act of 1947 imposes severe restrictions and obligations upon a manufacturer who wishes to place an insecticide upon the market. In the June, 1955, issue of the AMERICAN JOURNAL OF PUBLIC HEALTH there is an article entitled, "Toxicity Criteria Used in Judging and Labeling of Pesticides" by J. C. Ward of the U. S. Department of Agriculture, in which some of the most important provisions of the Act and their administration are described. It will be obvious to the reader of that article that the marketing of an insecticide is something more than the irresponsible, slipshod procedure which Drs. Parker and Chattin infer, and negates completely their assertion that the "labeling and selling of organic insecticides disregards the moral responsibility to the general public."

American Cyanamid Company, the sole manufacturer of malathion, recently submitted to the Departments of Agriculture and Health, Education and Welfare, in support of a petition for residue tolerances for malathion, 330 pages of toxicological data that were obtained from 5 years of intensive study of the material. These studies were performed by an independent laboratory (Hazelton Laboratories, Falls Church, Virginia) at the expense of the manufacturer and included 3 two-year (lifetime) feeding studies in rats, as well as acute and chronic dermal, oral and inhalation tests on a variety of species. The results of these studies have always been made freely available, upon request, to any qualified person.

The authors feel that the product in question, Fly Flakes, should have carried a poison label. The Manufacturing Chemists' Association has adopted a definition of the word "poison" for labeling purposes and the States of Illinois, New Jersey, New York, California, Oregon and Massachusetts, as well as the City of New York have enacted statutes governing the labeling of poisonous materials in which the MCA definition of poison has been accepted. The definition is as follows:

> "Produces death within 48 hours in half or more than half of a group of 10 or more laboratory white rats weighing 200-300 grams at a single dose of 50 milligrams or less per kilogram of body weight, when administered orally; or
>
> "Produces death within 48 hours in half or more than half of a group of 10 or more rabbits tested in a dosage of 200 milligrams or less per kilogram of body weight, when administered by continuous contact with the bare skin for 24 hours or less."

Obviously Fly Flakes does not remotely approximate a poison by this definition. The adequacy of the present labeling of malathion and its formulations is borne out by the fact that no authenticated case of human poisoning by malathion has been reported despite the fact that to date 5,000 tons (equivalent to one-half million tons of insecticide as applied) have been sold.

In summary, it is our considered opinion that Doctors Parker and Chattin did not have at their disposal enough facts to warrant any of the conclusions which they reached except for the very last sentence, i.e., that "atropine is the antidote in poisoning by anticholinesterase products."

Yours very truly,

AMERICAN CYANAMID COMPANY

D. O. Hamblin, M.D.
Medical Director

H. H. Golz, M.D.
Assistant Medical Director

HHG:ljs

THE REPLY

Upon reading the above paper by Drs. Hamblin and Golz it would appear to the reader that the reported case of malathion poisoning must have been written with no forethought.

It adds nothing to medical knowledge to carry on such a discussion in print, but I feel their defensive letter should be answered for the benefit of the reader as well as the above doctors.

The above authors state, that on the basis of the patient's known exposure, she would have had to absorb something more than 80 pounds of Fly Flakes to develop intoxication. Perhaps if the patient were a guinea pig in a controlled laboratory experiment this might be true. However, there is no way of knowing just how much exposure this child had. We know she played barefooted in the wet grass covered with the Fly Flakes; we know she wore a pair of shoes containing Fly Flakes for the following day and it is possible that she may have ingested or inhaled the flakes. In clinical practice I have seen many individuals susceptible to a medicine in prescribed amounts considered to be safe by all known standards. Likewise, how often has a drug been effective in a laboratory only to be an utter failure in human use? The saying still holds that "one man's meat is another man's poison". With no human experimentation it is impossible to be so dogmatic about the amount of exposure necessary for toxic symptoms. If the authors feel they must transpose animal values to human values, certain organic phosphorous compounds have been reported to be more toxic to very young rats than to adult rats.[1]

In reviewing the literature of the organic phosphates it is stated "that the pharmacological action of malathion is qualitatively similar to that of other cholinesterase inhibiting insecticides such as parathion.[2, 3]

The signs and symptoms of organophorous compounds include the muscarine-like effects, the nicotine-like effects and the central nervous system-like effects. Though most patients have the muscarine-like effects; i.e. anorexia, nausea, vomiting, abdominal cramps, sweating, salivation, tenesmus, diarrhea, involuntary urination and defecation (practically all of these were present in this child), excessive bronchial secretions, and respiratory difficulty, they all need not be present. Most patients have constrictive pupils of some degree, but in mild cases (not terminal) this may be minimal or absent as in this patient.[4]

Of the nicotine-like effects that have been attributed to organo-phosphorous compounds; i.e., muscular fasciculations of eyelids and occasionally, tongue first, then extra-ocular muscles (resulting in jerking movements of eyes resembling nystagmus) and then by generalized fasciculation and weakness and possibly even cramps. Definite weakness was present in this girl.

Those symptoms attributable to the central nervous system consist of uneasiness, restlessness, anxiety, tremulousness, giddiness, headache, sensation of floating, insomnia, ataxia, slurred slow speech with repetition, drowsiness, difficulty concentrating, confusion, coma with absent reflexes, Cheyne-Stokes respirations, convulsions and hyperpyrexia. Granted that all these do not and will not be present at the same time, this girl showed many of the above symptoms the day preceding and the day of hospitalization. Also clinically we all have seen meningeal irritation (which the above authors state does not occur in this condition) occur from such conditions as pneumonia, pyelitis and dysentery, so why isn't it feasible that it could occur in this case, especially since so many other central nervous system symptoms were present? Lack of food and drink for the preceding 24 hours plus the seasonal temperature of mid-August could cause this hyperpyrexia.

In the report of Grob et al[4] in which blood counts were done on 12 patients, there was a slight to moderate leukocytosis in every instance. The average white blood count in these patients was 15,000 and the range 13,000 to 20,000. This girl's was 13,800. They also state that there was a slight increase in the percent of mature polymorphonuclear leukocytes, the average being 2% juvenile and 86% segmented leukocytes and 12% lymphocytes. This girl ran a 92% poly count with 8% lymphocytes. The difference here would seem to be negligible.

It is admitted freely that a cholinesterase determination would have been advisable in this child, however, at the time of her illness there was no place available here to do such a test. We did not know of the willingness of the Communicable Disease Center at Savannah to do

the test until approximately 8 weeks later when the child was at home.

Likewise the authors were quite familiar with the fact that other toxicity tests were required and carried out, and did not infer that only the oral toxicity tests have or had been done on malathion. This was determined prior to writing the paper both by the review of the literature and by personal communication from Mr. Justus C. Ward. This is the paper in question mentioned by Drs. Hamblin and Golz.

I might add here that a request for information was forwarded to the American Cyanamid Company prior to publication, from which no answer was received.

The above authors quote the definition of a poison as adopted by the Manufacturing Chemists' Association for labeling purposes, and those states accepting such a definition are listed. The definition you can read in their letter, so I need not repeat it. However, to quote Morton S. Biskind "—a new principle of toxicology has, it seems, become firmly entrenched in the literature; no matter how lethal a poison may be for all other forms of animal life, if it doesn't kill human beings instantly it is safe. When nevertheless it unmistakably does kill a human, this was the victim's own fault—either he was allergic to it (the uncompensable sin!) or he didn't use it properly."[5]

I should like to add one more point in rebuttal. During the days of prohibition a product called triorthocresyl phosphate (TOCP) was used to fortify lots of Jamaica Ginger. This is the product that caused so-called Jake-leg paralysis which had its onset 10-14 days after contact and was essentially irreversible. There is considerable similarity between the chemical structures of TOCP and the various organophosphorous insecticides. And in laboratory testing with chickens using malathion the onset of paralysis is rapid and reversible. This is not to say that this effect in humans can be expected following use of malathion, but the finding of this sequela of malathion exposure in chickens should be reason enough to indicate that all the answers concerning this subject have not been thoroughly explored.[6] To say, therefore, that Fly Flakes doesn't remotely approximate a poison because it doesn't fit into the MCA definition seems to be overlooking many potentialities as yet not explained fully. It brings out the fact that there is a wide gap between laboratory animal experimentation and possible human toxicity and to present the hypothesis that human reaction must necessarily follow animal reactions fails to take into consideration the variations of humans as entities unto themselves as the case under discussion exemplifies.

In closing I should like to add that a thorough differential diagnosis was covered on this girl including dysentery, food poisoning, encephalitis, meningitis, as well as septicemia, and it was and still is our considered clinical opinion that this is and was a case of malathion intoxication.

George F. Parker, M.D.
William R. Chattin, M.D.

Indianapolis, Indiana
November 1, 1955

REFERENCES

1. Personal Communication, U. S. Public Health Service, Communicable Disease Center, Technology Branch Technical Development Laboratories, P. O. Box 769, Savannah, Georgia.
2. Ibid.
3. Dubois, Kenneth P. et al. (1953): Studies on the toxicity and mechanism of some new insecticidal thionophosphates. A. M. A. Arch. Industrial Hyg. and Occupational Med., 8:350-358.
4. Grob, David, et al. (1950): The Toxic Effects in Man of the Anticholinesterase Insecticide Parathion. Bull. of the Johns Hopkins Hosp., 87: pp. 106-129.
5. Biskind, Morton S., M.D. (1953): Public Health Aspect of the New Insecticides. Am. J. Digest. Dis. 20: pp. 331-341.
6. Op. Cit.

The Story of the Community Blood Bank of Marion County

JOHN L. ARBOGAST, M.D.*

Indianapolis

Blood was in short supply in 1951; it was being imported from distant cities. That is changed now. If your hospital has no blood bank or an emergency supply only, you will be interested in the following article.

DOES YOUR TOWN have a hospital blood bank? Have your patients been in jeopardy for want of blood at the proper time? Has your hospital had to discard blood because its useful life was over? If so, you are interested in this article. Since blood banks first were established, the development of an adequate supply of the proper blood for patients whenever and wherever needed has been worthwhile. The extension of blood banks in smaller hospitals is particularly important. The availability of blood of the proper type and group for patients, calls for careful planning. Finally, the satisfaction of an individual patient in knowing that blood will be ready for him whenever and in the quantity needed is a powerful incentive for the formation of advance blood credit from donors and groups. This article explains how Marion County went about increasing its blood donor group system which has benefited patients, blood donor clubs, and hospitals alike.

It all began in Indianapolis in 1951 when blood was in short supply. The Red Cross then was operating a bleeding center in Indianapolis. Individuals attempting to obtain blood from the Red Cross as well as hospital attempts to secure the red cell mass by-product of processing, were ineffective. Local hospitals had to obtain blood from such distant places as Chicago, Philadelphia, and Nashville, Tennessee. The Indiana University Medical Center was buying half its blood outside Marion County. There were times when certain bloods were not to be had anywhere for patients in Indianapolis hospitals. There was the additional problem of not having the right blood group or type at the right hospital. Small hospitals outside the city had needs insufficient to maintain economically a blood bank. The Community Blood Bank of Marion County was incorporated in January, 1952. The immediate plan was to exchange bloods between hospitals so that none was wasted. It was hoped that we could encourage smaller outlying hospitals to draw blood. Indianapolis hospitals would buy their excess bloods and in return, would exchange blood from their larger stocks and banks so that all would benefit.

About this time, the Korean cease fire with the consequent release of pressure on the Red Cross made more blood available for local use and the Community Blood Bank of Marion County began the second phase of its operation. The fact that the corporation represented a clearing house for exchange of blood among member hospitals provided a convenient mechanism for groups wanting to provide blood credit at any one of the exchanging hospitals. Whereas, previously it had been necessary for each group to establish credit at each separate hospital, it was now possible for a group to establish convenient credit within the entire group of associated hospitals. Blood could be drawn at any of the member hospitals and be made available at any other of the member hospitals. Hence, such donor groups were formed. The first established was by Local 23, CIO of the Chevrolet

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Members of the family and guests of Dr. Walter L. Portteus, 1954-55 president of I.S.M.A., are pictured at left. In the center foreground is Dr. Portteus' mother, to her left is Mrs. Jack Walters, his daughter, and to her left, Mrs. Portteus.

Indianapolis and South Bend doctors and their wives enjoy the annual banquet together. In the foreground, right, is Dr. Sprague H. Gardiner, and to his left, Dr. Paul Hodgkinson, Detroit, a guest speaker.



Old friends get together in the spacious dining room of the French Lick-Sheraton Hotel.



Another group poses. In right foreground, Dr. E. H. Clauser, Muncie, member of I.S.M.A.'s Executive Committee. At right, rear of table, is Mrs. Walter U. Kennedy, New Castle.



Convention Pictures



The group above includes Mrs. Elton R. Clarke, Kokomo, left rear, and Mrs. Roy V. Myers, Indianapolis, right front.

On President's Night the cameraman caught this group of doctors and their wives which includes Dr. Frank B. Ramsey, Indianapolis, editor of The JOURNAL (second from left at far side of table).



Art Tiernan, executive secretary of Vanderburgh County Medical Society, happily shares a table with five women. Mrs. Tiernan is at front, center.



Pharmaceutical firm representatives and doctors share a table nearby.



Plant in Indianapolis. When the corporation was formed, it was understood that it would not in any way interfere with the independence of either the groups or of the member hospital blood banks. Internal organization of groups is entirely within the control of the group. There is a certain amount of variation in the policy and rules of the various member hospitals. Individual group members becoming hospitalized therefore become subject to the individual rules and variations of the hospital concerned.

The approval of the Indianapolis Medical Society, subject to certain restrictions, was extended to the corporation and a member of the medical society was appointed to the executive council of the corporation. Technical procedures worked out by this executive council have been in effect since April, 1953. There have been only minor additions since that time. Appropriate forms were worked out and have undergone some modification since they were first installed. Contracts were provided between hospitals and the corporation, and between blood donor groups and the corporation. Time limits were worked out and a money evaluation placed on the blood. Although it was not clearly indicated in the first agreements, there is provision for covering group members outside the local member hospital area. There are National Institute of Health restrictions which prevent sending blood from unlicensed banks across state lines. However, there are licensed banks in Indiana and the corporation has effected arrangements with strategically located banks throughout the country to ship blood wherever it is needed. The plan is that the member's card will guarantee blood to the holder wherever hospitalized and that the corporation will reimburse the hospital on a cash basis or on an actual blood basis for the amount used. This in turn is debited against the group account. Such a mechanism accomplishes several things for the donor group involved. It avoids the question of money, of incorporation, of tax exempt status, of setting up units to draw blood with the consequent expense for physician, technician and nursing services, insurance, supplies, and equipment.

The corporation leaves the formation of the group together with the method of internal administration and record keeping entirely to the individual group. Our larger groups have come from labor unions; smaller groups from church and fraternal organizations. Each group issues a pocket-size membership card to identify members and list those individuals eligible to receive blood. An overprinting of the year has sufficed to indicate the current eligibility of the card holder. Most groups plan to issue new cards yearly. The Board of Directors of the Community Blood Bank of Marion County has individually approved each application of affiliated groups. Each group furnishes a representative who shall be available to straighten out difficulties.

During 1955, the organization of the North Central Clearing House provided coverage of 11 states in this area. Such coverage acts much as do clearing houses between banks, provides for "paper" exchanges, although there are provisions to ship bloods, or pay up accounts when necessary. Other National Clearing Houses affiliated with the North Central further provide a coverage of the entire United States. Affiliation by the Community Blood Bank of Marion County with this clearing house enormously enlarges and facilitates exchange of blood credits. Our original service and convenience is thus much enhanced and increased. It should be pointed out that this service is made possible only by affiliation of the individual hospital with its respective clearing house group.

If you have a hospital in your town, it needs a blood bank. Whether it is able to afford a permanent blood bank which can stock blood at all times of all groups and types or whether it is a smaller hospital bank which maintains a supply of emergency blood only, such a bank is possible as is that of pre-paid donor groups. When local church groups or union groups come to you for advice, your local pathologist or hospital laboratory director is the man to whom to refer them.



Dr. Maple Dr. Goodwin

Physicians of the Year

The vote was tied twice so Indiana now has two physicians with the singular honor of being "Physician of the Year".

HONORS WERE DIVIDED geographically when the 1955 House of Delegates of the Indiana State Medical Association selected James Brian Maple, M.D., Sullivan, and Columbus B. Goodwin, M.D., Kendallville, as the first twin Physicians of the Year named by ISMA. After following the regular procedure of eliminating all but the two highest contenders on the first ballot, the House voted a second time with a tie vote resulting. A third ballot was counted with the same result.

THEIR RECORDS

At 75, Dr. Maple still practices, still delivers babies, is caring for the fifth generation in some families. He responds to calls at any hour. He has assisted in bringing about 4,000 babies into the world.

Born in Sullivan, he went to the old Union Christian College at Merom in 1893 and completed four years of high school and four years of college in five years. At 19 he entered Rush Medical College, worked his way through as a male nurse, and received his medical degree four years later.

Dr. Maple started his career in Shelburn on $250 borrowed money. He bought a horse and buggy and some drugs. After World War I in which he served as a captain, he opened an office in Sullivan. He was 40. He formed a partner-

ship with Dr. G. D. Scott and later with his son, Dr. I. H. Scott. That partnership still exists. He lives in the family homestead, built in 1848 and furnished with antiques, some inherited and some acquired and restored in the doctor's own garage workshop. Probably his principal hobby is flowers—he grows gladiolus and roses which attract many visitors to the Maple gardens each summer. He was first president of the Indiana State Gladiolus Society. He has written a lengthy medical history of Sullivan county and other historical pieces. He's a stamp collector and a Sunday School teacher.

He's served as president and secretary of his county medical society, as district councilor, and as necrology chairman of the ISMA for many years. He's a Fifty Year Club member with a total of 53 years in practice.

Dr. Goodwin, now 93, still practices in his own office and has just stopped driving his own car on cross-country trips this year. His two-room office quarters are in the same location in which he started practice in Kendallville 53 years ago.

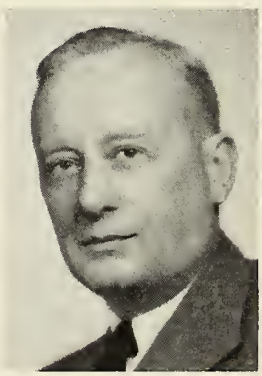
Dr. Goodwin was born in Clarke County in a log house, which he says was not unusual in those days. As a boy he helped sift sand for the bricks that went into the new family home for his parents and their 13 children. He never liked to farm and became a school teacher. His career started in Indiana, but after four years teaching and marriage, he moved to Kansas where he taught school seven years. The family returned to Indiana and Dr. Goodwin entered Kentucky School of Medicine at Louisville where he received his degree in 1894. He practiced in Rome City for nearly five years before settling down in Kendallville.

Dr. Goodwin recalls his first fee was 25 cents for pulling a tooth. His first real case was a woman patient with an acute gallbladder attack. Then he had no patients for two weeks.

For 16 years Dr. Goodwin used a horse and buggy to call on his patients. He has treated six generations of one family, and five generations in a number of instances. He has been a hard-working family doctor; once he worked 85 straight hours with no time out for even a nap. He does no major surgery and has worn out and outlived three surgeons with whom he worked for many years, his fellow physicians say.

Dr. Goodwin's hobby is travel with the emphasis on the United States. He has visited many sections of the country and has a keen interest in the history and the living conditions of the places he visits.

ISMA'S New Treasurer



Dr. Okla W. Sicks, Indianapolis surgeon, chosen by House of Delegates to succeed Dr. Roy V. Myers as treasurer.

House of Delegates Names Dr. Elton Clarke President-Elect

DOCTOR ELTON R. CLARKE, of Kokomo, was elected to the office of president-elect of the Indiana State Medical Association at the second meeting of the House of Delegates during the annual convention at French Lick.



Dr. Clarke has served both as secretary and president of his own county society. He was delegate representing Howard County from 1943 to 1948, and has been Councilor of the 11th District since 1948. He was Chairman of the Council in 1953 and 1954.

He is a native Hoosier and received his college education at Butler University and his M.D. degree from Rush Medical College. He has practiced in Kokomo continuously since 1926. He is a member of the Kokomo Kiwanis Club, and a member and past-commander of American Legion Post No. 6.

Dr. Clarke has served on several committees of the Indiana State Medical Association. His first appointment was to the Committee on Secretaries' Conference in 1929. He was on the Committee on Necrology and History for several years; was chairman of the Committee on Anti-National Health Insurance; chairman of the Auditing Committee and a member of the Committee on Crippled Children Services and the Interprofessional Health Council.

Dr. O. W. Sicks Assumes Post of State Association Treasurer

BY UNANIMOUS VOTE of the House of Delegates Dr. Okla W. Sicks, Indianapolis, was named treasurer of the Indiana State Medical Association at the final session of the French Lick convention.

He succeeds Dr. Roy V. Myers, Indianapolis, who had served as treasurer since October, 1950, and who requested that he be replaced.

Dr. Sicks is a surgeon, a Fellow of the American College of Surgeons. A native Hoosier, he received his medical degree from Indiana University School of Medicine in 1920, and served his internship at St. Vincent's Hospital, Indianapolis, where later he was president of the staff.

He was in service during World War I and volunteered to serve in May, 1942, during World War II. He was chief of surgery at both United States and South Pacific hospitals during his four years in the Medical Corps. Dr. Sicks held the rank of colonel.

The new treasurer is a member of staffs of all Indianapolis hospitals and of the Indiana University Medical Center. He has been active in Civil Defense programs, and the Marion County Cancer Society. He was chairman of the Indianapolis Medical Society Civil Defense Committee. He has been a member of several ISMA committees and chairman of the Committee on Cancer. Dr. Sicks has been a Marion County delegate to the ISMA House of Delegates several years.

His hobby is astronomy.





Groups at two tables watch one of the fast-moving programs which made this year's convention outstanding. Top, left foreground, is Dr. Cleon A. Nafe, ISMA delegate to the AMA.

The Crusty Crumbs (only three pictured) again delight an ISMA convention audience with their Dixieland jazz music. Lafayette area physicians play leading roles in the band. The group graciously played for dancing following their appearance on the program.







Physicians and their special guests, the representatives of companies having technical exhibits, enjoy the stag party buffet.

All eyes front. This group is actually "watching the birdie"—a mechanical gadget the photographer attached to his camera.





Two table groups snapped at the Woman's Auxiliary luncheon show, top, reading clockwise, Mrs. A. K. Harcourt and Mrs. Walter P. Moenning, Indianapolis; Mrs. C. N. Herd, Peru and Mrs. L. W. Vore, Plymouth. Lower picture, clockwise, Mrs. J. C. Brown and Mrs. E. J. DeGrazia, Valparaiso; Mrs. O. J. Miller, Fort Wayne, Mrs. J. R. Nash, Albion, Mrs. E. C. Singer, Fort Wayne, and Mrs. D. F. Cameron, Angola.



Having filled the highest office in ISMA, these five past presidents have mutual interests. Left to right, Drs. Claude Black, J. Wm. Wright, Walter L. Portteus, C. H. McCaskey and Wm. Harry Howard.





Two large parties at the annual banquet of ISMA in the French Lick-Sheraton Hotel are pictured. At right rear in lower photograph is Dr. Alfred Ellison, South Bend, ISMA delegate to AMA.

South Bend Honors Dr. F. R. N. Carter

SOUTH BEND'S HEALTH OFFICER for the last 20 years, Dr. F. R. Nicholas Carter received a resounding expression of gratitude from the community's leaders at a testimonial banquet Wednesday night, October 26, 1955. Attending were more than 700 city officials, representatives of major industry and business firms, as well as leaders of city, county and state medical organizations.

Sponsored by the Health Council of St. Joseph County, the festivities were planned and presided over by Dr. Herbert Schiller, president of the council. So great and spontaneous was the enthusiasm for the occasion that more than 200 reservations had to be turned down. Mrs. Marie Schumaker, chairman of the testimonial dinner, introduced three former mayors of South Bend under whom Dr. Carter had served, Jesse I. Pavey, F. Kenneth Dempsey and George A. Schock. A mystery for years, Dr. Carter's first two initials were finally exposed by Dr. Schiller as standing for Floyd Raymond. "Nick," as he is affectionately known by his co-workers, was presented a certificate of appreciation citing his 20 years of service, and a bound volume of testimonial letters from his associates and from officials of state and national prominence.

Several of the many accomplishments of Dr. Carter were reviewed: The initiation of the preschool immunization program which Dr. Carter started in 1935, this accounting for South Bend's enviable record of having had no deaths from smallpox, typhoid or diphtheria since that time. Food handler examinations and restaurant grading and inspection were also firsts. Dr. Carter was the driving force in the adoption of the Grade-A milk ordinance in his community, the first large city of the state to adopt such a regulation.

Tributes were paid by Dr. Marion Hillman, president of the St. Joseph County Medical Society and chairman of the South Bend City Board of Health, who reminded the group that Dr. Carter's record as a health officer had been accomplished as a part-time position and that he is engaged in an active general practice. Dr. Andrew C. Offutt, Health Commissioner of Indiana, praised Dr. Carter's courage and ingenuity particularly in bringing about the first restaurant ordinance in the state, a procedure which has since been copied by most other major Indiana cities. Dr. Harold Granning, regional medical director of the U. S. Public Health Service, Chicago, said, "I wouldn't have believed it unless I had seen it," in referring to the mag-

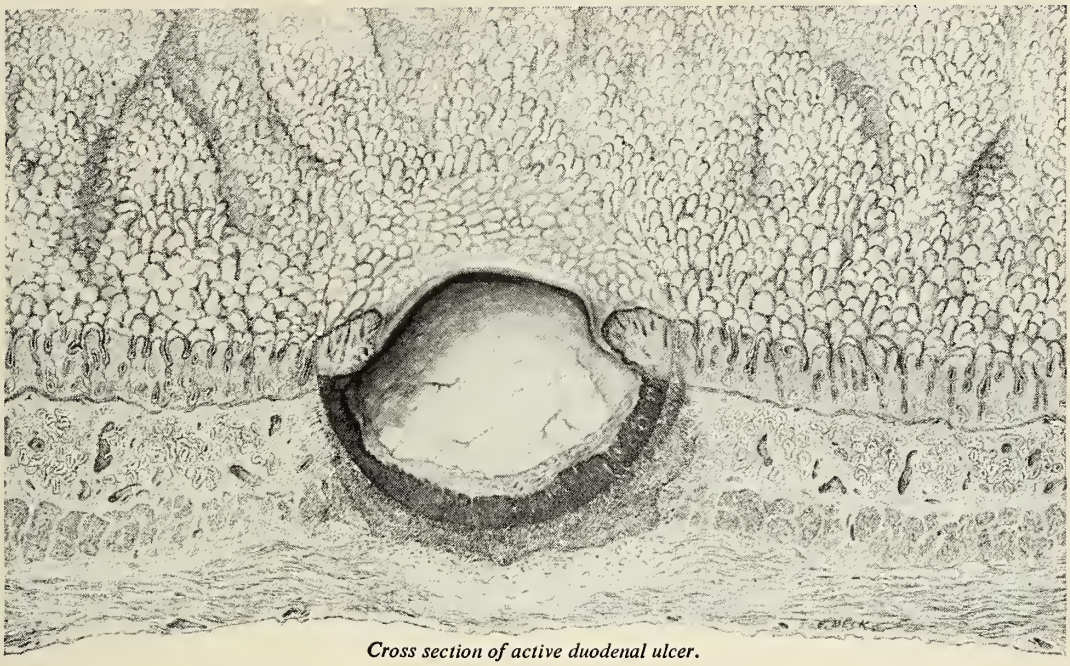




—Photos by South Bend Tribune

Dr. Carter chats with Dr. Andrew C. Offutt, Indiana State Health Commissioner, and Dr. Herbert Schiller, president of the St. Joseph County Health Council.

Dr. Harold Granning, regional medical director of the U. S. Public Health Service, Chicago, congratulates Dr. and Mrs. Carter.



Cross section of active duodenal ulcer.

Dramatic Remission of Ulcer Pain

Pain of ulcer is associated with hypermotility; the pain is relieved when abnormal motility is controlled by Pro-Banthīne.

"In studying[1] the mechanism of ulcer pain, it is obvious that there are at least two factors which must be considered: namely, hydrochloric acid and motility.

". . . our studies indicate that ulcer pain in the uncomplicated case is invariably associated with abnormal motility. . . .

"Prompt relief of ulcer pain by ganglionic blocking agents . . . coincided exactly with cessation of abnormal motility and relaxation of the stomach."

Pro-Banthine Bromide (β-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) is a new, improved, well tolerated anticholinergic agent which consistently reduces hypermotility of the stomach and intestinal tract. In peptic ulcer therapy[2] Pro-Banthine has brought about dramatic remissions, based on roentgenologic evidence. Concurrently there is a reduction of pain, or in many instances, the pain and discomfort disappear early in the program of therapy.

One of the typical cases cited by the authors[2] is that of a male patient who refused surgery despite the presence of a huge crater in the duodenal bulb.

"This ulcer crater was unusually large, yet on 30 mg. doses of Pro-Banthine [q.i.d.] his symptoms were relieved in 48 hours and a most dramatic diminution in the size of the crater was evident within 12 days."

Pro-Banthine is proving equally effective in the relief of hypermotility of the large and small bowel, certain forms of pylorospasm, pancreatitis and ureteral and bladder spasm. G. D. Searle & Co., Research in the Service of Medicine.

1. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, Gastroenterology *23*:252 (Feb.) 1953.

2. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: A Clinical Evaluation of a New Anticholinergic Drug, Pro-Banthine, Gastroenterology *25*:416 (Nov.) 1953.

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nitude and sincerity of the demonstration for Dr. Carter. Dr. Granning cited Mrs. Josephine Carter, the doctor's wife, as "the great woman who has been behind this great man." South Bend's Mayor John Scott called Dr. Carter a respected public servant who has brought honor and health to the city.

In the principal address of the evening, Dr. Clyde G. Culbertson, Director of Biologic Research for Eli Lilly and Company, Indianapolis, described Dr. Carter as a medical statesman. Dr. Culbertson spoke on the development and present status of the Salk antipolio vaccine and stated that at the present time the safety tests on the vaccine insure a completely dependable product.

Dr. Carter replied to the congratulatory comments that he was "completely flabbergasted." He stated that the 20 years he had served were short and pleasant in retrospect, and that he felt both humble and fortunate in receiving such tribute. Dr. Carter emphasized that he intends to continue in his position as Health Officer and that he has no thought of retirement.

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Representing the Fifty Year Club

Four parties including several new and old members of the Fifty Year Club of the Indiana State Medical Association are pictured here. Because names of all members of the various groups are not available no identification will be made.

As is customary, special tables immediately in front of the speakers' table were reserved for these physicians who have given 50 or more years to the practice of medicine.

New members of the Fifty Year Club receiving pins and certificates from the Association this year were: Lyman T. Rawles and Charles J. Rothschild, Fort Wayne; James J. Stanton, Logansport; Henry L. Muncie, Brazil; Jacob O. McCracken, Montgomery; George H. Dando, Hartford City (deceased); William R. Phillips, Glenwood; Joseph A. Meiner, Kokomo; Claude S. Black, Warren; Merle D. Gwin, Miami Beach, Florida; George H. Van Kirk, Kentland; Erwin C. Garber, Dunkirk; William O. Hildebrand, Topeka; Daniel S. Adams, Malon E. Beverland, Ralph R. Coble, John E. Graf (Chicago), Albert H. Harold, Albert A. Hollingsworth, Eugene B. Mumford, Aubrey C. Pebworth, Frederick G. McMillan, John R. Thrasher (New Augusta) and Frederick C. Warfel, all of Indianapolis except where indicated in parentheses and all members of Indianapolis Medical Society; Alfred A. Thompson, Tyner; Homer E. Line, Chili; Faye O. Schenck, Crawfordsville; Fred McK. Ruby, Union City; Roscoe L. Sensenich, South Bend; Harold J. Pierce, Terre Haute; and Frederick P. Buche, Richmond.











"I Married a Doctor"

(To the tune "Red Sails in the Sunset")

TWELVE GOOD-NATURED MEMBERS of the Woman's Auxiliary to the Vanderburgh County Medical Society presented the most entertaining program at the 106th annual convention of ISMA. The "I Married a Doctor" opening song by the scantily garbed chorus set the pace for the show, staged without scenery and without costume change. A prompter and a pianist added atmosphere. Costumes were white cotton sheaths with cerise sashes and bows at the camisole top; rolled stockings, red shoes, red gypsy loop earrings designed and made by the ladies of the chorus.

Plot was based on the theme song with the answer sometimes spoken, sometimes implied. "I'd do it again!" they sang as they recounted problems faced by a doctor's wife.

Solos, duets, trios, quartets, and choruses were equally funny. The addition of a few props, a front lace corset, scrub suit and mask, etc., accented several numbers. All songs dealt with the various specialties and familiar problems and were sung to well-known tunes. "They Gotta Know Where You Are" sounded much like "Chloe"; the Pediatrics song was the "Old Gray Mare" musically; the Proctology song was a parody on "There Are Smiles" and so on.

There were 12 stars in the show—there was no top billing for any one. The finale said "Oh, Medical men—they are stouthearted men; and they are the men we adore . . . Medical men, stouthearted men, and brother, They need stouthearted wives".

The skit was not billed as a public relations program but the next time a knotty problem presents itself in your practice, remember the Vanderburgh County Auxiliary—they have all the answers, humor, good sportsmanship and homely philosophy.

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NEWS NOTES—from State and Nation

Indiana Ophthalmologists to Speak at Pan-American Congress

The Fifth Pan-American Congress of Ophthalmology will be held in Santiago, Chile, January 9 to 14, 1956. The scientific program will consist of eleven symposiums. Dr. Theodore F. Schlaegel, Jr., of Indianapolis, will be a participant in the symposium on psychosomatic ophthalmology. Dr. Hedwig S. Kuhn, of Hammond, will present an exhibit on "Eyes and Industry." Dr. Schlaegel will also have an exhibit on "Ocular Conditions of Psychogenic Etiology." Information may be obtained from Dr. Daniel Snydacker, 109 N. Wabash Ave., Chicago 2, Illinois.

Dr. Kenneth E. Bobb established an office for the general practice of medicine in Seymour August 1. He is a graduate of Indiana University School of Medicine where he received his degree in 1952. Following a year's internship at Indianapolis General Hospital, Dr. Bobb spent two years in the U. S. Air Force, one at Camp Kilmer and the last year with the 6110th USAF Hospital in Japan. He was separated from service July 17 and returned to Seymour to establish private practice.

Dr. Robert C. Peacock and **Dr. Francis E. Stout,** Muncie, became Fellows of the American College of Surgeons at the annual Clinical Congress in Chicago, November 4. The cap and gown ceremony closed the 5-day session.

Drs. Murray DeArmond, John H. Griest, Earl W. Mericle, Philip B. Reed and **Dwight W. Schuster** of the active psychiatric staff of Norways Foundation Hospital, Indianapolis, attended the annual meeting of the Central Neuropsychiatric Association in Colorado Springs on October 21 and 22. **Dr. Vincent Canganelli** of the resident staff also attended.



The **Atomic Energy Commission** has announced research grants in the field of biological sciences. A total of 175 unclassified contracts have been made for the next year. Indiana University Foundation was granted a renewal of research grant on cellular heredity in paramecium by T. M. Sonneborn. Purdue University Foundation received a renewal of contract for research on the use of radioactive isotopes in studying mold metabolism by H. Koffler and P. A. Tetrault.

Dr. Leslie Wilson, Fort Wayne, and **Drs. Edward Underhill Murphy** and **L. Paul Hart** of Evansville were inducted as Fellows of the American College of Surgeons in Chicago during the annual meeting of ACS. Approximately 950 surgeons met the requirements for fellowship.



Academy of Neurology to Offer Special Courses

A course in the more common neurological problems will be presented for general practitioners by the American Academy of Neurology in St. Louis on April 25, 1956. This one-day course has been authorized by and has the wholehearted support of the American Academy of General Practice and has been evaluated at six hours credit in Category II. "Common Neurological Syndromes" will cover most of the problems with which the general practitioner is confronted and emphasis will be on the clinical and therapeutic aspects. Enrollment fee is $10 and application should be made to Mrs. J. C. McKinley, Executive Secretary, American Academy of Neurology, 3501 East 54th Street, Minneapolis 17, Minnesota. Reservations should be made early and cancellations may be made up to April 1.

The Academy also will present nine one-day courses for neurologists on April 23-25. Further information may be obtained from Mrs. McKinley.

The next scheduled examination (Part I), written examination and review of case histories, has been scheduled by the American Board of Obstetrics and Gynecology for February 3, 1956. Examinations for all candidates will be held in various cities of the United States and Canada and at military centers outside the continental U. S.

Case abstracts, 20, should be sent to Robert L. Faulkner, M.D., Secretary, 2105 Adelbert Road, Cleveland 6, Ohio, soon after receiving notification of eligibility.

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Seminar in Psychiatry Scheduled for Early Spring

The third annual postgraduate Seminar in Psychiatry for physicians in general practice and the non-psychiatric specialties has been scheduled for March 28, April 4 and April 11, 1956.

Sponsored by the Committee on Medical Education and Hospitals of the Indiana State Medical Association, the seminar will be presented by the 14 Diplomates of the American Board of Psychiatry and Neurology representing the active staff of Norways Foundation Hospital, Indianapolis.

"Psychiatry in Your Daily Practice" will offer a more advanced curricclum than the 1954 course. Case presentations and audio-visual material will furnish material for discussion. Registrants will be given a bound outline of the course with selected material, abstracts and other reference essentials.

Sessions will be held in the auditorium of the Child Guidance Clinic of Marion County from 10:30 a. m. to 8 p. m. on each of the three days. Enrollment is limited and registrations should be sent in early. Programs will be mailed registrants by February 1 and the $20 registration fee refunded in five days after receipt of the program if requested. The total course is $40. Registration should be sent to Psychiatric Seminar, Norways Foundation Hospital, 1800 East Tenth Street, Indianapolis 1, Indiana.

Dr. Marvin N. Golper, Kokomo, has been named chairman of the campaign committee of the Indiana Cancer Society. Dr. Golper and his committee will recommend a 1956 state campaign chairman and aid local units in improving their organization.

The tenth annual University of Florida **Midwinter Seminar in Ophthalmology and Otolaryngology** will be held in the San Souci Hotel, Miami Beach, January 16 through January 21. Lectures on ophthalmology will be presented the first three days and on otolaryngology the last three days of the meeting. Registrants and their wives are invited to attend the informal banquet on January 18. Lecturers are nationally known authorities.



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Deaths . . .

William L. Green, M.D., 81, physician and surgeon in Pekin for 55 years, died October 25. He had retired in September because of a cardiac condition.

Dr. Green was born in Memphis where his ancestors had settled soon after the Revolutionary War. He attended the Borden Academy and then Western Reserve University School of Medicine where he received his degree in 1899. Before establishing his practice in Pekin he interned for a year at City Hospital, Cleveland.

Dr. Green's career in medicine and as a citizen were closely integrated. While he cared for four generations in some families and delivered more than 3,500 babies he served as a member of the Pekin Town Board, was president of the school board for many years, was a director of a bank for almost 50 years, gave long years of service to his church as a member of the church board, and was active in lodge work. He was a 50 year member of the Masonic lodge at Borden.

In 1950 Dr. Green was presented his Fifty Year Club pin and certificate by the Indiana State Medical Association and the town of Pekin celebrated with a "Dr. Green Day". Mrs. Green, a student nurse at Cleveland City Hospital in 1900 at the time of her marriage, assisted the doctor in his practice.

Dr. Green was a senior member of the Washington County Medical Society, the Indiana State and American Medical Associations, and the American Association of Physicians and Surgeons. He had served on the staff of the Washington County Hospital and as physician and surgeon for the Monon Railroad.

Survivors include Mrs. Green, a daughter, Mrs. Frank Green, Rushville, and a son, Dr. William T. Green, orthopedic surgeon and chief of staff at Harvard Medical School, Boston, and president of the American College of Orthopedic Surgeons.

Arthur V. Cole, M.D., 67, died November 3 in St. Catherine's Hospital, East Chicago, after a week's illness. An industrial physician and surgeon, Dr. Cole served as head of the Indiana Harbor Clinic. He was a graduate of Rush Medical College, Chicago, where he received his degree in 1923. Dr. Cole was a veteran of World War I and had been active in veterans organizations for many years.

Dr. Cole was a past president of East Chicago Medical Association, a life member of Lake County Medical Society, a member of the Indiana State, and American Medical Associations and of the American College of Surgeons and Industrial Medical Association.

Nathan Murray Hadley, M.D., 81, Indianapolis surgeon since 1909, died November 3 in Methodist Hospital, Indianapolis.

Dr. Hadley, a past president of Indianapolis Medical Society, was still active in the practice of medicine, maintaining offices in the Hume Mansur Building. He was professor emeritus of surgery at Indiana University School of Medicine.

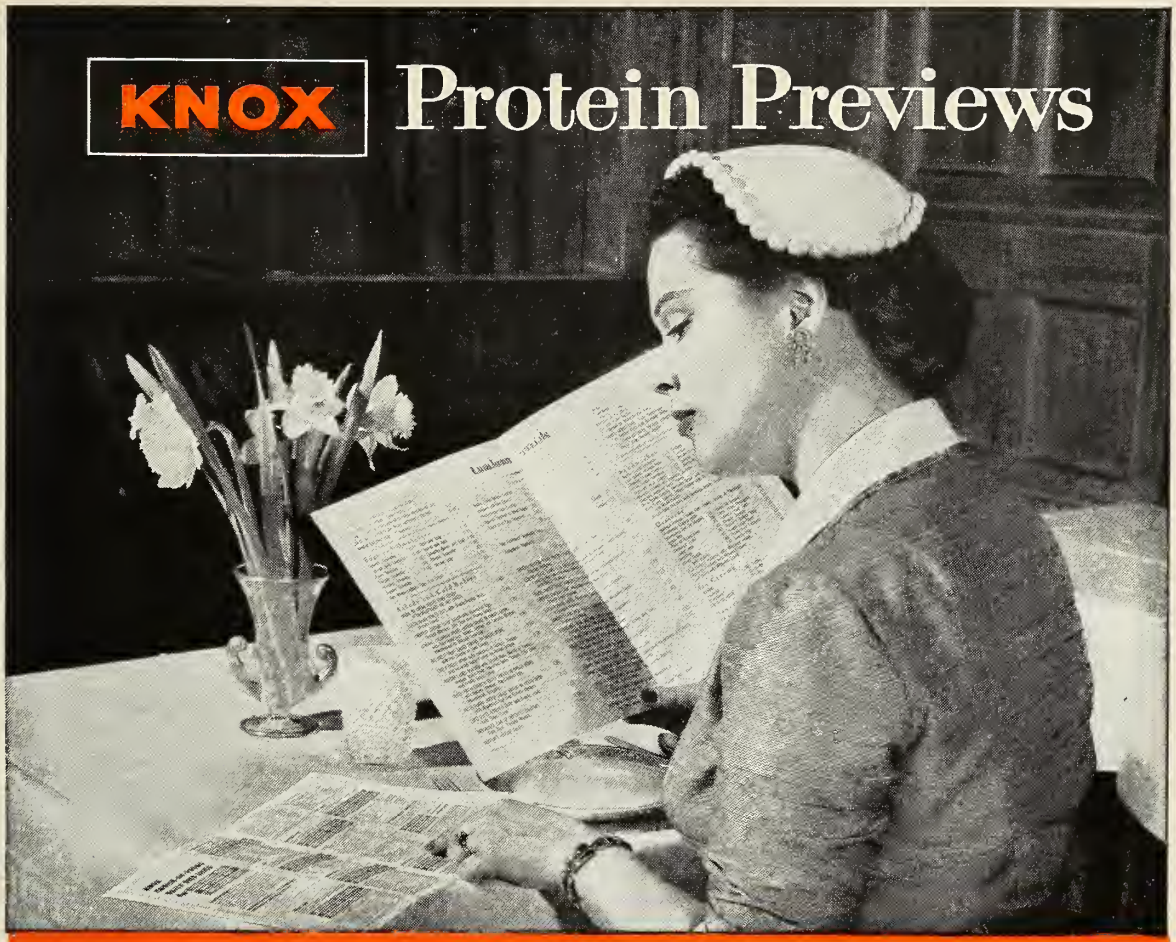
Born in Hendricks County, Dr. Hadley attended Earlham College and the Medical College of Indiana at Indianapolis where he received his degree in 1903. After interning at City Hospital he taught school for two years in Hendricks and Hamilton counties before establishing his practice in Telluride, Colorado, a mining town where he owned and operated a hospital for five years before coming to Indianapolis.

Dr. Hadley was a charter member and past president of the Methodist Hospital Staff Society, on the staffs of St. Vincent's, Methodist, and St. Francis Hospitals, a Fifty Year Club member of the Indiana State Medical Association, member of the American Medical Association, American College of Surgeons, and diplomate of the American Board of Surgery.

Dr. Hadley held membership for many years in literary, social and sports clubs, being a charter member of the Hawthorne Tennis Club and the Indianapolis Athletic Club.

Survivors include his son, Dr. David H. Hadley, with whom he was associated in practice.

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Each of these diets may be easily modified to meet special needs. However, the important points for your patients are that the use of this chart eliminates calorie counting, permits the patient a wide range of food choices and dispels that old empty feeling by allowing between-meal snacks.

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1. Developed by the U. S. Public Health Service assisted by committees of The American Diabetes Association, Inc. and The American Dietetic Association.



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News from the County Societies

Eleven members of **Boone County Medical Society** viewed a scientific film "Manual Rotation in the Management of Occiput Posterior and Occiput Transverse Positions" at their meeting held November 1 in Witham Memorial Hospital, Lebanon. Dinner was served preceding the program. The next meeting was scheduled for December 6 at the same time and place.

An afternoon and evening meeting of **Elkhart County Medical Society** was combined with the Road Show of the Indiana Academy of General Practice November 2 in the Hotel Elkhart. Approximately 150 members and guests attended, including many doctors from surrounding counties.

Guest speakers were Dr. John A. Schindler, chairman of the medical department, Monroe Clinic, Monroe, Wisconsin, and Dr. Edwin G. Olmstead, Milwaukee. Each speaker talked at both afternoon and evening programs. Dr. Olmstead discussed "The Use of Beer in the Low Salt Diet in Cardiac and Renal Diseases" and "Newer Uses of Diamox in the Management of the Edematous States." At the afternoon session Dr. Schindler spoke on "The Management of Acute Alcoholism in General Practice." He talked following the dinner for physicians and wives, discussing his currently popular book "How to Live 365 Days a Year." Both speakers were reported to be excellent.

The society planned to have their annual Christmas party at the December 1 meeting in the Hotel Elkhart, Elkhart.

Dr. Owen Slaughter, Evansville, spoke on various aspects of internal medicine at the October 12 dinner meeting of **Gibson County Medical Society.** Nine members and four guests attended the meeting in the Emerson Cafeteria. During a short business meeting



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policies pertaining to the ISMA state convention were discussed.

Harrison-Crawford County Medical Society members held a dinner meeting in the Harrison County Hospital at Corydon November 3 with nine members present. During the business meeting, members discussed various phases of the Social Security program and voted to contact Indiana's U. S. Senators conveying the society's views regarding the Social Security Act. R. J. Amick, field secretary, was present and discussed national legislation and explained services available from the ISMA headquarters.

Fifteen members of the **Hendricks County Medical Society and Auxiliary** met for luncheon November 8 in the O. K. restaurant in Danville. At the business meeting they had a general discussion of forms used in various screening programs in the schools; heard a report by the ISMA field secretary; received the report of their delegate to the 1955 state convention of ISMA; and concluded their meeting with a discussion of several community problems and projects.

"Orthopedic Problems in Children" was the topic discussed by Dr. Charles N. Pease, chief of orthopedics, Children's Memorial Hospital, Chicago, at the November 1 meeting of the **Howard County Medical Society** in the Frances Hotel, Kokomo. Thirty-four members attended.

Dr. Richard P. Good, delegate to the ISMA House of Delegates meeting at French Lick, gave a detailed report of the action of the House.

Dr. Elton R. Clarke, president-elect of Indiana State Medical Association, was presented with a gavel made by Dr. C. Tony Dutchess, Galveston. The gavel will be used by Dr. Clarke during his term in office.

Officers for 1956 were elected as follows: President, Dr. Reuben Craig; Dr. John H. Alward, first vice-president; Dr. John A. Bowers, second vice-president; and Dr. George A. Kremers, secretary-treasurer. Dr. Good was re-elected delegate for a three-year term with Dr. Garvey Bowers named alternate delegate. Dr. Bruce D. Lung was named to the board of censors for a three year term.

The Christmas party of the society will be held in the Kokomo Country Club on December 20.

Announcement—

We Wish to Announce that Doctor John A. Larson, formerly of Logansport State Hospital, and a Fellow of the American Psychiatric Association, has joined the Staff of the Wabash Valley Sanitarium - Hospital as a Psychiatric Consultant and Director of Research and Treatment of Alcoholism & Tranquilizing Drugs.

Doctor Leon T. Bogmenko is in charge of the treatment of Nervous and Mental Disorders.

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Dr. Roy H. Behnke of the Indiana University Medical Center staff, presented a paper on "Myocardial Infarction" before members of the **Huntington County Medical Society** at their meeting November 1 in the Moose Lodge home in Huntington. Dinner was served to 19 members and two guests, Dr. Ed Plasterer, Huntington, and Dr. B. T. Cooper, Roanoke.

Jay County Medical Society met November 2 in the Portland Country Club with Dr. Dwight W. Schuster, Indianapolis, as the guest speaker. He discussed "Psychiatry in General Practice."

A report on the ISMA convention was given by Dr. Forrest Keeling, Portland, delegate.

K. W. Bush, ISMA field secretary, spoke briefly discussing several matters on which specific action was taken by the House of Delegates. He also explained the tape recording program of the headquarters and the availability of recordings.

The society discussed several problems during their business session including the matter of reciprocal licenses to practice in Indiana, the Salk vaccine program's progress, and means of publicizing on a more equitable basis the medical costs under the welfare program.

Committees were appointed to set up an average fee schedule for the county and to plan for the annual Christmas party.

Dr. Richard Jowitt, Indianapolis, was the guest speaker at the meeting of **Miami County Medical Society** on October 28 in Veach's Steak House, Peru. He spoke on "Stop Rheumatic Fever," a program sponsored by the Indiana Heart Foundation. Reports from the 13 members present indicate the topic was presented in an interesting and competent manner.

The society went on record as favoring the use of State Board of Health biologicals for indigent vaccination and inoculation only, not for general use in the school program.

The next meeting was scheduled for November 25.

Twenty-four members of **Montgomery County Medical Society** heard Dr. Robert F. Heimburger, Indianapolis, speak on "Early Neurosurgical Correction of Conditions Which Lead to Mental Deficiency" at a dinner meeting in Culver Union Hospital, Crawfordsvile, October 20.

An evening meeting of the **Noble County Medical Society** was held October 14 to discuss business matters and the use of commercial polio vaccine. It is the opinion of the members that protection against poliomyelitis should not be limited to children between the ages of 5 and 9. A dinner meeting was to be planned for December.

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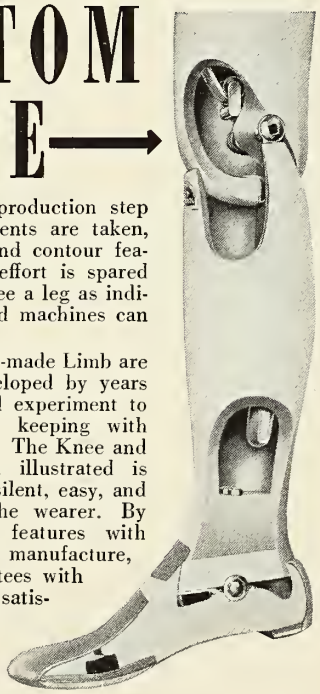
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Eight members of **Perry County Medical Society** held a business meeting November 1 in the Perry County Nurse's office in Cannelton.

Dr. George T. Lukemeyer, Indiana University Medical Center, presented a paper on "Acute Renal Failure and the Artificial Kidney" to 15 members of **Rush County Medical Society,** November 10. Interesting discussion of the paper followed its presentation.

The dinner meeting was held in Rush Memorial Hospital in Rushville. Dr. Harry P. Ross, Richmond, district councilor, was a guest. Robert J. Amick, ISMA field secretary, spoke on pending national legislation and sought suggestions for the 1956 annual convention of ISMA.

Shelby County Medical Society members stressed the need for children to have their first two polio vaccine inoculations this fall if they are to be protected against the disease next season. A booster shot in the spring completes the program. Their discussion of the polio program was the principal item of business at a dinner meeting November 2 in the W. S. Major Hospital, Shelbyville. A report from the House of Delegates of ISMA, and a discussion of a new insurance plan at a local plant were also included in the business meeting.

Dr. Frank H. Miller, Indianapolis, presented a program on "Ophthalmology" for the scientific portion of the program. Nineteen members were present.

The first fall meeting of **Vanderburgh County Medical Society** was held September 13 in the Hotel McCurdy, Evansville, with the usual 6:30 o'clock dinner preceding the scientific session.

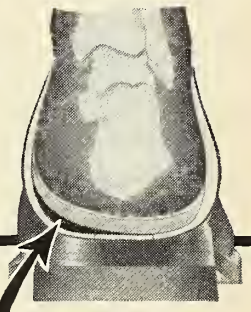
Guest speaker was Dr. Andrew Lawrence Chute, Toronto, Canada. Dr. Shute spoke on "Hiatus Hernia in Infancy". He serves as Chief of Pediatrics, Hospital for Sick Children, Toronto; as part time professor of pediatrics, University of Toronto; and as professor in the Department of Banting and Best Medical Research, University of Toronto.

Sixty members of **Wayne-Union County Medical Society** held a dinner meeting in Reid Memorial Hospital, Richmond, on November 7.

The guest speaker was Dr. Alexander T. Ross, chairman of the department of neurology, Indiana University School of Medicine, who gave a paper on "Basic Neurology."

The ISMA field secretary gave a report on headquarters activities and services and discussed legislation briefly.

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- Faot-so-Port lasts were designed and the shae construction engineered with orthopedic advice.
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Buy YOUR ***Disability Income Insurance*** From Your ***Life*** *Insurance Adviser*

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

October 16, 1955.

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. L. Portteus, M.D.; W. U. Kennedy, M.D.; Kenneth L. Olson, M.D.; Roy V. Myers, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Albert Stump, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Membership Report

Number of members October 14, 1955	3,921*
Number of members October 14, 1954	3,863
Gain over last year	58
Number of members December 31, 1954	3,907

* Includes

120 in military service (gratis)
117 $10.00 members (residents and interns)
268 senior members
62 members, dues remitted by Council
2 honorary members

Number who have paid AMA dues:

August, 1955	3,324
August, 1954	3,209
Gain	115

Headquarters Office

Mr. Amick and Mr. Bush reported on their activities during the past month, especially relative to their meetings with county societies, district meetings, health conferences and recording activities.

On motion of Drs. Portteus and Clauser the Executive Committee is to recommend to the Council that they reconsider their previous action which requires the secretary's office to mail Council agenda to members of the House of Delegates and county society officers 30 days prior to the Council meeting, with a view that this practice be stopped.

Statements of Receipts and Expenditures for September for the Association and for July, August and September for The JOURNAL were approved.

Annual Convention, French Lick, October 16-19, 1955

Report on sale of exhibit space was noted and the secretary was complimented on the income from the sale of space.

On motion of Drs. Myers and Olson the president's address for Tuesday evening was approved.

Organization Matters

The secretary presented a copy of the minutes of the last meeting of the Indiana Interprofessional Committee on Eye Care, and this was considered a matter of information only, no action being taken.

Maternal Mortality Study Committee. Dr. Portteus announced that in accordance with the previous action of the Executive Committee he had appointed the following members on the Committee on Mortality Study:

Carl P. Huber, Indianapolis, chairman; C. O. McCormick, Sr., Indianapolis, co-chairman.

Obstetrics and Gynecology:

David A. Bickel, South Bend (5 years)
Mahlon F. Miller, Fort Wayne (3 years)
Charles F. Gillespie, Indianapolis (5 years)
Elwood J. Meredith, Richmond (3 years)

Internist: William G. Bannon, Terre Haute (1 year)

Cardiologist: W. Donald Close, Indianapolis (2 years)

Urologist: Robert A. Garrett, Indianapolis (1 year)

Anesthesiologist: Vergil K. Stoelting, Indianapolis (4 years)

General Practitioner: Glen V. Ryan, Indianapolis (2 years)

Pathologist: Edward B. Smith, Indianapolis (4 years)

Dr. Kennedy brought up the matter of including the employees of the headquarters office on the preferred schedule now being offered by Blue Shield, and upon motion of Drs. Kennedy and Clauser, the secretary was instructed to purchase this at the next effective date.

Dr. Portteus presented a copy of the resolution which was designed to approve the teaching of venipunctures in schools of nursing, and upon motion of Drs. Clauser and Kennedy, this matter is to be referred to the Council.

The secretary reported that Dr. Groesbeck had informed him that the age group eligible to receive Salk vaccine was now one through fourteen, and pregnant women.

The secretary presented a report from the chairman of the Committee on Public Relations regarding the last Public Relations meeting in Chicago, which was accepted as a matter of information.

Dr. Portteus brought up the matter of the establishment of an interprofessional code between the medical and bar associations, and upon motion of Drs. Portteus and Olson the committee went on record urging the new president to pursue this to

see if Indiana could develop a suitable code on medical-legal affairs.

The Journal

Report on advertising in The JOURNAL was approved by consent:

Total, October, 1955	$4,273.48
Total, October, 1954	3,639.12
Net gain	$ 634.36
Total, November, 1955	$3,922.63
Total, November, 1954	3,077.15
Net gain	$ 845.48

Future Meetings

Upon motion of Drs. Portteus and Clauser the co-chairmen of the Legislative Committee were to be requested to attend the study meeting in Chicago on October 22.

Upon motion of Drs. Clauser and Portteus the secretary was instructed to accept the invitation to attend the North Central Medical Conference in St. Paul November 19.

By consent it was agreed that the Legislative Committee co-chairmen, or Dr. Nafe, should attend the annual meeting of the Indiana State Chamber of Commerce directors in Indianapolis on December 7.

There being no further business the Committee adjourned to meet again immediately following the Council meeting on Wednesday, October 19, 1955.

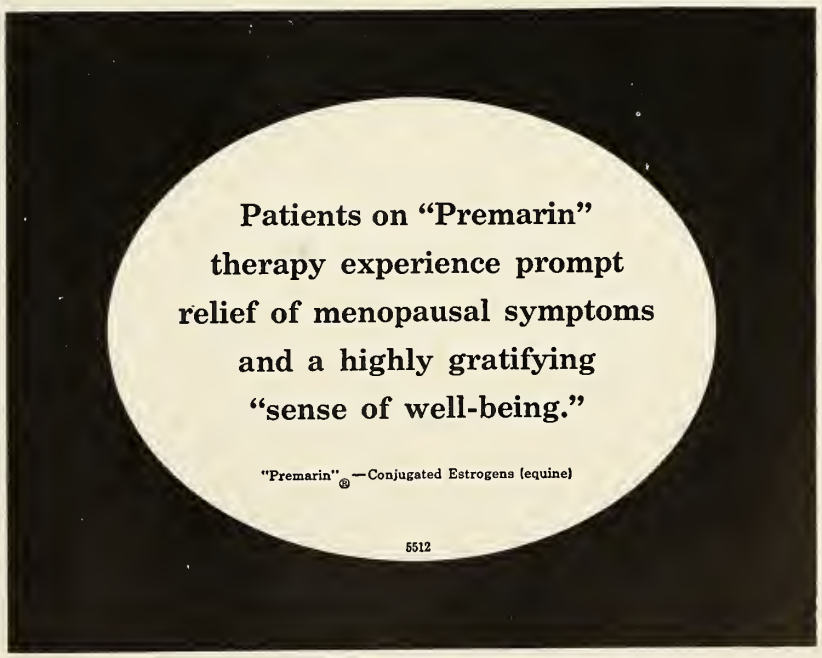
EXECUTIVE COMMITTEE

October 19, 1955

Present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. U. Kennedy, M.D.; Elton R. Clarke, M.D.; Kenneth L. Olson, M.D.; O. W. Sicks, M.D.; Frank B. Ramsey, M.D.

By secret ballot Dr. James W. Denny was elected chairman of the Executive Committee for the ensuing year.

There being no further business the Committee adjourned to meet again at 4:00 p.m., central daylight saving time, Wednesday, November 9, 1955, at the Indiana University Student Union Building, Indianapolis.



THE COUNCIL

(French Lick Session, 1955)

First Meeting

The Council convened at 3:00 p.m., central standard time, Sunday, October 16, 1955, in the Hunt Room of the French Lick-Sheraton Hotel, French Lick, Indiana, with Dr. Kenneth L. Olson, the chairman, presiding. Roll call showed the following present:

Councilors:

First District_____Minor Miller, Evansville
Second District_____J. H. Crowder, Sullivan
Third District_____William H. Garner, New Albany
Fourth District_____J. E. Dudding, Hope
George S. Row, Osgood, alternate
Fifth District_____M. C. Topping, Terre Haute
V. Earle Wiseman, Greencastle, alternate
Sixth District_____Harry P. Ross, Richmond
William R. Tindall, Shelbyville, alternate
Seventh District_____Lester D. Bibler, Indianapolis
Charles A. Jones, Franklin, alternate
Eighth District_____Guy A. Owsley, Hartford City
Ninth District_____Wemple Dodds, Crawfordsville
H. E. Klepinger, Lafayette, alternate
Tenth District_____Ralph Eades, Gary, alternate
Eleventh District____Elton R. Clarke, Kokomo
Max R. Adams, Flora, alternate
Twelfth District_____Maurice E. Glock, Fort Wayne
Thirteenth District___Kenneth L. Olson, South Bend
G. O. Larson, LaPorte, alternate

Officers:

Walter L. Portteus, Franklin, president
Roy V. Myers, Indianapolis, treasurer

Journal:

Frank B. Ramsey, Indianapolis, editor

Delegates and Alternates to A.M.A.:

Cleon A. Nafe, Indianapolis, delegate
E. S. Jones, Hammond, delegate
Alfred Ellison, South Bend, delegate
Wendell C. Stover, Boonville, delegate
Earl W. Mericle, Indianapolis, alternate
John M. Paris, New Albany, alternate delegate to AMA, and alternate councilor-elect, Third District

Executive Committee:

James W. Denny, Indianapolis, chairman
E. H. Clauser, Muncie
Albert Stump, attorney
Kenneth W. Bush, field secretary
J. A. Waggener, executive secretary

On motion of Drs. Bibler and Miller, minutes of the July 17, 1955, meeting of the Council were approved as printed in the September, 1955, JOURNAL.

District Meetings

The councilors reported district meetings scheduled as follows for 1956:

First District_____
Second District_____Washington, ———, 1956
Third District_____French Lick, ————
Fourth District_____
Fifth District_____Greencastle, May —, 1956
Sixth District_____Richmond, April 19, 1956
Seventh District_____
Eighth District_____Anderson, May 9, 1956
Ninth District_____Frankfort, ————, 1956
Tenth District_____
Eleventh District____Delphi, May 16, 1956
Twelfth District_____Fort Wayne, May 16, 1956
Thirteenth District___South Bend, November 16, 1956

Unfinished Business

1. *Medical Education Foundation Fund.* Dr. Glock, chairman of the Committee on Medical Education and Hospitals, reported total receipts of $11,467.00 for 1955; $49,868 in 1954; $42,425 in 1953, and $63,163.00 in 1952. "Indiana is high in the list of total sums of money contributed to the Foundation, among the other states. Our state is high also in percentage of participation, but still we have only about 30 per cent participation in this program."

2. *Resolution on polio inoculations.* Dr. Minor Miller, chairman of the Council Reference Committee on Public Policy and Legislation, presented the following resolution in lieu of a similar resolution which had been presented at the July 17, 1955, Council meeting:

"WHEREAS, the Indiana State Medical Association through eight of its component County Medical Societies voluntarily cooperated with the National Foundation of Infantile Paralysis in the nationwide tests of the efficiency of the Salk polio vaccine, and

"WHEREAS, the National Foundation of Infantile Paralysis then used funds to purchase vaccine for free inoculation of first and second grade children without consideration of parental ability to pay, and

"WHEREAS, the United States Government has appropriated monies to further the free inoculation of individuals without regard for financial resources of such individuals to provide such services for themselves at their own expense, and

"WHEREAS, both the National Foundation of Infantile Paralysis and the United States Governmental programs set an unnecessary and needless precedent, favorable to medical care by a national charitable organization and/or a governmental agency, and

"WHEREAS, such activities entered upon by charitable organizations or governmental units on a universal basis are in direct violation of the essential principles of free enterprise,

"NOW THEREFORE BE IT RESOLVED that the Indiana State Medical Association condemn such programs and demand their immediate termination save only for such individuals financially unable to pay for such services, and

"BE IT FURTHER RESOLVED that the Executive Committee of the Indiana State Medical Association be empowered and admonished to voice opposition in behalf of the Indiana State Medical Association to

these and any subsequent future programs violating the principles of free enterprise in matters of medical practice, and

"BE IT FURTHER RESOLVED that the delegates of the Indiana State Medical Association to the American Medical Association be instructed to endeavor to have the American Medical Association voice the same opposition to the practices as delineated and defined in this resolution."

On motion of Drs. Miller and Garner the Council adopted the resolution, and on motion of Drs. Miller and Clarke it is to be referred to the House of Delegates.

3. *Proposal for Section on Aero Medicine.* Dr. Ross, chairman of the Council Reference Committee on Proposed Amendments to Constitution and Bylaws, reported that although his committee found widespread interest in aero medicine among physicians throughout the state, so far as the committee was able to determine there is no support for the creation of a separate section on aero medicine. "It is the feeling among those that we have contacted that the purpose of the group could be served by becoming a sub-section under medicine or it could become a sub-section under the ear, nose, and throat group, since most of the qualified examiners for the Civil Aeronautics Authority are ear, nose and throat men."

On motion of Drs. Ross and Topping the resolution was placed on file for further consideration.

4. *Retirement plan for State Association employees.* Dr. Dodds, chairman of the committee appointed to make a study of this matter, gave an interim report, saying that the committee had agreed on "a few general ideas as to what should be incorporated in a plan" but that many details remained to be worked out and his committee would try and report finally at the next meeting of the Council.

5. *Per diem expenses of A. M. A. delegates.* Dr. Dodds, chairman of the Council Reference Committee on Education Affairs, to which this matter was referred for study, on behalf of his committee made the motion "that the delegates be paid their traveling, hotel expenses and meals during the A. M. A. sessions." Motion seconded by Dr. Glock. Following discussion by Drs. Nafe, Bibler, Jones and Ellison, the motion was passed on a standing vote.

6. *Hawley publicity.* The report of Dr. Mericle, chairman of the Committee on Public Relations, to which this matter was referred, was accepted on motion of Drs. Bibler and Glock.

New Business

1. *Matters referred to Council by Executive Committee:*

a. Rotating loan fund for medical students. On motion of Drs. Dudding and Clarke the recommendation of the Executive Committee "that a rotating loan fund be established for medical students by the Association and that the legal counsel draw up a plan for implementing such a fund" was approved by the Council. On motion of Drs. Miller and Dudding, the Council's action in approving establishment of this fund is to be conveyed to the reference committee to which a resolution on this subject will be referred by the House of Delegates. (See action on Lawrence County Medical Society resolution, House of Delegates minutes, pages 1465-1466.)

b. Investment of surplus funds. Discussed by Drs. Myers, treasurer, Denny, Crowder, Bibler and Mr. Stump. On motion of Drs. Myers, Miller and Bibler, "the Council is to instruct the Executive Committee to establish a policy that at their meeting each year in February they invest all funds in the checking account, the general fund, that exceed twenty to twenty-one thousand dollars."

c. Professional cards in The JOURNAL. Dr. Denny stated that this matter had been discussed by the Executive Committee, one member feeling that printing of professional cards in The JOURNAL is not quite ethical and that this practice should be discontinued. The American Medical Association has ruled that these cards are considered ethical by the A. M. A. so long as they are considered ethical at the State and County level. Eight states carry this type of advertising. Following discussion by Drs. Ramsey and Nafe, on motion of Drs. Dudding and Bibler the Council approved continuation of this business by The JOURNAL.

d. Increase in JOURNAL publication printing costs. For the information of the Council, Dr. Denny announced that C. E. Pauley & Co., Inc., publishers of The JOURNAL, had increased the printing cost from $19.50 per page to $19.75 per page, starting with the September issue, due to increased costs of paper.

e. Council agenda. The recommendation of the Executive Committee that the Council reconsider its previous action of requiring the mailing of Council agenda to all delegates and county society officers thirty days prior to the Council meeting was discussed by Drs. Denny, Bibler and Clarke and Mr. Waggener. Dr. Dodds' motion that "we accept the recommendation of the Executive Committee and rescind our former action" was seconded by Dr. Clarke and carried.

f. Resolution on intravenous administration by nurses. The following resolution, which had been approved by the Executive Committee, was presented to the Council, and on motion of Drs. Denny and Myers it was approved by the Council:

INTRAVENOUS ADMINISTRATION BY NURSES

WHEREAS, research and investigation as to the scope of nursing practice in Indiana has shown that it has become accepted practice for registered professional nurses to perform venipunctures and the

intravenous administration of fluids and medications, and

WHEREAS, such treatment has become an important part of medical care and would become an essential part of any civilian defense or disaster program, and it is a time-consuming procedure which can be more economically provided to the patient by nursing personnel in order to permit the medical profession to extend medical services for which the needs are so great, and

WHEREAS, there is need for more competently trained nursing personnel to perform such services

NOW THEREFORE BE IT RESOLVED, that this Association now declares the performance of venipunctures and the intravenous administration of fluids and medications performed under the supervision or direct orders of a physician by a registered professional nurse competently trained in the administration of such treatments, to be within the scope, practice, and custom of nursing practice, and

BE IT FURTHER RESOLVED, that this Association recommends to the Indiana State Board of Nurses' Registration and Nursing Education that instruction in such technique and treatment be included in the prescribed curriculum of the schools of nursing under the jurisdiction of said Board and that hospitals and schools be encouraged to make such training available to practicing registered nurses, to the end that there may be a substantial increase in the number of nurses qualified to perform such treatment.

AND BE IT FURTHER RESOLVED, That this program be accepted only by each hospital on recommendation of its medical staff.

2. *Election of two members to Committee on Inter-Professional Health Council.* Dr. Don E. Wood, Indianapolis, and Dr. Herman T. Combs, Evansville, were reelected members of this committee for 1955-56 on motions of Drs. Bibler and Paris and Drs. Miller and Dodds respectively.

3. *Election of JOURNAL editors.* On motion of Drs. Ross and Crowder, Dr. Frank B. Ramsey, Indianapolis, was reelected editor of The JOURNAL for 1956.

On motions duly made and seconded, the present associate editors were reelected for 1956 as follows:

A. W. Cavins, Terre Haute
Lall G. Montgomery, Muncie
Stephen L. Johnson, Evansville
David A. Bickel, South Bend

4. *Resolutions to be presented to the House of Delegates:*

a. *Uniform asscssment for A. M. E. F.*, to be referred to the House with the approval of the Council, by consent.

b. *Resolution for Office Assistant Section in I. S. M. A.* disapproved by the Council on motion of Drs. Topping and Glock.

c. *Student Loan fund.* On motion of Drs. Paris and Glock, the Council is to recommend to the

for children

• • • with educational and adjustment problems in school or home • • •

ANN ARBOR SCHOOL

COEDUCATIONAL AGES 7-14 GRADES 1-8 SMALL CLASSES

A private resident school for children whose psychological difficulties result in educational or adjustment problems. Adequate opportunities are provided for appropriate social and school experiences under psychiatric supervision.

Out-patient psychiatric evaluation and consultation for children.

A. H. KAMBLY, M.D., *Director*

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The organisms commonly involved in

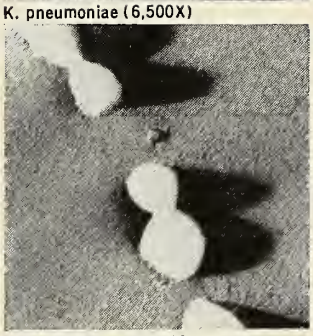
Pneumonia



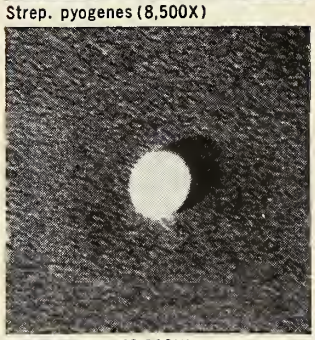
D. pneumoniae (10,000X)



K. pneumoniae (6,500X)



Strep. pyogenes (8,500X)



Staph. aureus (9,000X)

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***All* of them are included in the more than 30 organisms susceptible to broad-spectrum**

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*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN BRAND OF TETRACYCLINE

House of Delegates that this fund be limited to $10,000.00 to start with.

On motion of Drs. Crowder and Miller the Council disapproved Resolution No. 2 concerning the establishment of a student loan fund, as carried on page 110 of the Handbook, and as proposed by the Lawrence County Medical Society.

d. *Resolution regarding Communicable Disease Regulation 13 of the Indiana State Board of Health* approved on motion of Drs. Dudding and Eades.

e. *Resolution on Broadening of Blue Shield Coverage* was tabled on motion of Drs. Crowder and Dudding.

Date for Midwinter Council Meeting

On motion of Drs. Dodds and Bibler, Sunday, January 15, 1956, was set for the midwinter meeting of the Council.

There being no further business, the Council adjourned to meet again on Wednesday, October 19, 1955, immediately following the adjournment of the House of Delegates.

Proceedings of the House of Delegates

FRENCH LICK SESSION,

October 16, 17, 18, 19, 1955

The House of Delegates of the 106th Annual Session convened at 6:30 p.m., Sunday, October 16, 1955, and again at 7:30 a.m., Wednesday, October 19, 1955, in the West Dining Room of the French Lick Sheraton Hotel, French Lick, Indiana, with the president, Dr. Walter L. Portteus, Franklin, presiding.

Reverend Father Williams of French Lick gave the invocation at the opening of the first meeting.

REPORT OF REFERENCE COMMITTEE ON CREDENTIALS

On motion of Drs. Tindall and Daniels, attendance slips signed by the delegates were accepted in lieu of a roll call at the first meeting, the chairman of the Reference Committee on Credentials, Dr. William E. Amy, reporting 105 delegates, 11 Past Presidents, and 11 Councilors, a total of 127, present.

On motion of several delegates, attendance slips showing 105 delegates, 11 Past Presidents and 11 Councilors, a total of 127, present at the second meeting, were accepted as constituting the roll call.

The President read Chapter XVI, Section 1, of the Bylaws and Article XIV of the Constitution regarding amendments to the Bylaws and the Constitution.

IN MEMORIAM

The House stood in silent tribute to the following physicians who were members of the House of Delegates or who had served the Association in an official capacity, and who had passed away since the last meeting of the House:

JOSEPH L. ALLEN, Greenfield. Secretary Hancock County Medical Society, 1914 through 1917, 1928 through 1938, 1942 through 1949; member of Committee on Secretaries' Conference, 1934 and 1935; member of Committee on Veterans' Affairs, 1936; member of Committee on Prepayment of Medical and Surgical Care, 1945; member of Medical Relief Committee, 1945; member of Postwar Committee, 1946; delegate from Hancock County, 1945 through 1947, and 1950 through 1952.

HOMER B. ANNIS, Bluffton. Secretary of Wells County Medical Society, 1949 and 1950; president of Wells County Medical Society, 1954.

MORRIS BALLA, South Bend. Delegate from St. Joseph County 1943 and 1944.

FRANK A. BEARDSLEY, Frankfort. Secretary of Clinton County Medical Society 1924 through 1927; delegate from Clinton County 1944, 1948, 1949, 1952 and 1953.

STEWARD H. CROSSLAND, Gary. Member of Committee on Prevention of Traffic Accidents 1942 and 1943; member of Committee on Infantile Paralysis 1944.

SAMUEL C. DARROCH, Cayuga. Delegate from Parke-Vermillion County Medical Society 1935, 1938, 1942, 1946, 1948 and 1949; member of Committee on Secretaries' Conference 1937; secretary of Parke-Vermillion County Medical Society 1937 and 1938, and member of Committee on Credentials 1944.

FRANKLIN T. DuBOIS, Liberty. Secretary of Union County Medical Society 1917 and 1921.

BERT E. ELLIS, Indianapolis. Delegate from Marion County 1945 through 1949, and 1951; chairman of Committee on Convention Arrangements 1944; member of Committee on Rehabilitation Services, and Editorial Board 1945, 1946 and 1947; chairman of Committee on Convention Arrangements 1948, 1950 and 1952; member of Auditing Committee 1954.

ROBERT EVANS, Russiaville. President of Howard County Medical Society 1955.

ELVIN L. FITZSIMMONS, Evansville. Delegate from Vanderburgh County Medical Society 1952 and 1953; chairman of Committee on Convention Arrangements 1953 and 1955; alternate councilor 1954-1955.

FRANCIS C. GUTHRIE, Anderson. Delegate from Madison County Medical Society 1936.

WILLIAM H. LANE, Angola. Delegate from Steuben County Medical Society 1943 and 1944; secretary of Steuben County Medical Society 1941 through 1945; member of Committee on Traffic Safety 1949.

DONALD L. LASHLEY, Tell City. Delegate from Perry County Medical Society 1951 through 1953; secretary of Perry County Medical Society 1952 through 1954; member of Committee on Venereal Diseases 1953.

HARRY J. LAWS, Lafayette. Secretary of Tippecanoe County Medical Society 1917 and 1918.

AUSTIN F. MARCHAND, Haubstadt. Secretary of Gibson County Medical Society 1931, and president, Gibson County Medical Society 1955.

WIER MILEY, Anderson. Member of M-Day and Veterans' Affairs Committee 1941 and 1942; member of War Participation Committee 1943 through 1945.

CARL G. MILLER, Fort Wayne. Member of Committee on Military Manpower 1950 through 1954.

CHARLES A. MILLER, Princeton. Secretary of Gibson County Medical Society 1926 through 1930.

SAMUEL P. MORGAN, LaPorte. Secretary of LaPorte County Medical Society 1948.

OLIN B. NORMAN, Indianapolis. Chairman of Auditing Committee 1936 through 1948; 1950 and 1951.

HOBART C. RUDDICK, Evansville. Chairman of Surgical Section 1930.

JOHN A. SCUDDER, Edwardsport. "Physician of the Year" in 1953.

WILLIAM H. SPIETH, Lebanon. Secretary, Boone Co. Medical Society, 1923, 1927, 1928, 1929.

GORDON A. THOMAS, Lafayette. Delegate from Tippecanoe County Medical Society 1934 through 1954; member of Committee on Study of High School Athletics 1935 through 1944; chairman of Committee on Inter-Allied Professional Conference 1938; member of Committee on Physical Fitness 1945; member of Committee on Constitution and Bylaws 1948 through 1950; member of Committee on Military Manpower 1950 through 1954-1955.

CARLTON H. TOMLINSON, Cicero. Delegate from Hamilton County Medical Society 1942.

RAYMOND A. VOISINET, Union City. Secretary of Randolph County Medical Society 1927 and 1928.

HARRY H. WARD, Coalmont. Delegate from Clay County Medical Society 1939 through 1941.

ARTHUR F. WEYERBACHER, Indianapolis. Member of Committee on Convention Arrangements 1931; treasurer and member of Budget Committee 1932 through 1950; chairman of Committee on Prepaid Medical and Hospital Insurance 1949 and member in 1950 and 1951; member of Committee on Civic Relationship and Community Health Agencies 1949.

MINUTES OF THE MEETINGS

held October 24 and 27, 1954, at Indianapolis, were approved as published in the December, 1954, JOURNAL, on motion of Drs. Kirtley and Daniels.

INTRODUCTION OF GUESTS

DWIGHT H. MURRAY, M.D., Napa, California, president-elect of the American Medical Association;

THOMAS A. HENDRICKS, Chicago, secretary, Council on Medical Service, American Medical Association;

REED W. TEED, M.D., Ann Arbor, member of Council, Michigan State Medical Association;

GANT GAITHER, M.D., Hopkinsville, Kentucky, president, Kentucky State Medical Association;

F. GARM NORBURY, M.D., Jacksonville, Illinois, president, Illinois State Medical Association.

ELECTION OF PHYSICIAN OF THE YEAR

Dr. C. B. Goodwin, Kendallville, and Dr. James B. Maple, Sullivan, both having received the same number of votes, on the second and third ballots, were elected to receive the Physician of the Year Award for 1955.

APPOINTMENT OF 1955 REFERENCE COMMITTEES

The chairman announced the appointment of reference committees for the 1955 session as follows:

1. **Sections and Section Work:**
 M. C. Topping, Terre Houte (Vigo), chairman
 V. Earle Wiseman, Greencastle (Putnam)
 Jack E. Shields, Brownstown (Jackson)
 Harry P. Ross, Richmond (Wayne-Union)
 Kenneth Schneider, Nashville (Bartholomew-Brown)

2. **Rules and Order of Business:**
 Carl H. McCaskey, Indianapolis (Marion), chairman
 Walter M. Stout, New Castle (Henry)
 Thomas M. Brown, Muncie (Delaware-Blackford)
 O. T. Scamahorn, Pittsboro (Hendricks)
 Philip E. Yunker, Howe (LaGrange)

3. **Medical Education and Hospitals:**
 Joseph E. Dudding, Hope (Bartholomew-Brown), chairman
 Ralph V. Everly, Indianapolis (Marion)
 Elton R. Clarke, Kokomo (Howard)
 Harold C. Ochsner, Indianapolis (Marion)
 William C. Wright, Fort Wayne (Allen)

4. **Legislation:**
 J. William Wright, Sr., Indianapolis (Marion), chairman
 John M. Paris, New Albany (Floyd)
 Frank H. Green, Rushville (Rush)
 Gordon B. Wilder, Anderson (Madison)
 F. R. N. Carter, South Bend (St. Joseph)

5. **Public Relations:**
 G. O. Larson, LaPorte (LaPorte), chairman
 Earl W. Mericle, Indianapolis (Marion)
 Paul R. Tindall, Shelbyville (Shelby)
 Kenneth L. Olson, South Bend (St. Joseph)
 J. H. Crowder, Sullivan (Sullivan)

6. **Hygiene and Public Health:**
 Glen V. Ryan, Indianapolis (Marion), chairman
 J. M. Kirtley, Crawfordsville (Montgomery)
 James P. Vye, Gary (Lake)
 Gordon S. Fessler, Rising Sun (Dearborn-Ohio)
 Burton E. Kintner, Elkhart (Elkhart)

7. **Amendments to the Constitution and By-Laws:**
 Alfred Ellison, South Bend (St. Joseph), chairman
 Truman E. Caylor, Bluffton (Wells)
 Richard P. Good, Kokomo (Howard)
 William H. Garner, Sr., New Albany (Floyd)
 Wm. Harry Howard, Hammond (Lake)

8. **Reports of Officers:**
 Maurice E. Glock, Fort Wayne (Allen), chairman
 Russell J. Spivey, Indianapolis (Marion)
 Wendell C. Stover, Boonville (Warrick)
 D. D. Stiver, South Bend (St. Joseph)
 James W. Denny, Indianapolis (Marion)

9. **Credentials:**
 William E. Amy, Corydon (Harrison-Crawford), chairman
 C. G. Kern, Lebanon (Boone)
 C. C. Herzer, Evansville (Vanderburgh)
 Joseph R. Bloomer, Rockville (Parke-Vermillion)

10. **Insurance:**
 William C. Reed, Bloomington (Owen-Monroe), chairman
 C. Philip Fox, Washington (Daviess-Martin)
 Wemple Dodds, Crawfordsville (Montgomery)
 Hubert T. Goodman, Terre Haute (Vigo)
 Daniel G. Bernoske, Michigan City (LaPorte)

11. **Miscellaneous Business:**
 Cleon A. Nafe, Indianapolis (Marion), chairman
 William D. Province, Franklin (Johnson)
 Harry R. Stimson, Gary (Lake)
 Guy A. Owsley, Hartford City (Delaware-Blackford)
 Herbert O. Chattin, Vincennes (Knox)

ADDRESS OF THE PRESIDENT

The address of the President, Dr. Walter L. Portteus, is printed on page 1304 of the November, 1955, JOURNAL of the Indiana State Medical Association. This address was referred to the Reference Committee on Reports of Officers.

REFERENCE COMMITTEE ACTION

DR. MAURICE E. GLOCK, chairman, presented the following report, which was adopted:

Your committee would like to highly commend the president for his excellent address. Truly this has been a year of accomplishment. We believe that the inauguration of the early meeting of all committee chairmen to correlate activities of the various committees was very valuable and should be continued in the future. The trip to Washington to meet with our legislators was another first which should be perpetuated. The heightened activity in the field of labor relations was particularly important, and should prove to be a fruitful field of endeavor. His suggestions as to the future are well taken and we should all take to heart his excellent advice.

ADDRESS OF THE PRESIDENT-ELECT

DR. WALTER U. KENNEDY, president-elect, presented the following address, which was referred to the Reference Committee on Reports of Officers:

I have no report. I was told I would be expected to make an address but I demurred because it required too much preparation. So, if I may, I will just speak off-the-cuff.

I have no special report of the last year's efforts. What I have done has been to support our leader, Dr. Portteus. I might say some things about the future. I had intended to, but I got a preview of his address and I can't afford to commence talking about the things that he has in his address. He has in it everything, practically, that I had intended to say, so I am limited to very brief remarks, which I shall make on two subjects; one is "Politics" and the other is "Public Relations".

Next year is a national election year. Some years ago we nearly lost our birthright because of our complacency, because we had refused to participate in politics.

A few years ago, for anybody to talk about politics in this place would have been completely in bad taste. Now, we have to face it. In the twenty years or more last past, there have been such grave social and economic conditions that the very continued existence of the things that we believe in has been so assailed that we have been driven into politics and we are in politics up to our necks.

I think it is the duty of every doctor to remember he is also a citizen and that he ought to participate in politics but, as doctors, we have a different reason. We are concerned with the perpetuation of the things that we believe in.

Now, we can't get things just because of our numbers. We are too small—something like 250,000 in the United States. Politicians reckon the value of proposals by the number of votes they can produce. So, just in our numbers, we are in a bad condition. But we have something more precious than that.

We have tremendous influence among the people that we have built up through generations and we can bring to our support and to the support of those who go along with us, who believe in our things, a tremendous number of people.

It pays us to participate in everything that has to do with politics. It pays us to be interested in local candidates but, particularly, in the congressional politics.

I hope that next year every society or at least every district society in the state will have a dinner to which they will invite the candidates for Congress. Make it a non-partisan affair.

We can't afford to be partisan. Our partisanship, if it can be so called, should be limited to the support of those who see things as we do, for the good of the public, not necessarily for the good of the profession.

If you can bring your candidates before you at an informal dinner, you may find that they have a considerably different opinion of the reasons you have for desiring a continuation of our present medical set-up.

I think it is of the very greatest importance that you attempt to make an impression upon the

candidates of both sides, without showing the slightest partisanship, until after you know what their views are, and then you go to that one, whether he is a Democrat or Republican. We are only interested in knowing what their viewpoint is as to the continuation of the present medical practices.

We can bring to that candidate a tremendous amount of support through our influence, an influence that has been built up over a long time by personal relations.

A few weeks ago I was in Chicago listening to a long, drawn-out discussion on public relations and not one speaker there put his finger on the real public relations.

You can't buy good relations. You can't put advertisements in, parading the good that doctors have done. You are expected to do good things. You are expected to progress. In every other profession there is a constant succession of new things and we are supposed, as a matter of course, to do the same sort of thing.

Public relations come down to the relations with the individual and, secondly, to your efforts toward the good of the community in which you live.

I believe that every medical society should have a small committee which would offer its services or its membership in every new project that comes up. If a citizens' committee or citizens' movement starts for new sewers or better water or for better schools or for better pavement, or any of these different social movements that come up in these foundations, medicine, through its official delegates, should sit in, not attempting to be autocratic but as advisers.

If we do all those things I think we will find that people will heed the advice we give, if we give it tactfully, and we may continue to dominate that part of public life in which we are the best qualified to give advice, and, by doing that, we will get good public relations on the community basis.

But, after all, public relations come back down to what you do for the individual and the more nearly you try to exemplify the thing that ought to saturate medicine—and that is personal service—the wider and the deeper your influence will be.

We need those things to protect ourselves from the ravages or the onslaughts of those who have different motives and who desire to change the whole system under which we have done so very much for our people, the people that we serve.

I think that is all that I want to say to you now. I can't possibly talk about things for the future because I have earnestly supported Dr. Portteus in the things that he has tried to do and, looking over his speech, he has taken the very things I want to see continued and I can only hope to adopt the same things and, with your support, amplify them to even greater results, because from year

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to year we ought to get better and improve the things that we are doing.

After all, we are not autocrats; we are simply your administrators, and we wait until your decisions in the Convention that we may know along what lines you desire us to act.

For next year I solicit your earnest support. I hope that the committees to be appointed will be active and if any man who has been honored by a position on a committee finds that he can't serve, that he will promptly advise us so that someone else can be put on it.

We have a good many plans but they are largely plans that have already been developed and we wish to simply widen their influence and widen their sphere so that we may achieve greater results in the thing for which medicine should be known—service to the people.

Thank you.

REFERENCE COMMITTEE ACTION

DR. MAURICE E. GLOCK, chairman, presented the following report which was adopted:

The remarks of the President-elect were well chosen and we are sure from them that we may look forward with confidence to continued progress in our activities.

ADDRESS OF PRESIDENT OF WOMAN'S AUXILIARY

MRS. J. WINFORD MATHER, East Gary, president of the Woman's Auxiliary to the Indiana State Medical Association, presented the following report which was referred to the Reference Committee on Reports of Officers:

We as an Auxiliary are well organized, but we have not learned to always use that organization to its fullest. My endeavor this year is to make each officer feel a direct responsibility for the growth and development of those groups under her care. County care and membership increase is the district officer's business and she is asked to keep in close touch with her counties; when one appears to be falling by the wayside, she must make a visit and determine the difficulties and work out a remedy. If she needs help the vice-president, president-elect and president are ready and will make visits. Each vice-president is asked to visit all districts. May I add that all the officers this year are glad to have a job that challenges their efforts and more than fulfill the requests made. We believe that membership increase and effective project work comes from a close relationship with officers and committee chairmen. Last year we had one county which had no members, this year we look for 100% county enrollment of some members where there is no county organization, only members-at-large. Our total membership last year was 2,527; we hope to increase it this year.

When the Medical Association asks the Auxiliary to work on a project they go all out to accomplish it. Look at the way our committees are working to demonstrate their committee work in booths at this assembly. There is a booth for "To-Day's Health" where you can examine and subscribe for the only health magazine published by the A.M.A. for the laity. Help us increase the membership sufficiently to attract large advertisers, and thus solve the financial difficulties. Visit the booth and talk to the girls!

The next booth to visit is the A.M.E.F. exhibit. Indiana Auxiliary topped the nation in per capita giving last year, with a total of $7,500.91. We are giving an A.M.E.F. luncheon on Tuesday, with Dr. John D. VanNuys, Dean of the University of Indiana Medical School, as speaker. Dr. Portteus and Dr. Kennedy, president and president-elect of the I.S.M.A., will also add a few words. We plan to show the film "Trouble at the Source" and expect to get many requests to show it to local professional and lay groups. Most of the money coming in this year is from memorial gifts. There has been a growing appreciation of the opportunity to honor a person in death by helping another take his place.

Medical Care Insurance is a new committee for us and its main purpose this year is to acquaint us with the need and scope of Medical Insurance. Sue Matthew, who is one of the most efficient persons I know, is chairman and with her committee and Mr. Converse is doing a good job. Look the booth over and judge for yourself.

Medical Legislation, on the National level, is being watched and studied. At the Chicago meeting on legislation I saw and asked Dr. Wright to speak to the Auxiliary here.

Rural and School Health has been trying to get Health Education days started on the county level and we have hope of starting work on many throughout the state. Dr. Dudding is chairman of the I.S.M.A. Rural Health committee and Mrs. Dudding has charge of the Auxiliary committee. Together they should accomplish much.

Under Public Relations, Mental Health is being emphasized this year. Mrs. Wertenberger has sent out instructions and information on the project. Mrs. Schaaf, vice-president, is also on the State Mental Health Board.

Last summer at the beginning of my term of office, we planned a tour of the state, holding regional conferences in each quarter section, for the purpose of acquainting all new officers and committee chairmen with the work of the Auxiliary for the coming year and to further friendships among us. The first was planned and supervised by the second vice-president, Mrs. Roy V. Myers, and held at Brown County State Park; the second, by the third vice-president, Mrs. Alvin Schaaf, at Turkey Run State Park; the third, by the fourth vice-president, Mrs. A. B. Scales, at Spring Mill State Park; and the last, by the first vice-president, Mrs. P. W. Sparks, at the Wabash Community Center. These conferences were well worthwhile and got the whole state off to an enthusiastic start. More people attended each one than all parts of the state at a called board meeting. Counties were contacted which never could have made the longer trip to one central meeting place. It was more effort on the part of the state officers and committee chairmen who made the tour but it pays off in greater understanding and cooperation.

If you wish us to do anything else to help the Indiana State Medical Association we are at your call. We wish to thank you for this opportunity to meet with and confer with you.

REFERENCE COMMITTEE ACTION

DR. MAURICE E. GLOCK, chairman, presented the following report, which was adopted:

Our special thanks go to the Woman's Auxiliary for their willing cooperation, energetic fulfillment

of their assignments, encouragement, and readiness to serve. We highly commend Mrs. Mather's report to the House of Delegates.

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON REPORTS OF OFFICERS

The following matters were referred to the Reference Committee on Reports of Officers. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association.

EXECUTIVE SECRETARY (page 1154)
TREASURER (pages 1155-1156)
CHAIRMAN OF COUNCIL (pages 1158-1159)
COUNCILOR REPORTS (pages 1159-1168)
EXECUTIVE COMMITTEE (pages 1169-1176)
AUDITING COMMITTEE (page 1193)
EDITOR OF JOURNAL (page 1220)
DELEGATES to A.M.A. (page 705, July, 1955, Journal)

REFERENCE COMMITTEE ACTION

DR. MAURICE E. GLOCK, chairman, presented the following report, which was adopted:

The reports of the Executive Committee, Executive Secretary, Chairman of the Council, Reports of Councilors, Report of Auditing Committee, and the Report of the Editor of The JOURNAL as printed in the Handbook and the Report of the Delegates to the A.M.A. as printed in The JOURNAL were reviewed and approved and your committee wishes to commend these individuals for their reports. We particularly wish to express our appreciation to our treasurer for the excellent manner in which he has conducted the affairs of his office not only for the past year but for the previous five years. In his report to the Council he noted that a sizable bank balance is being carried in the checking account and that had some of this money been invested in government bonds that our Association would have received in the vicinity of $1,500 additional interest in the past year. This is borne out by the report of the auditing committee which shows that as of July 21, 1955 there was a cash balance in the General Fund of $95,014.11 and as of September 30 there was a balance of $86,818 in the General Fund. It is our feeling that the cash balance of the Association should be reviewed by the Executive Committee at least every three months and the Treasurer be instructed to invest funds in excess of those needed for operating expenses in suitable government bonds, either short or long term as the situation demands. We would like to call attention to the final statement in the report of the Editor of The JOURNAL: "There have been indications during the past two years that the new format and arrangement of The JOURNAL and the high quality of its scientific content have attracted advertising accounts." We would like

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to express our appreciation to him for the continued progress of The JOURNAL.

The Delegates to the A.M.A. gave a full and timely report in the July JOURNAL. An early report such as this is desirable, but in addition it is the feeling of our committee that the Delegates also make a verbal report each year to the House of Delegates of the State Association, with especial reference to any action taken at the national level on various resolutions referred by this body to the A.M.A.

MATTERS REFERRED TO REFERENCE COMMITTEE ON SECTIONS AND SECTION WORK

The following reports of standing and special committees were referred to the Reference Committee on Sections and Section Work. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association.

COMMITTEE ON SCIENTIFIC EXHIBITS
COMMITTEE ON SCIENTIFIC WORK
COMMITTEE ON INSTRUCTIONAL COURSES (page 1206)

REFERENCE COMMITTEE ACTION

DR. M. C. TOPPING, chairman, presented the following report, which was adopted:

Committee on Scientific Exhibits

The Reference Committee commends the work of the Committee on Scientific Exhibits. We appreciate the tremendous amount of work done in soliciting, screening and setting up these exhibits and the quality of the exhibits this year is exceptionally high. We regret that there is no written report for publication.

Committee on Scientific Work

The innovations instituted this year in the conduct of the scientific sessions have been well received. Deserving of particular comment were the round table discussions which permit more members to hear more speakers. The program as published in the Handbook is commended.

Committee on Instructional Courses

It has been found by your committee upon inquiry that the changes in the plans for instructional courses have been well received. The committee endorses the changes and commends the Committee on Instructional Courses for its work.

RESOLUTION 3:
FOR OFFICE ASSISTANT SECTION

Referred to the Reference Committee on Sections and Section Work.

The following resolution is respectfully submitted to the House of Delegates of the Indiana State Medical Association for their consideration, having passed the Clay County Medical Society at their regular meeting July 19, 1955:

WHEREAS: Practically all members of the Indiana State Medical Association have Office Assistants either as receptionist, nurse, technician, secretary and etc., and

WHEREAS: These individuals are basically interested in the Medical Profession for the most part and the problems of their employers, and

WHEREAS: These individuals are interested not only in the economical but also the scientific and the public relations of the Medical Profession, and

WHEREAS: There are no provisions made in the Indiana State Medical Association for this group of associates to learn of the problems of our Profession, and

WHEREAS: It is felt that it would be to the benefit of our Profession to have a Section in our association for these individuals, Therefore, be it

RESOLVED: That the Indiana State Medical Association establish through the proper channels a Section for these individuals so that they might learn of the scientific, economic and public relations problems of our Profession.

REFERENCE COMMITTEE ACTION

DR. M. C. TOPPING, chairman, presented the following report, which was adopted:

The committee finds no provision in the Constitution to permit establishment of a section within the society of any group who are not members of the society.

The Constitution does provide for general meetings to which guests of physician-members may be invited.

The Reference Committee therefore recommends the disapproval of resolution number 3.

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

The following matters were referred to the Reference Committee on Medical Education and Hospitals. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this committee are printed herewith.

REPORT OF COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS (pages 1182-1185)

RESOLUTION No. 1 ON UNIFORM ASSESSMENT FOR A. M. E. F., as follows, and as contained in the report of the Committee on Medical Education and Hospitals:

REPORT SUB-COMMITTEE ON PRECEPTORSHIPS (page 1191)

RESOLUTION No. 2. ESTABLISHMENT OF STUDENT LOAN FUND

RESOLUTION No. 8. INTRAVENOUS ADMINISTRATION BY NURSES

RESOLUTION No. 1

(Approved by Council of the Indiana State Medical Association at spring meeting, April 17, 1955, for presentation to the House of Delegates.)

WHEREAS, American Medicine has accepted a challenge of providing assistance to our nation's financially embarrassed medical schools, and

WHEREAS, Since the establishment of the Medical Education Foundation, and medicine's acceptance of

the responsibility of raising necessary funds from members of the profession, medical men have not met their responsibility, and

WHEREAS, Many states have worked hard and a portion of their members have carried the load with their contributions, and

WHEREAS, Indications are there is a continuing need for this financial assistance, and

WHEREAS, Only a small proportion of individuals and medical associations have contributed to this effort;

BE IT RESOLVED: That the American Medical Association levy an uniform assessment upon each member or raise the dues to accomplish this purpose, in order to meet medicine's responsibility and to distribute equally the responsibility among all physicians.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, submitted the following report, which was adopted:

The Reference Committee on Medical Education and Hospitals met at 9:00 a.m., Monday, October 17, 1955 in the Blue Room of the French Lick-Sheraton Hotel with all members present.

1. Report of the standing Committee on Medical Education and Hospitals, page 156 of the Handbook, was first considered, and the following actions taken:

a. It is recommended that the resolution embodied in the report be disapproved, and that the American Medical Education Foundation (AMEF) contributions be continued on a voluntary basis as at present for another year, while the whole matter is being studied further.

b. It is recommended that this matter be referred to the Woman's Auxiliary for further effort on both state and national levels.

c. It is recommended that every doctor be urged to assume his fair share in the AMEF program.

d. It is the opinion of this Reference Committee that inasmuch as all citizens benefited from improvement of our medical school, that the Legislative Committee be urged to ask for adequate funds for the operation of such school.

e. The remainder of the report is accepted and the committee thanked for an excellent report.

The separate resolution printed on page 109 of the Handbook as Resolution No. 1 and also included in the report of the standing Committee on Medical Education and Hospitals as printed on page 156 of the Handbook was discussed and the Reference Committee recommends that this resolution be not adopted.

The Report of the Subcommittee on Preceptorships, page 169 of the Handbook, is accepted, and the committee urged to continue its efforts in establishing a suitable preceptorship program.

The Reference Committee feels that part of the AMEF money might well be earmarked for establishing a Department of General Practice in the Indiana University School of Medicine.

RESOLUTION No. 2

RESOLUTION ON ESTABLISHMENT OF LOAN FUND FOR NEEDY MEDICAL STUDENTS

The Lawrence County Medical Society, realizing the need for loan funds which should be available to needy medical students, do hereby present the following resolutions to the House of Delegates of the Indiana State Medical Association:

BE IT RESOLVED That since there is in the general funds of the Indiana State Medical Association $204,910.00, and since this fund is drawing interest mostly from government bonds from 1.5% to 2.9% interest, and since we feel that investment in our future practitioners is worth more than this, we

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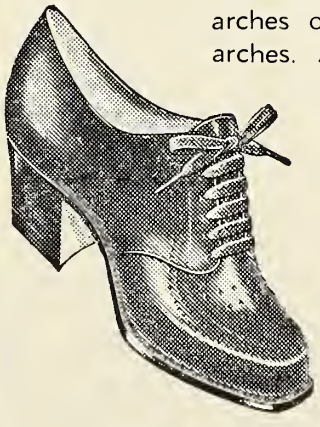
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do hereby resolve that there be set aside from the Indiana State Medical Association's general fund $75,000.00 which shall be used to loan to needy medical students.

BE IT FURTHER RESOLVED, That a committee be appointed by the president of the Indiana State Medical Association that shall consist of (1) the president of the Indiana State Medical Society; (2) one of the councilors of the Indiana State Medical Association; (3) one member from the general practitioners' group of the Indiana State Medical Association, and (4) one member from the specialist groups of the Indiana State Medical Association. Also, the treasurer of the Indiana State Medical Association, the dean of Indiana University School of Medicine, and the legal counselor of the Indiana State Medical Association.

These men need not meet as a body to pass on loans, but can approve loans at any time. That loans shall not be more than $1,500.00 to each student during the school year and that his total loan shall not be more than $3,000.00. Also the student shall execute a note, which in case of the married student shall be signed by his wife, and will bear interest from the date of his graduation or withdrawal from medical school. The rate of interest shall be 5%, but there shall be no interest charged before the student shall have been graduated from the medical school or withdraws from the medical school. At the discretion of the committee, when the notes are overdue diligent effort shall be made to collect said notes. Also, when the student shall have credit available to him he shall repay the note that the fund may be replenished for further loans. It shall be binding upon the treasurer of the medical society to issue money on these notes when they shall have had the signature of four of the members of the committee.

BE IT FURTHER RESOLVED That the above described Loan Committee shall elect each year a chairman who shall be responsible for receiving applications for loans and shall investigate such requests for loans in a thorough manner and shall within ten days contact, if possible, each member of the Loan Committee who shall then approve or disapprove the loan as he or she sees fit. The committee shall have the right to accept contributions from individuals to replenish the fund. Also it shall be the power of the House of Delegates at their annual meeting to vote further funds from any surpluses in the general fund of the Indiana State Medical Association to increase this loan fund.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, submitted the following report, which was adopted:

The resolution for the Establishment of a Loan Fund for Needy Medical Students, page 110 of the Handbook as Resolution No. 2, was discussed. Your Reference Committee recommends that the Lawrence County Resolution be accepted in principle with the following changes and limitations:

a. That the first sentence of the first "Resolved" clause be deleted and that the total amount made available be limited to $10,000. This paragraph would then read: "BE IT RESOLVED, That there be set aside from the Indiana State Medical Association's general fund $10,000.00 which shall be used to loan to needy medical students."

b. That the amounts in the third paragraph be changed to $500.00 and $1,000.00 and the interest rate to 3½%. The third paragraph would then read as follows:

"These men need not meet as a body to pass on loans, but can approve loans at any time. That loans shall not be more than $500.00 to each student during the school year and that his total loan shall not be more than $1,500.00. Also the student shall execute a note, which in case of the married student shall be signed by his wife, and will bear interest from the date of completion of internship or withdrawal from medical school or hospital. The rate of interest shall be 3½% but there shall be no interest charged before the student shall have completed his internship or withdraws from the medical school or hospital." The remainder of the paragraph and resolution was not changed.

RESOLUTION No. 8

RESOLUTION ON INTRAVENOUS ADMINISTRATION BY NURSES

The following resolution, presented by the Council of the Indiana State Medical Association, was referred to the Reference Committee on Medical Education and Hospitals:

WHEREAS, research and investigation as to the scope of nursing practice in Indiana has shown that it has become accepted practice for registered professional nurses to perform venipunctures and the intravenous administration of fluids and medications, and

WHEREAS, such treatment has become an important part of medical care and would become an essential part of any civilian defense or disaster program, and it is a time-consuming procedure which can be more economically provided to the patient by nursing personnel in order to permit the medical profession to extend medical services for which the needs are so great, and

WHEREAS, there is need for more competently trained nursing personnel to perform such services

NOW THEREFORE BE IT RESOLVED, that this Association now declares the performance of venipunctures and the intravenous administration of fluids and medications performed under the supervision or direct orders of a physician by a registered professional nurse competently trained in the administration of such treatments, to be within the scope, practice, and custom of nursing practice, and

BE IT FURTHER RESOLVED, that this Association recommends to the Indiana State Board of Nurses' Registration and Nursing Education that instruction in such technique and treatment be included in the prescribed curriculum of the schools of nursing under the jurisdiction of said Board and that hospitals and schools be encouraged to make such training available to practicing registered nurses, to the end that there may be a substantial increase in the number of nurses qualified to perform such treatment.

AND BE IT FURTHER RESOLVED, That this program be accepted only by each hospital on recommendation of its medical staff.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, presented the following report, which was adopted:

Resolution No. 8, introduced by the Council, titled, "Intravenous Administration by Nurses,"



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was discussed. In view of the fact that this procedure has been ruled by the office of the Attorney-General to come within the practice of medicine and so is illegal as a nursing procedure, and that it is not recommended by the State Board of Medical Registration, it is recommended that this resolution be rejected.

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON LEGISLATION

The following matters were referred to the Reference Committee on Legislation. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association.

REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION (pages 1185-1186)

REFERENCE COMMITTEE ACTION

DR. J. WILLIAM WRIGHT, Sr., chairman, presented the following report, which was adopted:

Nothing was referred to your Reference Committee on Legislation except the report of the Committee on Public Policy and Legislation in which we concur. The report is approved as printed in the Handbook.

MATTERS REFERRED TO REFERENCE COMMITTEE ON PUBLIC RELATIONS

The following matters were referred to the Reference Committee on Public Relations. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association. The resolutions introduced before the House and referred to this committee are printed herewith.

BOARD OF APPEALS ON PATIENT-PHYSICIAN RELATIONS (pages 1176 and 1177)
COMMITTEE ON PUBLIC RELATIONS (pages 1186-1188)
COMMITTEE ON PUBLICITY (pages 1188 and 1189)
COMMITTEE ON RURAL HEALTH (pages 1189-1191)
COMMITTEE ON CIVIL DEFENSE (page 1194)
COMMITTEE ON NECROLOGY (page 1215)
COMMITTEE ON SCHOOL HEALTH AND PHYSICAL EDUCATION (page 1216)
COMMITTEE ON STATE FAIR (page 1216)
COMMITTEE ON TRAFFIC SAFETY (pages 1217 and 1218)
LIAISON COMMITTEE WITH LABOR (pages 1219 and 1220)
LIAISON COMMITTEE WITH STATE DEPARTMENT OF PUBLIC WELFARE (page 1220)
RESOLUTION No. 7, SALK VACCINE
RESOLUTION No. 9, CREATION OF MEDICAL PRACTICE COMMITTEE, AMA

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

The Reference Committee on Public Relations has considered the report of the Board of Appeals on Patient-Physician Relations and wishes to commend the Committee for its activities and recommends the adoption of the report.

The Reference Committee feels that the recommendations of the Committee on Public Relations are very timely and important. It is our recommendation that the procedures outlined in the report be implemented and carried out in every district and county society in the state and that the report be adopted.

The Reference Committee feels that the Committee on Rural Health merits special commendation for an excellent report and also for the fact that every committee member was active during the year. It is recommended that the report be accepted with the following change. On page 166 of the Handbook (page 1190, October JOURNAL) in the section titled "Junior-Senior Day," line 12, delete the figure of $1000.00 and substitute therefor the following words "sufficient funds as determined by the Council." Special attention is called to the last paragraph of the report concerning remarks made by Doctor Hawley before the Indianapolis Surgical Society. It is recommended that this group consider the matter at its next meeting. The committee recommends the acceptance of this portion of the report.

The Reference Committee considers the report of the Committee on Civil Defense worthy of consideration by every county society whether or not it is popular. The committee recommends the adoption of this portion of the report.

The Reference Committee recommends the adoption of the report of the Committee on Necrology.

The Committee on School Health and Physical Education did not meet during the year due to the illness of the chairman.

The Committee on State Fair is to be commended for the report of its activities and particularly for the cooperation of the Indianapolis Woman's Auxiliary. The committee recommends the adoption of this portion of the report.

The Reference Committee notes with pleasure and satisfaction the report of the Committee on Traffic Safety and feels that this important work should be continued. The committee recommends the acceptance of this report with the deletion of lines 19 and 20 and the first two words of line 21 of that portion of the report printed on page 215 of the Handbook (page 1218, October JOURNAL).

The Reference Committee recognizes the importance of the work of the Liaison Committee with Labor and feels that it should be continued. The Committee feels so keenly the importance of paragraph 4 on page 219 of the Handbook that it has instructed the Chairman to read the paragraph and to urge that the delegate or delegates from each county society bring the matter to the atten-

tion of the respective groups. "County Medical Societies would do well to seriously consider establishment of a fee schedule for average charges in their particular county with the understanding that no physician will charge more for the services included on the schedule unless the patient is informed prior to the rendering of service that the fee will be more than the schedule." The committee recommends the approval of this portion of the report.

The Reference Committee feels that the members of the Liaison Committee with the State Department of Public Welfare deserve special approbation for their work and the Reference Committee considers it so important that the delegation from each county is urged to bring this report to the attention of his society.

In conclusion the Reference Committee on Public Relations believes that many of the problems of the individual county medical societies could and would be better understood and more easily solved if full and comprehensive reports of the proceedings of the House of Delegates were made by the delegates to the societies which they represent.

RESOLUTION ON SALK VACCINE—RESOLUTION No. 7

The following resolution, presented by the Council of the Indiana State Medical Association, was referred to the Reference Committee on Public Relations:

"WHEREAS, the Indiana State Medical Association through eight of its component County Medical Societies cooperated with the National Foundation for Infantile Paralysis in the nationwide tests of the efficiency of the Salk polio vaccine, and

"WHEREAS, the National Foundation for Infantile Paralysis has used its funds to purchase vaccine for free inoculation of first and second grade children without consideration of parental ability to pay, and

"WHEREAS, the United States Government has appropriated monies to further augment the free inoculation of individuals without regard for financial resources of such individuals to provide such services for themselves at their own expense, and

"WHEREAS, both the National Foundation for Infantile Paralysis, and the United States Governmental programs set an unnecessary and needless precedent favorable to medical care by a national charitable organization and/or a governmental agency, and

"WHEREAS, such activities entered upon by voluntary health organizations or governmental units on a universal basis is in direct violation of the essential principles of free enterprise, now

"THEREFORE BE IT RESOLVED that the Indiana State Medical Association condemn such programs and demand their immediate termination save only for such individuals financially unable to pay for such services, and

"BE IT FURTHER RESOLVED that the Executive Committee of the Indiana State Medical Association be empowered and admonished to voice opposition in behalf of the Indiana State Medical Association to these and any subsequent future programs violating the principles of free enterprise in medical practice, and

"BE IT FURTHER RESOLVED that the delegates of the Indiana State Medical Association to the American Medical Association be instructed to endeavor to have the American Medical Association voice the same opposition to the practices as delineated and defined in this resolution."

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, submitted the following report which was adopted:

The Reference Committee has considered Resolution No. 7 referred by the Council and wishes to present the following amended resolution:

"WHEREAS, the Indiana State Medical Association through eight of its component county medical societies voluntarily cooperated with the National Foundation for Infantile Paralysis in the nationwide tests of the efficiency of the Salk polio vaccine, and

"WHEREAS, the National Foundation for Infantile Paralysis then used funds to purchase vaccine for free inoculation of first and second grade children without consideration of parental ability to pay, and

"WHEREAS, the United States Government has appropriated monies to further the free inoculation of individuals without regard for financial resources of such individuals to provide such services for themselves at their own expense, and

"WHEREAS, both the National Foundation for Infantile Paralysis and the United States governmental programs set an unnecessary and needless precedent, and

"WHEREAS, such activities entered upon by voluntary health organizations or governmental units on a universal basis are in direct violation of the essential principles of free enterprise and sound medical practice, and add an unnecessary tax burden, now

"THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association condemn such programs and insist upon their immediate termination save only for such individuals financially unable to pay for such services, and

"BE IT FURTHER RESOLVED, that the Executive Committee of the Indiana State Medical Association be empowered and admonished to voice opposition in behalf of the Indiana State Medical Association to these and any other subsequent programs violating the principles of free enterprise and sound medical practice, and

"BE IT FURTHER RESOLVED, that the delegates of the Indiana State Medical Association to the American Medical Association be instructed to use their influence to have the American Medical Association voice the same opposition to the practices as delineated and defined in this resolution."

RESOLUTION FOR CREATION OF A MEDICAL PRACTICES COMMITTEE BY THE AMERICAN MEDICAL ASSOCIATION—RESOLUTION No. 9

The following resolution, presented by the Marion County delegation, and read by Dr. Ralph

Everly, was referred to the Reference Committee on Public Relations:

WHEREAS, a special committee of the American Medical Association whose report was given to the House of Delegates of the American Medical Association in June, 1955 has completed an intensive study of the basic causes leading to certain unethical practices and to unfavorable publicity, and

WHEREAS, the findings and recommendations of this committee should be studied and put into practical operation by the American Medical Association,

BE IT RESOLVED: That a Medical Practices Committee be created by the American Medical Association to begin work on a relative value scale for the whole of the practice of medicine and surgery, and

BE IT FURTHER RESOLVED: That this Committee assist the Public Relations Department of the American Medical Association to present a program of public education on the value of diagnostic and medical care, and

BE IT FURTHER RESOLVED: That this committee use its full influence to discourage the arbitrary restrictions by Hospitals against general practitioners as a group regardless of their qualifications as individuals, and

BE IT FURTHER RESOLVED: That this House of Delegates of the Indiana State Medical Association suggest to its Delegates to the American Medical Association to present and support this resolution at the Interim Session of the American Medical Association in November, 1955.

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

The Reference Committee has considered Resolution No. 9 as presented by the Marion County Delegation and wishes to present the following amended resolution:

"WHEREAS, a special committee of the American Medical Association whose report was given to the House of Delegates of the American Medical Association in June, 1955, has completed an intensive study of the basic causes leading to certain unethical practices and to unfavorable publicity, and

"WHEREAS, the findings and recommendations of this committee should be studied and put into practical operation by the American Medical Association,

"BE IT RESOLVED, That a Medical Practices Committee be created by the American Medical Association to begin work on a study of the relative value of diagnostic, medical, and surgical services.

"BE IT FURTHER RESOLVED, That this Committee assist the Public Relations Department of the American Medical Association to present a program of public education and the value of diagnostic and medical care, and

"BE IT FURTHER RESOLVED, That this Committee use its full influence to discourage any arbitrary restrictions by hospitals against general practitioners as a group or as individuals, and

"BE IT FURTHER RESOLVED, That this House of Delegates of the Indiana State Medical Association directs its Delegates to the American Medical Association to present and support this resolution at the Interim Session of the American Medical Association in November, 1955, and thereafter."

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON HYGIENE AND PUBLIC HEALTH

The following matters were referred to the Reference Committee on Hygiene and Public Health. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this Committee are printed herewith.

COMMITTEE ON INDUSTRIAL HEALTH (page 1182)
COMMITTEE ON CANCER (page 1193)
COMMITTEE ON CHRONIC ILLNESS (pages 1193 and 1194)
COMMITTEE ON CONSERVATION OF VISION (page 1194)
COMMITTEE ON DIABETES (page 1196)
COMMITTEE ON CONSERVATION OF HEARING (pages 1196-1205)
COMMITTEE ON HEART DISEASE (pages 1205 and 1206)
COMMITTEE ON MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN SERVICES (pages 1206-1210)
COMMITTEE ON MENTAL HEALTH AND ALCOHOLICS STUDY (pages 1212-1214)
(All of this report referred to Reference Committee on Hygiene and Public Health except the paragraphs concerning Blue Cross-Blue Shield, which are referred to the Reference Committee on Insurance.)
COMMITTEE ON TUBERCULOSIS (page 1218)
COMMITTEE ON POLIO (page 1216)
COMMITTEE ON VENEREAL DISEASE (page 1218)
RESOLUTION No. 4, COMMUNICABLE DISEASE REGULATION No. 13
RESOLUTION NO. 8, CONCERNING PREVENTIVE TREATMENTS

REFERENCE COMMITTEE ACTION

DR. GLEN V. RYAN, chairman, presented the following report, which was adopted:

The reports of the Committee on Industrial Health, Committee on Cancer, Committee on Chronic Illness, Committee on Conservation of Vision, Committee on Diabetes, Committee on Conservation of Hearing, Committee on Heart Disease, Committee on Maternal and Child Health and Crippled Children Services, Committee on Mental Health and Alcoholics Study (except for the paragraphs concerning Blue Shield-Blue Cross, which were referred to the Reference Committee on Insur-

ance), Committee on Tuberculosis, Committee on Polio—all these reports as printed in the Handbook have been studied and approved by your Committee.

The Reference Committee recommends, as suggested in the report, that the Committee on Venereal Disease be discontinued until further need is shown.

We wish to commend the committees, whose reports we have studied, for their diligent work.

Because of the valuable information contained in the reports, this Committee recommends that they be read by all members of the Association.

RESOLUTION No. 4 REGARDING COMMUNICABLE DISEASE REGULATION 13 OF THE INDIANIA STATE BOARD OF HEALTH

The following resolution, introduced by the Whitley County Medical Society, was referred to the Reference Committee on Hygiene and Public Health:

WHEREAS, The Whitley County Medical Society is aware of the fact that the question of using penicillin in the place of silver nitrate has been discussed on many occasions by the Committee on Maternal and Child Health and the Committee on Conservation of Vision, and

WHEREAS, We understand that each time the committees have seen fit to recommend that no change be made in the regulation as it now stands, and

WHEREAS, We feel that the incidence of chemical conjunctivitis following the prophylaxis now used and subsequent development of mild to severe dacryostenosis makes it necessary that this regulation be changed, and

WHEREAS, It is pointed out that many states have seen fit to make this change in recent years, and

WHEREAS, We believe antibiotics other than those subsequently to be used parenterally should be employed, NOW THEREFORE BE IT

RESOLVED, That the Whitley County Medical Society urges that proper steps be taken to modify Paragraph "C" of Communicable Disease Regulation number 13 of the Indiana State Board of Health to read: "Prophylaxis—It shall be the duty of the attending physician, midwife or person in attendance at childbirth to employ either Crede's Method or a *suitable antibiotic* eye ointment for the prevention of Ophthalmia Neonatorum."

REFERENCE COMMITTEE ACTION

DR. GLEN V. RYAN, chairman, presented the following report, which was adopted:

The Resolution No. 4 regarding Communicable Disease Regulation No. 13, Indiana State Board of Health, as printed in the Handbook, was studied. No valid reason could be found to recommend that said regulation be changed. The same problem regarding conjunctivitis in the newborn was studied by the Committee on Maternal and Child Health in 1953. As a result of this study, the Indiana State Board of Health approved the actions of the committee whereby any hospital or clinic in the State of Indiana may make application to the Indiana State Board of Health to vary the procedure for the prophylaxis of ophthalmia neonatorum for a period of one year. A report of this research work shall be sent to the Indiana State Board of Health, the Maternal and Child Health Committee, and the Committee on Conservation of Vision of the Indiana State Medical Association for approval at the end of said year.

This Reference Committee recommends that this information and a copy of this regulation be distributed by the Indiana State Board of Health to all component societies of the Indiana State Medical Association, hospitals and clinics.

RESOLUTION No. 8 CONCERNING PREVENTIVE TREATMENTS

The following resolution, submitted by the St. Joseph County Medical Society, was referred to the Reference Committee on Hygiene and Public Health:

WHEREAS, a feeling is developing that the administration of all preventive medical treatments is a community project and,

WHEREAS, many organizations, both voluntary and official, are gradually taking over the administration of all of these preventive medical programs, and

WHEREAS, these preventive programs are often administered after the children have entered school, when in reality the protection of such treatments should have been started during infancy, and

WHEREAS, only the Doctor is licensed and trained to intelligently administer such treatments, and in turn to accept the responsibility of caring for children who have various types of reactions to the treatments, and

WHEREAS, mass immunizations of large groups of children are undesirable, since children are given the treatments without proper knowledge of their medical history and physical condition, and

WHEREAS, there is adequate provision for the immunization of those who can not afford to pay for such treatments, and

WHEREAS, both voluntary and official mass immunization programs are undesirable because they are a step toward Socialization of Medicine, and not in the best interests of the health of the community, and

WHEREAS, both official and voluntary health agencies as well as other interested groups can perform a valuable service in helping to educate the general public concerning the need for such preventive treatments to be started at an early age in the elimination of contagious disease; now therefore be it

RESOLVED, that official and voluntary health agencies confine their activities to educational and other programs which will aid in directing children of pre-school, as well as school age, to the office of the family physician for such preventive measures as are needed, and

BE IT RESOLVED, that mass immunizations are undesirable and should be discontinued as community projects since impairment to the health of the participants may occur, and

BE IT FURTHER RESOLVED, that this Medical Society is unalterably opposed to mass immunization since it is a step in the direction of Socialized Medicine, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for their consideration at the annual meet-

ing to be held at French Lick Springs on October 16, 17, 18, 19, 1955.

SO BE IT RESOLVED

The above resolution was adopted by the St. Joseph County Medical Society at its regular meeting held Tuesday, September 13, 1955, at South Bend, Indiana.

REFERENCE COMMITTEE ACTION

DR. GLEN V. RYAN, chairman, presented the following report, which was adopted:

The Resolution No. 8 concerning Preventive Treatments, submitted by the St. Joseph County Medical Society and read before the House of Delegates by one of their delegates on October 16, 1955, was studied. The Reference Committee approves this resolution in principle; however, certain deletions were made. The resolution, as amended by your Reference Committee, is as follows:

"WHEREAS, the Indiana State Medical Association recognizes the sincere efforts which are being put forth by many voluntary health organizations in an effort to bring about a better understanding on the part of the public of health and preventive medical care, and

"WHEREAS, there is a growing tendency for some of these agencies, however, to go beyond the purposes of their organization and are, in developing their programs, tending to overstep their original intent, namely education and financing of medical research, and

"WHEREAS, mass immunizations, especially of children, are undesirable, since children are given the treatments without proper knowledge of their medical history and physical condition, and

"WHEREAS, there is adequate provision for the immunization of everyone, and

"WHEREAS, both official and voluntary health organizations, as well as other interested groups, can perform a valuable service in helping to educate the general public concerning the need for such preventive treatments to be started at an early age in the elimination of contagious diseases;

"NOW, THEREFORE, BE IT RESOLVED, that official and voluntary agencies confine their activities in educational programs which will aid in directing children of pre-school, as well as school age, to avail themselves of modern-day medical care for such preventive measures as are needed."

MATTERS REFERRED TO REFERENCE COMMITTEE ON AMENDMENTS TO THE CONSTITUTION AND BYLAWS

The following report was referred to the Reference Committee on Amendments to Constitution and Bylaws:

REPORT OF COMMITTEE ON CONSTITUTION AND BYLAWS (pages 1178-1180)

REPORT OF REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BYLAWS

DR. ALFRED ELLISON, chairman, presented the following report, which was adopted section by section and as a whole, on motions made by Dr. Ellison and duly seconded:

REFERENCE COMMITTEE ON AMENDMENTS TO THE CONSTITUTION AND BYLAWS

Your Reference Committee on Constitution and Bylaws has met and considered all of the items referred to it, which it may be noted all came from the standing Committee on Constitution and Bylaws. A change in the personnel of the reference committee was made just prior to its meeting in which Dr. John M. Paris replaced Dr. W. Harry Howard.

The following items have to do with proposed changes to the Constitution:

Item No. 1. Your reference committee has considered the proposed amendments to Article V of the Constitution, which proposed amendment appears on page 151 of the Handbook and page 1 of the lithograph copy of the Constitution and Bylaws furnished each member, which proposed amendment is as follows:

"1. That Article V be amended as follows:

"(a) By striking out from clause (3) the words, 'the ex-presidents of the Indiana State Medical Association,' and substituting in lieu thereof the following words: 'the Speaker and Vice-Speaker of the House of Delegates';

"(b) By inserting in the second paragraph after the colon following the word 'members' and before the word 'President,' the words 'The Ex-Presidents.';

"(c) By striking out after the word 'Treasurer' the words 'of this Association.' "

The gist of this proposed amendment is to change the status of subsequent ex-presidents of this association from voting members of the House of Delegates to non-voting members of the House. Your reference committee has unanimously decided this proposed amendment should be rejected.

Mr. President, I move that this portion of your reference committee's report be approved.

Item No. 2. Your reference committee has considered the proposed amendment to Article VI of the Constitution, which proposed amendment appears on page 151 of the Handbook and page 1 of the lithograph copy of the Constitution and Bylaws furnished each member, which proposed amendment is as follows:

"That Article VI be amended as follows: By striking out of the first sentence the following numbers and words: '(1) the Councilors, and (2) ex officio the President, President-elect, and Treasurer,' and substituting in lieu thereof the following: 'Councilors elected by the component district societies. The members of the Executive

Committee shall be ex-officio members without the power to vote.' "

The gist of the proposed amendment to Article VI of the Constitution is to deny the President, President-elect and Treasurer the power to vote in the Council meetings. Your reference committee has unanimously decided this amendment as proposed should be rejected but that said Article should be amended by adding after the word "Treasurer" the words, "with power to vote."

Mr. President, I move that this portion of your reference committee's report be approved.

Item 3. Your reference committee has considered the proposed amendment to Article IX, Section 1, which proposed amendment appears on page 151 of the Handbook and page 2 of the lithograph copy of the Constitution and Bylaws furnished each member. The proposed amendment is as follows:

"That Article IX, Section 1, be amended by inserting after the word 'be' and before the word 'a' in the second line as printed in the copies of the Constitution and Bylaws you have received, the following words to designate additional officers: 'a Speaker and a Vice-Speaker of the House of Delegates.' "

The proposed amendment would add to the present officers, a speaker and vice-speaker of the House of Delegates. Your reference committee has unanimously decided this proposed amendment should be rejected.

Mr. President, I move this portion of your reference committee's report be approved.

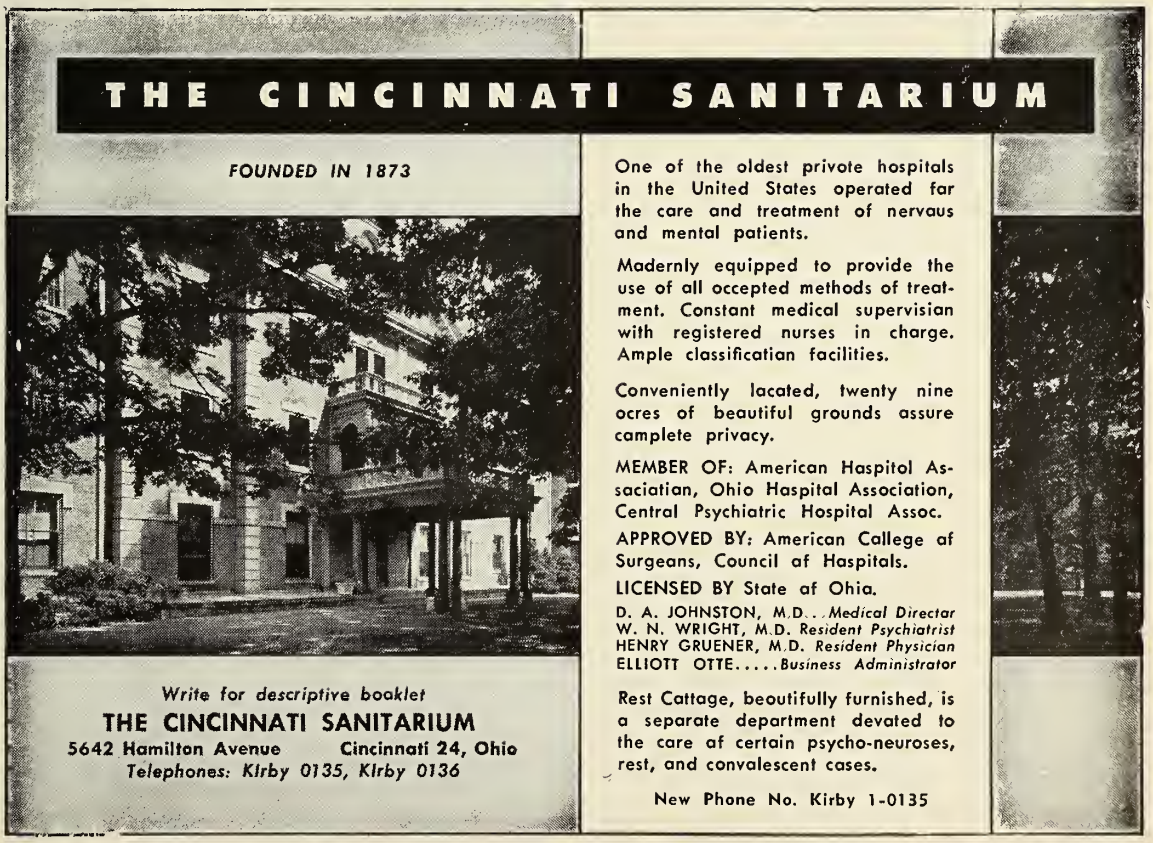
Item 4. Your reference committee has considered the proposed amendment to Article IX, Section 2 of the Constitution, which proposed amendment appears on pages 151 and 152 of the Handbook and page 2 of the lithograph copy of the Constitution and Bylaws furnished each member, which proposed amendment is as follows:

"That Article IX, Section 2, be amended by adding thereto after the word 'annually,' the following sentence: 'No Councilor shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.' "

The gist of this proposed amendment is to limit the eligibility of members to two consecutive three-year terms as councilors. Your reference committee has unanimously decided this proposed amendment to the Constitution should be approved for adoption.

Mr. President, I move this portion of your reference committee's report be approved.

(The legal counsel for the Association here called attention to the fact that the amendments to the Constitution that were approved would have to lay over for one year and come up again at the next meeting of the House of Delegates before they become effective.)



Your reference committee has also considered the following items which have to do with proposed changes to the Bylaws:

Item 1. This proposed amendment is found on page 152 of the Handbook and page 3 of the lithograph copy furnished and is as follows:

"That Chapter I, Section 1, of the Bylaws be amended by adding after the last word thereof the following words: 'of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine.'"

Your reference committee has unanimously decided this proposed amendment should be adopted.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 2 is found on page 152 of the Handbook and page 4 of the lithograph copy furnished you and is as follows:

"That Chapter II, Section 1, be amended by striking out the following words: 'address of the President shall be delivered in a General Meeting, and the'."

Your reference committee has unanimously decided this proposed amendment should be rejected but that the word "shall" following the word "president" in the second sentence of said section be changed to "may."

Mr. President, I move that this portion of your reference committee's report be approved.

Item 3 is found on page 152 of the Handbook and on page 5 of the lithograph copy furnished you and is as follows:

"That Chapter IV, Section 6, be amended by striking out the word 'President' and substituting in lieu thereof the word 'Speaker'; and by inserting after the word 'committees' and before the word 'as,' the words 'as appointed by the President'; and by striking out the word 'for' after the word 'provided.'"

This proposed amendment would implement the proposed Constitutional amendment creating a speaker and vice-speaker of the House. As your reference committee had decided against said proposed Constitutional amendment, we unanimously decided this proposed amendment to the Bylaws be rejected.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 4 is found on page 152 of the Handbook and page 5 of the lithograph copy furnished and is as follows:

"That Chapter V, Section 4, be amended by inserting after the word 'President-elect' and before the word 'and,' the words 'Speaker and Vice-Speaker of the House of Delegates.'"

This proposed amendment to the Bylaws also merely implements the proposed amendment to the Constitution creating a speaker and a vice-speaker of the House. We therefore unanimously decided that this proposed amendment should be rejected.

Mr. President, I move that this portion of your Reference Committee's report be approved.

Item 5 is found on pages 152 and 153 of the Handbook and pages 5 and 6 of the lithograph copy furnished and is as follows:

"That Chapter VI be amended by adding thereto two additional sections to be numbered Sections 3 and 4, to read as follows:

"'Sec. 3. The Speaker of the House of Delegates shall preside at all meetings of the House of Delegates. He shall be ex-officio member of all committees of the House. He shall perform such other duties as custom and parliamentary usage may require. His term of office shall be for one year and shall be limited in serving not more than three terms in succession. He shall be elected by the House of Delegates in the same manner as the President-elect and Treasurer.

"'Sec. 4. The Vice-Speaker shall assume the duties of the Speaker in his absence and shall assist the Speaker in the performance of his duties. In the event of vacancy in the office of Speaker, the Vice-Speaker shall automatically become Speaker of the House of Delegates. The term of office and method of election shall be the same as that of the Speaker'; and that the remaining sections of said chapter be renumbered as Sections 5, 6 and 7, instead of 3, 4 and 5, respectively."

Your reference committee has unanimously decided that this proposed amendment should likewise be rejected.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 6 is found on page 153 of the Handbook and page 6 of the lithograph copy and is as follows:

"That Chapter VII, Section 1, be amended by adding thereto after the word 'Delegates,' the following:

"It shall organize itself by electing its Chairman, at the meeting following the final session of the House of Delegates, who shall serve for one year. The number of terms of the Chairman shall be limited to not more than three in succession.'"

Your reference committee has decided that the proposed amendment should be rephrased to read as follows:

"It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The Chairman of the Council shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession" and that when so rephrased should be adopted.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 7 is found on page 153 of the Handbook and page 7 of the lithograph copy and is as follows:

"That Chapter VII, Section 12, be amended in the following particulars:

"(a) By inserting after the first word 'shall' and before the word 'elect,' the following words:

'at its meeting following the close of the House of Delegates'; and

"(b) By adding to the section after the word 'Committee,' the following: 'These two elected members shall not be eligible to serve more than three consecutive terms of one year each.'"

Your reference committee has decided that the proposed amendment should be rephrased to read as follows:

"Sec. 12. The Council shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Council, who, with the President, the President-elect, the Treasurer, and the Chairman of the Council, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Council they shall not have the power of vote in the Council" and that when so rephrased should be adopted.

Mr. President, I move that this portion of the reference committee's report be approved.

Item 8 is found on page 153 of the Handbook and page 7 of the lithograph copy and is as follows:

"That Chapter VIII, Section 1, be amended in the following particulars:

"(a) By striking out the word 'hospitals' and substituting the word 'Licensure';

"(b) By inserting after the word 'Rural Health' the following:

"'A Committee on Physician-Hospital Relations';

"(c) By inserting in the paragraph beginning with the words, 'In making such elections,' after the word 'members' and before the word 'shall' the following words: 'except those of the Committee on Physician-Hospital Relations.'"

Your reference committee has unanimously decided that this proposed amendment be adopted.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 9 is found on page 153 of the Handbook and page 8 of the lithograph copy and is as follows:

"That Chapter VIII, Section 9, be amended by striking out in the first sentence the word 'Hospitals' and substituting in lieu thereof the word 'Licensure'; and by striking out the following words: 'to co-operate with the Hospital Council of the Indiana State Board of Health in connection with the making and recommending of rules and regulations for the management of hospitals,' and substituting in lieu thereof the words, 'to co-operate with the Indiana State Board of Medical Registration and Examination.'"

Your reference committee has unanimously decided that this proposed amendment should be adopted.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 10 is found on pages 153 and 154 of the Handbook and page 9 of the lithograph copy and is as follows:

"That Chapter VIII, Section 13, be amended in the following particulars:

"(a) By striking out the second word 'shall' in the first sentence and substituting in lieu thereof the word 'may'; and

"(b) By striking out the word 'one' and substituting in lieu thereof the word 'two.'"

Your reference committee has unanimously decided that this proposed amendment should be adopted.

Mr. President, I move that this portion of your reference committee's report be approved.

Item 11 is found on page 154 of the Handbook and page 9 of the lithograph copy and is as follows:

"That Chapter VIII be amended by adding an additional section thereto to be known as Section 15 and to read as follows:

"Sec. 15. The Committee on Physician-Hospital Relations shall be composed of five members. The members shall be appointed for the following terms: one member, five years; one for four years; one for three years; one for two years; one for one year. Thereafter the President will annually appoint one member for a term of five years.

"The duties of the Committee are to pursue a continuing study of the relation of the medical profession to the operation of public and voluntary hospitals, and shall when indicated confer with the Hospital Council of the Indiana State Board of Health in connection with the making of rules and regulations for the management of hospitals; the Indiana State Hospital Association; and any related organizations, and make recommendations to the Association; and that Section 15 be renumbered as Section 16."

Your reference committee has unanimously decided that following the word "the" in the last line of the quoted portion of said proposed amendment the words "Indiana State Medical" should be inserted and with this change the proposed amendment should be adopted.

Mr. President, I move that this portion of your reference committee's report be adopted.

Item 12. Your reference committee also recommends that the name of the standing committee presently called "Board of Appeals on Patient-Physician Relations" be changed to "Grievance Committee" in order to conform to the request of the AMA and the practice in many other states.

Mr. President, I move that wherever the name of the committee, "Board of Appeals on Patient-Physician Relations," appears in the Bylaws of this Association, it be changed to read "Grievance Committee."

Mr. President, I move this portion of the report be adopted.

Item 13. Your reference committee also recommends that the standing Committee on Constitution and Bylaws study the organization of councilor districts, especially in regard to their method of

election of councilors and report back to this House of Delegates at its next annual convention.

Mr. President, I move the adoption of this report as a whole.

MATTERS REFERRED TO REFERENCE COMMITTEE ON INSURANCE

The following matters were referred to the Reference Committee on Insurance. All reports will be found on the pages indicated in the October 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this committee are printed herewith.

COMMITTEE ON MEDICAL CARE INSURANCE (pages 1211 and 1212)

COMMITTEE ON PHYSICIAN-HOSPITAL RELATIONS (pages 1215 and 1216)

COMMITTEE ON MENTAL HEALTH AND ALCOHOLICS STUDY (pages 1212-1214) (Only paragraphs concerning Blue Cross-Blue Shield referred to Reference Committee on Insurance; remainder of report referred to Reference Committee on Hygiene and Public Health)

Resolution No. 5 Broadening of Blue Shield Coverage

REFERENCE COMMITTEE ACTION

DR. WILLIAM C. REED, chairman, submitted the following report, which was adopted section by section and as a whole, on motions made by Dr. Reed, duly seconded, with amendments as indicated:

I. The report of the permanent Committee on Medical Care Insurance was read in its entirety. Four recommendations are made in this report as follows:

"1. That every county medical society adopt an average fee schedule covering charges made for care of the hourly-rated employees of their community.

"2. The reference committee amended recommendation 2, by adding following the word 'agreement' the words 'among themselves' which makes recommendation 2 read as follows:

" 'That members of each county medical society enter into an agreement among themselves that they will accept the amounts agreed upon as full payment for medical service rendered to these people.'

"3. The reference committee amends the third recommendation by adding after the word 'schedule' the words 'of fees provides' which will make recommendation 3 read as follows:

" 'That a physician member of the county society, who feels his services are worth more than the schedule of fees provides, understands he is obligated to discuss any additional charge with the patient prior to the rendering of such service.'

"4. That at all times the physician should discuss his fees with his patient."

Your reference committee has added an additional paragraph following the above recommendations as follows:

"The above recommendations become increasingly important in view of the insistence of industry—both management and labor—to secure a pay-all type of medical care contract."

A further paragraph of the permanent Committee on Medical Care Insurance report carries a recommendation to the A.M.A. and reads as follows:

"Since the matter of health insurance coverage has become an integral part of all major labor negotiations, and in view of the increased number of negotiations at the national level, we believe this House of Delegates should recommend that the American Medical Association should actively participate in these negotiations by offering its facilities in an advisory capacity toward developing prepayment programs of the highest value to the working people of the nation."

II. The report of the permanent Committee on Physician-Hospital Relations was referred for consideration. Your reference committee approves this report and commends the committee for their study of the controversy existing in the State of Iowa between the state medical association and the hospital association. We recommend that the committee continue their study of this situation.

(DR. F. R. N. CARTER offered the following amendment to this section of the report, which was seconded by Dr. Dudding and adopted:

"The Indiana State Medical Association wishes to express to the Iowa State Medical Association its approval of the stand taken by the Iowa State Medical Association in its defense of the exclusive right of the physician to practice medicine.")

III. A portion of the report of the Committee on Mental Health and Alcoholics Study was referred to our committee. This was a recommendation that the minimum of 30 days be extended to 60 days of hospital coverage of mental illness. Discussion developed the fact that there exists now a wide variation in coverage of mental illness, ranging from no coverage in certain contracts to 120 days in others, depending upon the premium. It is suggested that the Committee on Mental Health and Alcoholics Study urge groups negotiating contracts to accept only those plans giving adequate hospital care for these patients.

RESOLUTION No. 5 ON BROADENING OF BLUE SHIELD COVERAGE

The following resolution from the Lake County Medical Society was referred to the Reference Committee on Insurance:

WHEREAS, in the past few years there has been an increasing number of Health Centers created throughout the nation by labor unions and other groups, and

WHEREAS, such Centers are not conducive to

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good medical practices, patient care, or the future of the practice of medicine, and

WHEREAS, impetus for the establishment of such Centers comes primarily from the failure of health insurance plans to offer greater and more all inclusive benefits to the insured man or woman, and

WHEREAS, Blue Shield in this state is the creature of the Indiana State Medical Association,

NOW THEREFORE BE IT RESOLVED, that this House of Delegates urge the Directors of the Indiana Blue Shield Plan to lead the way for all health insurance underwriters in offering to industrial and other groups a schedule of fees more nearly meeting the actual fees charged for medical care, and broadening the scope of coverage to more nearly meet all, not part, of the medical requirements of the insured persons, and

BE IT FURTHER RESOLVED, that such action be taken before, not after, such Health Centers have been established in the State of Indiana.

The above resolution was adopted by the Council of the Lake County Medical Society at its regular meeting held Sunday, September 11, 1955, at Gary, Indiana.

REFERENCE COMMITTEE ACTION

DR. WILLIAM C. REED, chairman, presented the following report, which was adopted:

IV. A resolution No. 5 from Lake County, entitled "Broadening of Blue Shield Coverage" was referred to our committee. After full discussion and careful consideration of the wording of the resolution the following amended resolution is submitted:

WHEREAS, in the past few years there has been an increasing number of Health Centers created throughout the nation by various groups outside the medical profession, and

WHEREAS, such centers are not conducive to good medical practices, patient care, or the future of the practice of medicine, and

WHEREAS, impetus for the establishment of such centers comes partly from the failure to provide coverage for all medical services desired, and partly from the failure of some physicians to relate their charges to the payments provided by insurance plans,

NOW, THEREFORE BE IT RESOLVED, that this House of Delegates urge the medical profession of Indiana to cooperate with Blue Shield to lead the way for all health insurance underwriters in offering to industrial and other groups a schedule of fees more nearly meeting the actual fees charged for medical care, and broadening the scope of coverage to more nearly meet all, not part, of the medical requirements of the insured persons, and

BE IT FURTHER RESOLVED, That such action be taken before, not after, such health centers have been established in the State of Indiana.

MATTERS REFERRED TO REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS

The following matters were referred to the Reference Committee on Miscellaneous Business. All reports will be found on the pages indicated in the October, 1955, Vol. 48, No. 10, JOURNAL of the Indiana State Medical Association.

COMMITTEE ON COUNTY MEDICAL SOCIETY OFFICERS' CONFERENCE (pages 1177 and 1178)

COMMITTEE ON CONVENTION ARRANGEMENTS—no written report

COMMITTEE ON INDIANA INTER-PROFESSIONAL HEALTH COUNCIL—no written report

COMMITTEE ON MILITARY MANPOWER (page 1215)

COMMITTEE ON VETERANS' AFFAIRS AND REHABILITATION (page 1218)

LIAISON COMMITTEE WITH INDIANA ASSOCIATION OF LICENSED NURSING HOMES (page 1219)

REFERENCE COMMITTEE ACTION

DR. CLEON A. NAFE, chairman, presented the following report, which was adopted:

This reference committee had referred to it the reports of six standing committees.

Report of Committee on County Medical Society Officers' Conference, page 149 of Handbook.

Your reference committee was impressed with the fine program presented by the Committee at its annual conference.

Your reference committee wishes also to reemphasize the recommendation of the standing committee that the delegates encourage every component society to be represented at this annual conference. In the opinion of the reference committee, this is especially worthwhile since the semiannual meeting of the House of Delegates has been discontinued, and this annual conference serves an excellent opportunity to keep abreast of the many problems besetting organized medicine.

Your reference committee recommends the approval of the report of the Committee on County Medical Society Officers' Conference.

Report of Committee on Convention Arrangements. Your reference committee notes that there is no formal written report of the activities of this committee, but is cognizant of the fact that the printed program is in reality the report of the Arrangements Committee. The reference committee is informed that much of the work of the committee was done under the direction of Dr. E. L. Fitzsimmons who served as chairman until his sudden untimely death. Since that time Wendell Stover has served ably as the chairman.

Your reference committee recognizes that the Committee on Convention Arrangements has spent much time and effort to make this convention worthwhile and pleasant for all of us.

Your reference committee recommends that this House of Delegates commend this committee and express our appreciation for the excellent convention arrangements.

Report of Committee on Inter-Professional Health Council. Your reference committee notes

that there is no report of this committee. We are informed that this committee meets only every two years, which accounts for the fact that there is no report this year.

Your reference committee believes the work of the committee is very valuable and recommends its continuation, with the expectation that it will have a report next year.

Report of Committee on Military Manpower, Page 209 Handbook. Your reference committee recommends the approval of this report, and also recommends that this committee be given commendations for performing well a difficult and thankless assignment.

Report of Committee on Veterans Affairs and Rehabilitation, Page 216 Handbook. Your reference committee recommends that the report of this committee be approved and accepted.

Report of Liaison Committee with Indiana Association of Licensed Nursing Homes, Page 217 Handbook. Your reference committee recognizes the importance of the activities of this committee, particularly since the care of the sick and aged in nursing homes is becoming an increasingly big business activity.

Your reference committee believes that the medical profession in each community should aid in every way in solving the problems of over-crowding, sanitation, and eliminating fire hazards in these nursing homes.

Your reference committee is impressed by the statement of the standing committee that it is legally necessary that physicians' orders and instructions be written and that better records be kept of patients in these licensed homes and urge that the medical profession cooperate in this regard.

Your reference committee recommends that the report of the Liaison Committee with the Indiana Association of Licensed Nursing Homes be approved and the committee be continued.

ELECTION OF OFFICERS

The following officers were elected:

President-elect: DR. ELTON R. CLARKE, Kokomo

Treasurer: DR. OKLA W. SICKS, Indianapolis

Assistant Treasurer: DR. RICHARD P. GOOD, Kokomo

AMA delegates for term expiring December 31, 1957:

DR. ALFRED ELLISON, South Bend

DR. WENDELL C. STOVER, Boonville

AMA alternate delegates, elected for term expiring December 31, 1957:

DR. GORDON B. WILDER, Anderson, alternate for Dr. Ellison

DR. JOHN M. PARIS, New Albany, alternate for Dr. Stover

ADDRESS OF PRESIDENT-ELECT ELTON R. CLARKE

The newly elected President-elect, Dr. Elton R. Clarke, addressed the House as follows:

Gentlemen: It is with a full heart and deepest humility that I accept this nomination that has been made and the action of this body. I only hope that I shall be able to fulfill the duties of this office of this great Association in a manner acceptable and satisfactory to everyone.

I can only hope to do as good work as our present President, Walter Portteus, has done, who, I think, has had a very successful year, and in the coming year I will be pleased and proud to do whatever I can for Dr. Kennedy in assisting him.

Thank you very much.

PLACE OF 1957 ANNUAL CONVENTION

On invitation of the Orange County Medical Society, extended by DR. IVAN CLARK, it was taken by consent that the 1957 annual convention will be held in French Lick.

RESOLUTIONS OF APPRECIATION

DR. KENNETH OLSON presented the following motion, which was adopted unanimously:

"I would like to move that this House of Delegates go on record as commending and gratefully appreciating the diligent and excellent work of Dr. Roy Myers during his term of office as Treasurer of this Association for the past five years."

DR. GLEN RYAN presented the following resolution of appreciation, which was adopted unanimously:

"WHEREAS, the office of President of the Indiana State Medical Association each year brings increasing duties to the holder of said office; and

"WHEREAS, it is a known fact that these increasingly heavy responsibilities have been met in highly commendable fashion by the incumbent; and

"WHEREAS, this House of Delegates wishes to show its great appreciation of the manner in which he has dispatched his duties;

"NOW THEREFORE BE IT RESOLVED: That this House of Delegates assembled in 106th Annual Session does now express its sincere and warm appreciation and affection of Dr. Walter L. Portteus, our retiring President."

On motion of DR. J. WILLIAM WRIGHT, the House gave DR. M. C. TOPPING, Terre Haute, one of the candidates for the office of president-elect for 1956, a standing vote of thanks and appreciation for withdrawing his name from the ballot.

On motion of DRS. GEORGE R. DANIELS and JOSEPH DUDDING, the House voted to send a message of appreciation to the women of Vanderburgh County who put on the Monday night show and to the "Crusty Crumbs" band who supplied the music.

The House gave a standing ovation to DR. GEORGE R. DANIELS, of Marion, who was at-

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tending his fifty-fifth annual session of the Indiana State Medical Association.

DR. KEITH HAMMOND presented the following resolution which was adopted unanimously:

Mr. President, I would like to move the executive secretary of the Association be instructed to convey to the management and employees of the French Lick-Sheraton Hotel our appreciation of their efforts to make this 106th annual convention of the Indiana State Medical Association a pleasant and profitable one.

DR. CLEON A. NAFE offered the following resolution which was adopted unanimously:

Mr. President, I think it would be amiss if we did not go on record as thanking the members of the Orange County and Vanderburg County Medical Societies who have been our hosts at this meeting for the fine program and fine work they have done in making this convention a success. I so move.

DR. WILLIAM D. PROVINCE'S resolution of appreciation "to Jim Waggener and his staff for the wonderful way they helped conduct this annual meeting" was adopted unanimously.

DR. ALFRED ELLISON'S motion "that the House send its sympathy to Miss Kribs on the illness of her mother" was adopted unanimously.

The House adjourned, sine die, at 11:00 a. m.

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